

## Residential Referral Form

An asterisk (\*) indicates a required field

### Consumer Forms

Review *	Initial	Worker *	Massay-Brank, Karen
Review Date *	10/19/2025 	Status *	Pending
Division *	APD	Provider/Program	BILINGUAL SUPPORTS, INC.
Approved By		Approved Date	
Note			

## RESIDENTIAL REFERRAL FORM

***This form should be used for group home and / or Intermediate Care Facility (ICF) requests***

Consumer withdraws referral request for placement.

Placement Request For? \*

APD Licensed Facility

3 Consumers Worker record(s) returned - now viewing 1 through

3

State Office Residential Intake Specialist:

Name	ID
Garibay, Alexis	43979
Perez, Yanira	2366
Salter, Randal	1996


1 Consumers Worker record(s) returned - now viewing 1 through

1

Region Residential Planning Coordinator:

Name	ID
Thompson, Lisa	20891

## CONSUMER INFORMATION

Consumer First Name:	Phoenix
Consumer Last Name:	Williams
Consumer Middle Name:	L
iConnect ID:	66281
Ref. Date:	10/19/2025 
County:	Orange County
Region:	CENTRAL

Consumer DOB:07/19/2007

Gender:Male

Please Check all that Apply:

MinorNo

Deemed IncompetentNo

CDC+No

Adopted (Minors only)No

393.11No

Substance Abuse IssuesNo

Registered Sex OffenderNo

Under Active Court OrderNo

SAN Submitted?Yes

SAN Submitted Date:10/08/2025

Qualifying Diagnosis:Spina Bifida

LEGAL REPRESENTATIVE

Legal Representative:

Name

Williams, Katrina

Address

1741 Blackmaple pl , Ocoee, FL 34761

Phone Numbers

Home:(407)347-0030 Cell:(407)791-5230

Email Address

kwilliams33012@cfl.rr.com

Relationship(s)

Legal Representative,Florida Court Appointed Guardian or Guardian Advocate

COORDINATOR INFORMATION

Coordinator Type:WSC

Coordinator Business Email:kmassayb1@outlook.com

1 Consumers Worker record(s) returned - now viewing 1 through 1


Coordinator Name:

Name		ID
Massay-Brank, Karen		3209

Coordinator Office Phone:(407)908-9018

Coordinator Cell Phone:(407)908-9018

## QSI INFORMATION

QSI Approved Date: 05/29/2025  


Overall Score: 5

Functional Score: 4

Behavioral Score: 3

Physical Score: 6

## CURRENT RESIDENTIAL SETTING

Current Residential Setting: Family Home

Current Approved Residential Habilitation Level: Standard

Behavior Analyst Name:

Reason for New Placement Request: Temporary Placement (Respite)

Placement Request Note: Parents are going to be out of town from November 6 to November 9, 2025. Would like him placed with his brother Hunter.

Behavior Assessment Status: (For IB or BF Clients only)

## HISTORY OF PRIOR PLACEMENTS (Include current and previous two years)

History of Prior Placements: New to the Waiver

## ADAPTIVE SKILLS

Ability to Evacuate: Requires Assistance

Receptive Communications: Requires Assistance

Expressive Communications: Requires Assistance

Eating: Requires Assistance

Dressing: Requires Assistance

Toileting: Requires Assistance

Personal Hygiene: Requires Assistance

Helpful Comments: Phoenix is known to tell lies and can be defiant.

## NEEDS AND ACCOMMODATIONS

Height:

Feet:

Inches:

Weight:

Vision: Impaired

Hearing: No Impairment

Select all applicable needs: Behavioral Issues

<b>Medical Health Diagnosis:</b>	Phoenix is diagnosed with Spina Bifida, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, fetal alcohol syndrome, neurogenic bowel, severe anxiety disorder, asthma, developmental delay, mood disorder, poor impulse control, difficulty with verbal expression, disruptive behavior, post-traumatic stress, self-injurious behavior (SIB), glaucoma, along with having a colostomy bag and catheter.
<b>Mental Health Diagnosis:</b>	Disruptive behaviors, Self-Injurious behavior

## NEEDS AND ACCOMMODATION DETAILS

<b>Allergy Details:</b>	Asthma
<b>Ambulation Details:</b>	
<b>Behavioral Service Plan In Place?</b>	No
<b>Behavioral Issue(s) Details:</b>	Self-Injurious behaviors
<b>Chronic / Important Issue(s) Details:</b>	Neurological System: (brain, spinal cord)
<b>Additional Information that needs to be provided (notes section will expand):</b>	Phoenix had been sexually abused prior to going into foster care. Orange County is preferred for the Respite

### Preferred Location(s):

*If group home or ICF/DD location is known, please enter the information below*

Choice 1: Location Type:

Choice 1: Location Name:

Choice 1: Location Address:

Choice 2: Location Type:

Choice 2: Location Name:

Choice 2: Location Address:

## APPROVED RESIDENTIAL HABILITATION REQUEST

<b>Approved Residential Setting:</b>	Standard GH
<b>Approved Residential Habilitation Level:</b>	Standard
<b>Central All Counties?</b>	No
<b>Central:</b>	Orange
<b>Northeast All Counties?</b>	No
<b>Northeast:</b>	
<b>Northwest All Counties?</b>	No
<b>Northwest:</b>	
<b>Southeast All Counties?</b>	No
<b>Southeast:</b>	
<b>Southern All Counties?</b>	No
<b>Southern:</b>	

Suncoast All Counties? No

Suncoast:

ATTACHMENTS - Group Home Requests

Group Home Requests: Support Plan\* (required for all except CBC)  
Other Attachments

Other Group Home Attachments: COMPLETE QSI REPORT

APD State Office / MCM only:

Date this referral is complete: 