

Slot Assignment Review Form

WSAC: Click here to enter text. **WSAC Date:** Click here to enter text.

CSB: Click here to enter text.

Support Coordinator/Case Manager (SC/CM): Click here to enter text.

Non-PHI Identifier: Click here to enter text.

I. Age: Click here to enter text.

II. Current Diagnoses: Click here to enter text.

III. Indicate which of the Priority 1 criteria were met and describe how the individual's situation meets the criteria:

An immediate jeopardy exists to the health and safety of the individual due to the unpaid primary caregiver having a chronic or long-term physical or psychiatric condition or conditions that significantly limit the ability of the primary caregiver or caregivers to care for the individual; there are no other unpaid caregivers available to provide supports. Click here to enter text.

There is immediate risk to the health or safety of the individual, primary caregiver, or other person living in the home due to either of the following conditions:

The individual's behavior or behaviors, presenting a risk to himself or others, cannot be effectively managed by the primary caregiver or unpaid provider even with support coordinator/case manager-arranged generic or specialized supports; or

There are physical care needs or medical needs that cannot be managed by the primary caregiver even with support coordinator/case manager-arranged generic or specialized supports;

The individual lives in an institutional setting and has a viable discharge plan; or Click here to enter text.

The individual is a young adult who is no longer eligible for IDEA services and is transitioning to independent living. After individuals attain 27 years of age, this criterion shall no longer apply. Click here to enter text.

IV. Risks to the individual's safety in his/her present environment:

Challenge	Intensity	Frequency
<input type="checkbox"/> Physical aggression	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Self-injurious	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Sexually inappropriate	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Property damage	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Verbal aggression	Click here to enter text.	Click here to enter text.

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<input type="checkbox"/> Leaves a safe setting putting self in jeopardy	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Other	Click here to enter text.	Click here to enter text.

V. Community integration needs/social isolation issues

List all current challenges, such as residence in an institution, homebound due to lack of services, impact of elderly caregiver, etc: [Click here to enter text.](#)

VI. What resources have been sought and/or are received to address the needs of the individual?

Resource	Applied	If no application made, why not?	Received	If applied for but not received, why not?
Early and Periodic Screening, Testing and Diagnosis Treatment (EPSDT)	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Elderly or Disabled with Consumer Directed (EDCD) Waiver	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Individual and Family Support (IFSP)	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Summer camp	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Comprehensive Services Act (CSA)	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Housing voucher	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.
Other-Name any locally funded services received	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.

VII. Describe the primary caregiver(s)' ability and challenges to providing natural supports such as transportation, supervision, promotion of community integration, etc.): [Click here to enter text.](#)

VIII. Are there other natural supports in the person's life such as family members, neighbors, friends, other community members?
[Click here to enter text.](#)

IX. A. In the person's own words where would he/she like to live and with whom?
[Click here to enter text.](#)

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B. In the person's own words, what would he/she like to do during the day?

Click here to enter text.

C. Does the person have a legal guardian and if so, does the legal guardian agree with the person's wishes? Click here to enter text.

X. A. What, if anything, will occur in the next 30 days if this individual is not awarded a waiver slot? Click here to enter text.

B. Describe indicators that support this statement: Click here to enter text.

XI. Identify only those waiver services that best meet immediate needs.

How would this/these service(s) be used to address immediate needs?

- Assistive Technology Click here to enter text.
- Benefits Planning Click here to enter text.
- Center-Based Crisis Supports Click here to enter text.
- Community Coaching Click here to enter text.
- Community Engagement Click here to enter text.
- Community Guide Click here to enter text.
- Community-Based Crisis Supports Click here to enter text.
- Companion Click here to enter text.
- Crisis Support Services Click here to enter text.
- Environmental Modification Click here to enter text.
- Group Day Click here to enter text.
- Group Home Residential Click here to enter text.
- Group Supported Employment Click here to enter text.
- In-Home Support Click here to enter text.
- Independent Living Supports Click here to enter text.
- Individual & Family/Caregiver Training Click here to enter text.
- Individual Supported Employment Click here to enter text.
- Non-Medical Transportation Click here to enter text.
- Electronic Home-Based Supports Click here to enter text.
- PERS Click here to enter text.
- Personal Assistance Click here to enter text.
- Private Duty Nursing Click here to enter text.
- Respite Click here to enter text.
- Services Facilitation Click here to enter text.
- Shared Living Click here to enter text.
- Skilled Nursing Click here to enter text.
- Sponsored Residential Click here to enter text.
- Supported Living Residential Click here to enter text.
- Therapeutic Consultation Click here to enter text.
- Transition Services Click here to enter text.
- Workplace Assistance Click here to enter text.

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XII. **Any other information** about the individual that would help the Waiver Slot Assignment Committee determine if this individual is most in need of a slot:

[Click here to enter text.](#)

Support Coordinator completing this form:

[Click here to enter text.](#)

Date:

[Click here to enter a date.](#)