



## Crisis Request Form

Date: Client Name:  
SS#: DOB: Tier:  
TCM: TCM Phone:  
MCO: Care Coordinator: CC Phone:

1. Which crisis definition applies to this situation? (Please mark one)

- Requires protection from confirmed abuse, neglect, or exploitation or written documentation of pending action for same; or
- At significant, imminent risk of causing harm to self or others in their current situation.

2. Please describe the need in detail: *Include specific examples of "serious harm" as applicable and what the immediate negative outcome will be if the service is not approved.*

3. What service(s) are being requested?

**IN HOME SUPPORTS** (please also include a needs assessment)

**DAY SERVICES**

- Have employment options been explored prior to this request? What was the outcome? If employment has not been explored, please explain why.

**RESIDENTIAL SERVICES**

- What resources does the person have available to pay room and board? What additional items are needed for setting up the residence? (please complete a Personal Needs Request for the start-up costs if needed)

4. **Are you planning to self-direct these services if funding is approved? If yes, do you have a care provider prepared to provide the service(s)? Who?**
  
5. **What other service(s) are currently in place** (other waivers, Mental Health services, etc.) **and are those being fully utilized? If not, why?** Please describe the support received (i.e. number of nursing hours, days/times, number of attendant care hours, days/times, etc.)
  
6. **Are the current I/DD services being fully utilized? If not, why?**
  
7. **How was the need met prior to this request and what has changed that requires the need to be met differently? What other resources have been explored prior to making this request?**
  
8. **Please include any additional information the funding committee should be aware of related to this request?**  
This includes any barriers to placement (family, financial, behavioral)

I \_\_\_\_\_ authorize my case manager to submit this request for funding  
(person/guardian)  
to the CDDO & Kansas Department for Aging and Disability Services.