D.M.R. INTENSIVE STAFFING
REQUEST FORM

CLIENT NAME _____ **DATE OF REQUEST**_____

HOME:_____ **NEW REQUEST or CONTINUANCE?**_____

WHAT LEVEL OF INTENSIVE STAFFING SUPPORT IS BEING REQUESTED?

_____ **ARM'S LENGTH** _____ **LINE OF SIGHT**

PROPOSED INTENSIVE STAFFING HOURS

_____**24 HRS/DAY** _____**WAKING HRS. ONLY** _____**DAY PROGRAM ONLY**

_____**COMM EXP** _____**PM HOURS ONLY** _____**WEEKENDS** _____

OTHER (please give brief explanation):

PROPOSED INTENSIVE STAFFING ESTIMATED DURATION

_____ **2-3 MONTHS,** _____ **3-6 MONTHS, or 6-12 MONTHS**

OTHER (please give brief explanation): _____

BRIEF STATEMENT OF NEED FOR INTENSIVE STAFFING:_____

_____

_____

WHAT ALTERNATIVES TO INTENSIVE STAFFING HAVE BEEN TRIED (e.g. environmental modifications, program changes, medications, etc.), AND WHAT WERE THE RESULTS? (Please include relevant data, outcomes; use additional paper if necessary)

_____

_____

RISK REVIEW CRITERIA (i.e. What are the behavioral criteria that would cause supports to be increased or decreased during the current review period):

_____

_____

_____

ADDITIONAL SUPPORT WILL PROVIDE THE FOLLOWING:_____

_____

_____

SIGNATURE/TITLE OF PERSON MAKING THE REQUEST:_____

COPIES TO: **PERSON MAKING ORIGINAL REQUEST**
REGIONAL CHAIR OF INTENSIVE STAFFING REVIEW COMMITTEE
DIRECTOR OF PSYCHOLOGY
DIRECTOR OF HEALTH SERVICES

REVIEW RESULTS

REGIONAL INTENSIVE STAFFING COMMITTEER RECOMMENDATION:

RECOMMEND APPROVAL: YES_____ NO _____, or

CONDITIONED APPROVAL RECOMMENDATION:
(Define)

(If not recommended state reason below)

Review Committee chairperson sign off_____

RERGIONAL DIRECTOR REVIEW (recommendation*):

APPROVAL (recommendation): YES_____ NO _____, or

CONDITIONED APPROVAL (recommended):
(Define)

(If not approved state reason below)

Regional Director sign off_____

STATEWIDE COMMITTEE REVIEW:

APPROVAL: YES_____ NO _____, or

CONDITIONED APPROVAL
(Define)

(If not approved state reason below)

Statewide Committee chairperson sign off_____

*** If the proposed review involves new development over the funding cap or intensive staffing more that one year, the Regional Director will make a recommendation to the Statewide intensive Staffing committee for their review and action (approval etc.)**