



Residential Referral Form

An asterisk (*) indicates a required field

Consumer Forms

Review *	Initial	Worker *	Keaton, Kenneth
Review Date *	10/28/2025 	Status *	Pending
Division *	APD	Provider/Program	FL WSC GROUP, 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.

No

Placement Request For? *

APD Licensed Facility

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

3

State Office Residential Intake Specialist:

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


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:	J
Consumer Last Name:	Wheeler
Consumer Middle Name:	D
iConnect ID:	82513
Ref. Date:	10/28/2025 
County:	Brevard County
Region:	CENTRAL

Consumer DOB:

07/18/1983

Gender:

Male

Please Check all that Apply:

Minor

No

Deemed Incompetent

No

CDC+

No

Adopted (Minors only)

No

393.11

No

Substance Abuse Issues

No

Registered Sex Offender

No

Under Active Court Order

No

SAN Submitted?

Yes

SAN Submitted Date:

06/08/2025

Qualifying Diagnosis:

Cerebral Palsy

LEGAL REPRESENTATIVE

Legal Representative:

Name

Address

Phone Numbers

Email Address

Relationship(s)

COORDINATOR INFORMATION

Coordinator Type:

WSC

Coordinator Business Email:

BrentKeaton@gmail.com

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

Coordinator Name:

Name		ID
Keaton, Kenneth		41958


Coordinator Office Phone:

(321)317-5498

Coordinator Cell Phone:

(321)317-5498

QSI INFORMATION

QSI Approved Date: 11/02/2023


Overall Score: 4

Functional Score: 5

Behavioral Score: 1

Physical Score: 3

CURRENT RESIDENTIAL SETTING

Current Residential Setting: Family Home

Current Approved Residential Habilitation Level: Standard

Behavior Analyst Name:

Reason for New Placement Request: GH - Change of Placement

Placement Request Note: J Wheeler is currently temporary residing and his family home while we find him a new group home. Nothing was wrong with the current group home but he decided it was not a good fit for him. Client needs larger doorways for his wheelchair.

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

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

History of Prior Placements: Group Home Orlando

ADAPTIVE SKILLS

Ability to Evacuate: Dependent

Receptive Communications: Independent

Expressive Communications: Requires Assistance

Eating: Requires Assistance

Dressing: Dependent

Toileting: Dependent

Personal Hygiene: Dependent

Helpful Comments: JD is continent IF given prompting. He currently has a bell he rings to notify his parents he needs to toilet.

NEEDS AND ACCOMMODATIONS

Height:

Feet: 5

Inches: 5

Weight: 85

Vision: Impaired

Hearing: No Impairment

Select all applicable needs:	Ambulation Chronic / Important Issues Physical Handicaps
Medical Health Diagnosis:	gastroparesis, constipation
Mental Health Diagnosis:	None

NEEDS AND ACCOMMODATION DETAILS

Allergy Details:	None known
Ambulation Details:	Totally dependent upon assistance of his wheelchairs.
Behavioral Service Plan In Place?	No
Behavioral Issue(s) Details:	None
Chronic / Important Issue(s) Details:	Other Chronic Health Concerns
Enter Details for Other Chronic Health Cocerns:	gastroparesis, constipation
Additional Information that needs to be provided (notes section will expand):	

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

Approved Residential Setting:	Standard GH
Approved Residential Habilitation Level:	Standard
Central All Counties?	No
Central:	Brevard Orange Seminole
Northeast All Counties?	No
Northeast:	
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:

Support Plan* (required for all except CBC)

APD State Office / MCM only:

Date this referral is complete:

