SDRC Client Services Health or Safety Inquiry Form

*** Service Coordinator to review form with Program Manager and Vendor**

*** All answers must be checked "YES" on the first section before moving forward and contacting the Health or Safety Waiver Specialist at hswaiver@sdrc.org**

UCI: _____ UCI: _____ **UCI: _____ UCI: _____** **UCI: _____ UCI: _____**	**Service Coordinator: _____ Approval: Y** **Program Manager: _____ N** **Vendor Name & #: _____**

(All must be present for eligibility. Please elaborate on all applicable sections	**Yes**	**No**	**N/A**	**Notes**
1. Are there present issues that are impacting current client services?	☐	☐	☐	
2. Are there present staffing barriers and/or shortfalls above and beyond the normal scope of service?	☐	☐	☐	
3. Are there specialized support needs that cannot be met by another vendor?	☐	☐	☐	
4. Were generic services, supplemental staffing, alternative vendors or service codes explored?	☐	☐	☐	
5. Risks to individuals needs if HS Waiver is not approved	**(Please elaborate)**			
6. Are the following client needs present? **(Please check and elaborate on all that apply)**				
a. Behavior excesses that exceed the scope of the service	☐	☐	☐	
b. Medical support needs requiring special qualifications	☐	☐	☐	
c. Language support needs requiring special qualifications	☐	☐	☐	
d. Individuals living in a remote area where it is difficult to retain staff	☐	☐	☐	