

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:	Hunter
Consumer Last Name:	Williams
Consumer Middle Name:	Jordan
iConnect ID:	76234
Ref. Date:	10/19/2025 
County:	Orange County
Region:	CENTRAL

Consumer DOB:03/29/2005

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?No

Qualifying Diagnosis:Intellectual Disability

LEGAL REPRESENTATIVE

Legal Representative:

Name

Williams, Katrina

Address

1741 Blakc Maple pl , OCOEE, FL 34761

Phone Numbers

Home:(407)791-5230

Email Address

kwilliams33012@cfl.rr.com

Relationship(s)

Legal Representative,Caregiver,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: 06/03/2025

Overall Score: 2

Functional Score: 3

Behavioral Score: 2

Physical Score: 2

CURRENT RESIDENTIAL SETTING

Current Residential Setting: Family Home

Current Approved Residential Habilitation Level: Standard

Behavior Analyst Name:

Reason for New Placement Request:

Placement Request Note: Hunter's parents are going out of town from November 6 to November 9, 2025, They would like for Hunter to be placed with his brother Phoenix.

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 Waiver

ADAPTIVE SKILLS

Ability to Evacuate: Requires Assistance

Receptive Communications: Requires Assistance

Expressive Communications: Requires Assistance

Eating: Requires Assistance

Dressing: Requires Assistance

Toileting: Independent

Personal Hygiene: Requires Assistance

Helpful Comments: Defiant, tells lies, and some anger issues, poor socialization skills.

NEEDS AND ACCOMMODATIONS

Height:

Feet:

Inches:

Weight:

Vision: No Impairment

Hearing: No Impairment

Select all applicable needs:

Medical Health Diagnosis:	Hunter is diagnosed with Intellectual Disability, Autism, Depression, and Attention Deficit Hyperactivity Disorder (ADHD).
Mental Health Diagnosis:	Depression

NEEDS AND ACCOMMODATION DETAILS

Allergy Details:

Ambulation Details:

Behavioral Service Plan In Place?	No
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Behavioral Issue(s) Details:

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

Additional Information that needs to be provided (notes section will expand):	Orange County is preferred for the Respite
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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
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Approved Residential Habilitation Level:	Standard
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Central All Counties?	No
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Central:	Orange
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Northeast All Counties?	No
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Northeast:

Northwest All Counties?	No
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Northwest:

Southeast All Counties?	No
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Southeast:

Southern All Counties?	No
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Southern:

Suncoast All Counties?	No
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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:

