NORTHWEST HABILITATIONSERVICES

NWHS Referral Sheet

Date:_____

Client Name:_____ DOB:_____

Client Address:_____

Client Phone:_____ Medicaid Number: _____

Gender:_____ Language:_____

Cultural/ Ethnic Considerations:_____

Primary Diagnosis Code:_____

Primary Contact:_____

- Phone:_____
- Email:_____
- Relation to client:_____

MH Provider Agency:_____

- Primary Clinician:_____
- Phone Number:_____
- Fax Number:_____
- Email:_____

Please fax this form to (503)281-4612. Please also include:

☐ Current Mental Health Assessment

☐ Signed Treatment Plan

☐ 30 Days of most recent Progress Notes

☐ Release of Information for Northwest Habilitation Services

NWHS Referral Sheet

Independent Living Needs Checklist

Document must be completed and signed by a QMHA or higher:
Name:_____ Position:_____
Signature:_____ Date:_____

Hygiene Reminders:	
Housekeeping Assist/Skills Training:	
Laundry Assist/Training:	
Meal prep Assist:	
Menu Planning/ Grocery Shopping:	
Money Management:	
Calendaring/Planning:	
Health/Safety Skills:	

Social Inclusion:	
Communication Skills/ Training:	
Public Transit Support:	

Other:

Please describe any other areas to address that will assist the individual in living independently in the community:_____

_____

_____

_____

Mental Health Diagnoses:_____

_____

_____

Symptoms:_____

_____

_____

_____

_____

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Effective Ways to Assist:_____

_____

_____

_____

Physical Health Diagnoses:_____

_____

_____

Behavior Triggers:_____

_____

_____

_____

Best solutions for triggered behaviors:_____

_____

_____

_____

Warnings for Dangerous Behavior:_____

_____

_____

_____

NWHS Referral Sheet

What to do if you see behaviors that appear concerning, but are not life threatening/dangerous:_____

_____

_____

_____

Reported Substance Use:_____

_____

_____

_____

Current Safety Plan for crisis situations and/or suicidal ideation:_____-

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3880 SE 8th Ave, Ste. 110

Portland, OR 97202
Phone: (503) 777-8290
Fax: (503) 281-4612

Authorization to Release Information

Client Name: _____ Client DOB: _____

Client SSN: _____

I hereby authorize _____ to:

- Obtain written and verbal information from Northwest Habilitation Services, and
- Release written and verbal information to Northwest Habilitation Services.

Documents/Information regarding services received from

(dates) :_____ to _____

I understand that my authorization will remain effective from the date of my signature until _____ and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

_____ _____
Signature of Client/Client's Designated Representative Date

_____ _____
Witness Date

Our Services to You

1. We (Northwest Habilitation Services and our staff) have been asked to help you build skills to support your independence. We are doing this under the 1915(i) Medicaid waiver program, which the State pays for. You will not be billed for our services.

2. What we do to help you is in a plan. You, along with your representative and case management team, decide what should be in this plan. Then we follow the plan to help you build skills to be live more independently. We follow the plan to provide services to you. It is not our responsibility to decide what services are in the plan.

3. We work to make sure we serve you properly under the plan. This is what we call a standard of care. And our standard of care is called "comparable to that of a reasonably prudent person under substantially similar circumstances." That means, for example, that our people will use the kind of judgment and skills that make sense to provide care under the plan in your situation.

4. We will ask you and your representative to work with us to develop a crisis plan. Then if you have a medical or mental health emergency while we are with you, we will follow your crisis plan. However, we are not responsible for the cost or actions of emergency services providers.

5. We will not allow our staff to transport you in their personal vehicles. If you have a vehicle (like a car, truck, or van), you can ask our staff to drive it. But you will have to show us proof of active vehicle insurance coverage. And then we make a copy of the proof of insurance for your file. Otherwise, we will always ask that you use other transportation options. This might be a friend or family member, or publicly available transportation like bus, MAX, Lyft, Uber, or cab.

6. We must tell you that, like everyone else who provides these kinds of service, we have what is called a Limitation of Liability. This is a legal concept that means when you accept our services, you understand and agree that the Company's liability for any claim, damage, suit, action, penalty, cost, expense, or other liability, regardless of the theory under which the Company may be liable, shall not exceed the limits of Company's insurance coverage, whether per occurrence or aggregate, and as limited by the terms of Company's policies of insurance. In no event will the Company be liable for consequential damages, even if you or any other person notifies the Company of the potential for such damages.

Client or Authorized Representative

_____ _____

Signature Printed Name of Client or Representative

Date: _____

May. 2021