



ID: 12527 | April Ratner  
 Last Updated by rocio.rosario@apd.direct  
 at 9/19/2025 11:44:48 AM

Forms

## Residential Referral Form

An asterisk (\*) indicates a required field

### Consumer Forms

Review \* As Needed

Review Date \* 09/17/2025  


Division \* APD

Approved By

Note



Worker \* Rosario, Rocio

Status \* Submitted

Provider/Program OVG, INC

Approved Date

## RESIDENTIAL REFERRAL FORM

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

Consumer withdraws referral request for placement.

Yes

Placement Request For? \*

APD Licensed Facility

0 record(s) returned

State Office Residential Intake Specialist:

Region Residential Planning Coordinator:

4 Consumers Worker record(s) returned - now viewing 1 through 4

Name	ID
Butler, Shatonya	42011
Clark, Kerry	10500

Perez, Yanira

2366

Salter, Randal

1996


## CONSUMER INFORMATION

**Consumer First Name:** April

**Consumer Last Name:** Ratner

**Consumer Middle Name:** C

**iConnect ID:** 12527

**Ref. Date:** 09/17/2025  


**County:** Volusia County

**Region:** NORTHEAST

**Consumer DOB:** 08/03/1967  


**Gender:** Female

**Please Check all that Apply:**

**Minor** No

**Deemed Incompetent** No

**CDC+** Yes

**Adopted (Minors only)** No

**393.11** No

**Substance Abuse Issues** No

**Registered Sex Offender** No

**Under Active Court Order** No

**SAN Submitted?**

No

**Qualifying Diagnosis:**

Intellectual Disability

## LEGAL REPRESENTATIVE

**Legal Representative:****Name**

Harms, Sonia

**Address****Phone Numbers**

Cell:(386)453-1333

**Email Address****Relationship(s)**

Mother

## COORDINATOR INFORMATION

**Coordinator Type:**

WSC

**Coordinator Business Email:**

RRosario@ovginc.net

**1 Consumers Worker record(s) returned - now viewing 1 through****1****Coordinator Name:****Name****ID**

Rosario, Rocio

18661

**Coordinator Office Phone:**

(904)540-4629

**Coordinator Cell Phone:**

(386)473-5784

## QSI INFORMATION

**QSI Approved Date:**

03/07/2025



<b>Overall Score:</b>	5
<b>Functional Score:</b>	5
<b>Behavioral Score:</b>	5
<b>Physical Score:</b>	3

## CURRENT RESIDENTIAL SETTING

<b>Current Residential Setting:</b>	Family Home
<b>Current Approved Residential Habilitation Level:</b>	Standard
<b>Behavior Analyst Name:</b>	
<b>Reason for New Placement Request:</b>	Temporary Placement (Respite)
<b>Placement Request Note:</b>	April Ratner needs Placement on November 14th, 15th, 16th, and 17th 2025.
<b>Behavior Assessment Status: (For IB or BF Clients only)</b>	

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

History of Prior Placements:

## ADAPTIVE SKILLS

<b>Ability to Evacuate:</b>	Dependent
<b>Receptive Communications:</b>	Dependent
<b>Expressive Communications:</b>	Dependent
<b>Eating:</b>	Dependent
<b>Dressing:</b>	Dependent
<b>Toileting:</b>	Dependent
<b>Personal Hygiene:</b>	Dependent

**Helpful Comments:**

April has a diagnosis of intellectual disability, breast cancer stage 2, high blood pressure, high cholesterol, arthritis and OCD. She has a history of breast cancer with a double mastectomy and Brocho 1 gene. April had a stroke during the mastectomy and now has high blood pressure. April picks and scratches as part of her OCD. April has Loop in the heart to monitor for a fib April needs IV sedation to sleep for any MRI or CT scan. IN 2022 April rejected the port. All Lymph nodes were removed. In December 2021 cancer was seen in PET scan and treatment began. 08-25-2025 April had a brain surgery to remove a tumor.

## NEEDS AND ACCOMMODATIONS

**Height:****Feet:**

4

**Inches:**

6

**Weight:**

112

**Vision:**

No Impairment

**Hearing:**

No Impairment

**Select all applicable needs:****Medical Health Diagnosis:**

Intellectual disability, High blood pressure, High cholesterol, Arthritis, Breast cancer Medications: Pravastatin, Enalapril, Escitalopram, Diphenoxylate, Chemotherapy

**Mental Health Diagnosis:**

## NEEDS AND ACCOMMODATION DETAILS

**Allergy Details:**

No Allergies.

**Ambulation Details:**

April uses a wheelchair propelled by her care giver. She is unable to use it on her own need assistance from someone else.

**Behavioral Service Plan In Place?**

No

**Behavioral Issue(s) Details:****Chronic / Important Issue(s) Details:**

Other Chronic Health Concerns

**Enter Details for Other Chronic Health  
Cocerns:****Additional Information that needs to be  
provided (notes section will expand):**

April has a diagnosis of intellectual disability, breast cancer stage 2, high blood pressure, high cholesterol, arthritis and OCD. She has a history of breast cancer with a double mastectomy and Brocho 1 gene. April had a stroke during the mastectomy and now has high blood pressure. April picks and scratches as part of her OCD. April has Loop in the heart to monitor for a fib April needs IV sedation to sleep for any MRI or CT scan. IN 2022 April rejected the port. All Lymph nodes were removed. In December 2021 cancer was seen in PET scan and treatment began. 08-25-2025 April had a brain surgery to remove a tumor.

**Preferred Location(s):**

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

**Choice 1: Location Type:** Group Home

**Choice 1: Location Name:**

**Choice 1: Location Address:**

**Choice 2: Location Type:**

**Choice 2: Location Name:**

**Choice 2: Location Address:**

**APPROVED RESIDENTIAL HABILITATION REQUEST**

**Approved Residential Setting:** Standard GH

**Approved Residential Habilitation Level:** Standard

**Central All Counties?** No

**Central:**

**Northeast All Counties?** Yes

**Northeast:** Volusia

**Northwest All Counties?** No

**Northwest:**

**Southeast All Counties?** No

**Southeast:**

**Southern All Counties?** No

**Southern:**

**Suncoast All Counties?** No

**Suncoast:**

## **ATTACHMENTS - Group Home Requests**

**Group Home Requests:**

**APD State Office / MCM only:**

**Date this referral is complete:**

09/17/2025

