



Shared Living Review Request

Date of Request:

Click or tap to enter a date.

Person Requesting Review:

****Provider is required to send document packet to local IDD Surveyor within 48 hours of uploading SL Review Request to Portal****

Section 1: Type of Request (Completed by Provider)

**Required Documents
(From section 4 below)**

New Shared Living Contractor / Initial Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All documents required
Existing Shared Living Contractor / Additional Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	G thru P
Existing Shared Living Contractor / New Residence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	E, F, and H
Termination of Shared Living Agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No Documents required

Anticipated Move Date:

Click or tap to enter a date.

Details about this Request:

Section 2: Participant Information (Completed by Provider)

Participant Name: _____ Date of Birth: _____

Current Address: _____ Phone: _____

Guardianship Status: No, self Yes, private guardian Yes, public guardianship

Guardian Name: _____ Relationship: _____

Guardian Email: _____ Phone: _____

Managed Care Organization: Aetna Sunflower United Health Phone: _____

MCO Care Coordinator: _____ Email: _____

Section 3: Provider Information (Completed by Provider)

Shared Living Contractor (SLC)

Name (Primary SLC): _____ Phone: _____

Name (Secondary SLC): _____ Phone: _____

Address: _____ Email: _____

Please list all other members of household, including minors

Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____

List any restrictions in the location or home modifications:	
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Licensed Residential Provider (RLP)

Agency Name: _____ Contact person: _____
 Email: _____ Phone: _____

Day Services Licensed Provider

Agency Name: _____ Contact person: _____
 Email: _____ Phone: _____

Targeted Case Manager Provider:

Agency Name: _____ Contact person: _____
 Email: _____ Phone: _____

CDDO Affiliation:

CDDO Name: _____ Director: _____
 Email: _____ Phone: _____

Section 4: Document Packet *(Completed by Provider and IDD Surveyor)*

Submitted by Provider	Accepted by Surveyor	Document Name	Notes: Please list reason for missing or incomplete documents
Choose an item.	Choose an item.	(A) Background Checks (all members of household age 18 or older)	
Choose an item.	Choose an item.	(B) Proof of Training (CPR/1 st Aid Certificate, R&R, ANE, Med Admin, Person Specific Trainings)	
Choose an item.	Choose an item.	(C) SLC Application	
Choose an item.	Choose an item.	(D) RLP and SLC Agreement	
Choose an item.	Choose an item.	(E) SLC Proof of Insurance (Home/Renters and Auto-can accept quotes on renters)	
Choose an item.	Choose an item.	(F) Environmental Declarations (Including Pool/Gun safety plan and Pet Immunizations))	
Choose an item.	Choose an item.	(G) Personal Preference Agreement	
Choose an item.	Choose an item.	(H) Lease Agreement (with tenant/landlord protections)	
Choose an item.	Choose an item.	(I) Person Centered Support Plan	
Choose an item.	Choose an item.	(J) Behavior Support/Management Plan	
Choose an item.	Choose an item.	(K) HRC or BMP Review	
Choose an item.	Choose an item.	(L) Risk Assessment(s)	
Choose an item.	Choose an item.	(M) BASIS	
Choose an item.	Choose an item.	(N) MCO ISP	
Choose an item.	Choose an item.	(O) Signed Backup Plan	
Choose an item.	Choose an item.	(P) Reportable Incidents last 6 mos (for both SLC and Participant)	

