# REGIONAL REFERRAL COMMITTEE RECOMMENDATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
WEST CENTRAL HUMAN SERVICE CENTER
SFN 1173 (10-2011)

Clear Fields

**ADULTS**

| | | | |
|---|---|---|---|
| | | Date of Staffing | |
| Consumer's Name | Telephone Number | Date of Birth | |
| Address | City | State | ZIP Code |
| Case Manager | | | |
| Prospective Level of Day Service | | | |
| Prospective Level of Residential Service | | | |
| Referral Decisions and Justification | | | |
| Name of Facility Referred for Day Services | | | |
| Name of Facility Referred for Residential Services | | | |
| Admissions Committee Coordinator | | | |
| Additional Information Required Prior to Admissions Committee Meeting | | | |

**SIGNATURES**

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|---|
| Program Manager |
| Enable Inc. |
| HIT Inc. |
| Pride Inc. |
| Support Systems Inc. |
| Community Options Inc. |
| Easter Seals/Goodwill |
| Knife River |

**CHILDREN**

| | | | |
|---|---|---|---|
| | | Date | |
| Consumer's Name | Telephone Number | Date of Birth | |
| Address | City | State | ZIP Code |
| Current Status | | | |
| Reason for Placement | | | |
| Placement Recommendations | | | |
| Plan | | | |
| Program Manager | | | |
| Regional Representative | | | |
| Special Education | | | |
| Group Home Representative | | | |
| Other | | | |