NEW YORK STATE OF OPPORTUNITY. | Office for People With Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES

H003-RESIDENTIAL SCREENING REPORT

Instructions: Voluntary and state operated residential providers must complete this form after conducting an in-person screening, video screening, or paper record review for a person and submit to the regional field office within 14 calendar days of completing the screening. Screenings should be in-person. If an in-person preliminary screen is not possible, virtual screenings may be used. If a virtual screening is also not possible a comprehensive review of the person's record may be used.

Person Screened:

TABS ID:

Care Coordination Organization/referral source:

Care Manager/referral source name:

Phone Number:

Email Address:

Screening Agency:

Agency Contact Person for this Screening:

Phone Number:

Email Address:

Please add the contact information for the person completing this form if it is different from the person listed above who conducted the screening

Name of residential staff completing form:

Date:

Phone Number:

Email Address:

Submit form and any supporting documents to:

OPWDD Certified Housing Team at the following mailbox:

Please Select

Screening Information 1

Screening Date:
Vacancy Type:
Operating Certificate #:
Vacancy Site Street Address:

City: **State:** **Zip Code:** **County:**

Region where the vacancy is located:
Anticipated vacancy date:
Type of screening:

Screening Outcome 1

Appropriate

1a) ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

1b) ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

Opportunity Not Appropriate

2) Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

Undetermined

3a) ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

3b) ☐ Person was found appropriate but another person was selected for this vacancy:

Screening Information 2

Screening Date:
Vacancy Type:
Operating Certificate #:
Vacancy Site Street Address:

City: **State:** **Zip Code:** **County:**

Region where the vacancy is located:
Anticipated vacancy date:
Type of screening:

Screening Outcome 2

Appropriate

1a) ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

1b) ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

Opportunity Not Appropriate

2) Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

Undetermined

3a) ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

3b) ☐ Person was found appropriate but another person was selected for this vacancy:

Screening Information 3

Screening Date:
Vacancy Type:
Operating Certificate #:
Vacancy Site Street Address:

City: **State:** **Zip Code:** **County:**

Region where the vacancy is located:
Anticipated vacancy date:
Type of screening:

Screening Outcome 3

Appropriate

1a) ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

1b) ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

Opportunity Not Appropriate

2) Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

Undetermined

3a) ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

3b) ☐ Person was found appropriate but another person was selected for this vacancy:

Screening Information 4

Screening Date:
Vacancy Type:
Operating Certificate #:
Vacancy Site Street Address:

City: **State:** **Zip Code:** **County:**

Region where the vacancy is located:
Anticipated vacancy date:
Type of screening:

Screening Outcome 4

Appropriate

1a) ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

1b) ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

Opportunity Not Appropriate

2) Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

Undetermined

3a) ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

3b) ☐ Person was found appropriate but another person was selected for this vacancy:

Screening Information 5

Screening Date:
Vacancy Type:
Operating Certificate #:
Vacancy Site Street Address:

City: **State:** **Zip Code:** **County:**

Region where the vacancy is located:
Anticipated vacancy date:
Type of screening:

Screening Outcome 5

Appropriate

1a) ☐ **Person Interested:** screening completed and the residential opportunity was found suitable to/for the individual. Submit this form and the H002-Request for Approval to Fill Residential Opportunity form to the housing team.

1b) ☐ Agency found the proposed address is appropriate for the person but the person/family declined. Identify the reasons given for the declination by checking any that apply below. **A detailed narrative must be provided in the box below.**

☐ Not in the preferred geographical location ☐ Opportunity is a shared bedroom, only wants a single ☐ Opportunity does not match peer group preferences ☐ Too many people live in the house/ not enough people live in the house ☐ Other

Opportunity Not Appropriate

2) Please select the reason(s) that the vacancy is not appropriate for the person's needs. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Peer group does not match the person's needs ☐ Person needs gender specific staff ☐ Person's needs exceeds staffing minimums ☐ Unable to address clinical support (Medical, Behavioral, Forensic) ☐ Other

Undetermined

3a) ☐ An in-person or virtual screening was unable to be completed. Check any that apply and provide details in the box below. **Additional information MUST be provided in the box below.**

☐ Person/Family refused to participate ☐ Unable to make an appointment/ make contact with the person/family ☐ Other

3b) ☐ Person was found appropriate but another person was selected for this vacancy:

-----THIS SECTION TO BE COMPLETED BY CERTIFIED HOUSING TEAM---	
Housing staff reviewing screening form:	**Date:**
☐ **Screening outcome accepted**	
☐ **Screening outcome has not been accepted because:**	
Housing team has reviewed this screening form and will contact the provider to discuss follow up details, if necessary	