

## FOOTHILLS GATEWAY, INC.

### Notification of Residential Moves

#### PROCEDURE:

Persons receiving services, guardians, authorized representatives, Case Manager, Transportation Manager, Comprehensive Case Management Director and the Section 8 Residential Coordinator shall be notified at least fifteen (15) days prior to proposed changes in residential placements. Other agency staff will also be notified as appropriate. A Residential Move form will be distributed accordingly.

- a) If an immediate move is required for the protection of the person or other extenuating circumstances, notification of the aforementioned individuals shall occur as soon as possible before the move or not later than three (3) days after the move. If the move has to occur outside of business hours, Residential administrative staff will notify agency on-call staff.
- b) Persons receiving services, guardians, and authorized representatives, as appropriate, shall be involved in planning subsequent placements and any member of the Interdisciplinary Team (IDT) may request a meeting to discuss the change in placement.
- c) When other individuals in service will be impacted by the move (housemates), the IDTs' need to be informed and given the opportunity to provide input prior to a move. This process will be initiated by the Residential Program Supervisor by contacting the Case Manager.
- d) If the person receiving services, guardian, or authorized representatives, as appropriate, wants to contest the move they should follow the grievance procedure of the agency. If they remain dissatisfied, they may ask the Case Manager and Comprehensive Case Management Director for a review of the decision.
- e) When a move has occurred and there is dissatisfaction, the Residential Program Supervisor or Residential Director will follow the complaint log process and work toward resolution.

5/01; ... 11/16; 11/17; 1/18

FOOTHILLS GATEWAY, INC.

Residential Move Form

Date: \_\_\_\_\_

- To: \_\_\_\_\_ Case Manager
- \_\_\_\_\_ Day Program Supervisor
- \_\_\_\_\_ Parent/Legal Guardian
- \_\_\_\_\_ Transportation Manager
- \_\_\_\_\_ DCSS Office Manager
- \_\_\_\_\_ HR Payroll Supervisor
- \_\_\_\_\_ Health Services Office
- \_\_\_\_\_ Section 8/Residential Housing Coordinator
- \_\_\_\_\_ Residential Office Support Staff
- \_\_\_\_\_ Faxed to DHS (Dept. of Human Services) (970) 498-6304

From: \_\_\_\_\_, Residential Program Supervisor

The purpose of this letter is to inform you that on \_\_\_\_\_ (Date)

\_\_\_\_\_ (Name of person receiving services)

\_\_\_\_\_ (Social Security Number)

will be moving from the following (physical) address:

\_\_\_\_\_

to (new physical address):

\_\_\_\_\_

New phone number \_\_\_\_\_ (all benefit correspondence)

Mailing address: \_\_\_\_\_

Move is:

- Temporary
- Permanent

Choose one:

- Host Home Provider \_\_\_\_\_ (name of Host Home Provider)
- Living Independently
- Group Home
- PCA
- Foster Care to Host Home \_\_\_\_\_  
(name of Host Home Provider)

Special needs:

- Individual is in a wheelchair
- Unit needs to have a ramp in place at both the primary entrance and secondary entrance per individual Health and Safety Plan

If you have any questions or concerns, you can contact me at \_\_\_\_\_.

Thank you!

4/02; ... 11/16; 11/17; 1/18