1. **Date:** Click to enter date
2. **Type of assessment being requested** (select one):

Child (ages 5–15)  Adult (ages 16 and over)

1. **What is the likely location of the interview?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location Name:** | | **Agency:** | |
| **Address***:* | | **Phone #***:* | |
| **City:** | **State:** | | **Zip***:* |
| **County Name:** | | | |
| **Type of Location:** | | | |

**4. Will the individual require an interpreter for the SIS® Interview?** Choose an item

**Interpreter Language:**

**5**. **Will the individual require other accommodations to participate in the SIS® interview?** Choose an item

**Other accommodations needed:**

1. **Individual’s Information:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Address:** | **Date of Birth:** |
| **CSB Tracking: #** | **SSN:** | **Medicaid: #** |

1. **Support Coordinator Information: (It is not necessary to list the SC as a Respondent in #8)**

|  |  |
| --- | --- |
| **Name:** | **Agency:** |
| **Phone #:** | **Phone #:** |
| **Email Address:** | |
| **Has SC/CM known Individual for 3 months?** Choose an item | |
| **Please list three dates you are available for the SIS® interview. You may also add a time range in the text box following each date.** Click or tap to enter a date.Click or tap to enter a date.Click or tap to enter a date. | |

1. **Respondents*: If Individual has a Guardian they must be entered as a Respondent.***

|  |  |  |
| --- | --- | --- |
| **Respondent:** | **Respondent Type:** Choose anitem | **Type of Service:** Choose an item |
| **Relationship: Guardian** | **How long has Respondent known Individual?** Choose an item | **Direct Contact Hours over past 3 months:** Choose an item |
| **Phone #:** | **Email:** | **Does the Respondent Reside with the Individual:  Yes  No** |
| **Address (number street, city, state, zip):** | | |
| **Respondent:** | **Respondent Type:** Choose an item | **Type of Service:** Choose an item |
| **Relationship:** Choose an item | **How long has Respondent known Individual?** Choose an item | **Direct Contact Hours over past 3 months:** Choose an item |
| **Phone #:** | **Email:** | **Does the Respondent Reside with the Individual:**  **Yes**  **No** |
| **Address (number street, city, state, zip):** | | |
| **Respondent:** | **Respondent Type:** Choose an item | **Type of Service:** Choose an item |
| **Relationship:** Choose an item | **How long has Respondent known Individual?** Choose an item | **Direct Contact Hours over past 3 months:** Choose an item |
| **Phone #:** | **Email:** | **Does the Respondent Reside with the Individual:  Yes  No** |
| **Address (number street, city, state, zip):** | | |
| **Respondent:** | **Respondent Type:** Choose an item | **Type of Service:** Choose an item |
| **Relationship:** Choose an item | **How long has Respondent known Individual:** Choose an item | **Direct Contact Hours over past 3 months:** Choose an item |
| **Phone #***:* | **Email:** | **Does the Respondent Reside with the Individual:  Yes  No** |
| **Address (number street, city, state, zip):** | | |

|  |
| --- |
| **General Notes:** |

1. **Do you anticipate the individual will be able to attend the entire interview?**  Yes  No

**If not, will there be someone available to assist the individual to leave the interview environment?**

1. **Are there safety concerns associated with the interview, such as behavioral concerns, unsafe physical setting, smoker(s), vicious pets, criminal activity?**  Yes  No

**If so, what is/are the issue(s)?**

1. **When complete the SC sends this form to** [**assessmentsvirginia@telligen.com**](mailto:assessmentsvirginia@telligen.com)

**If you have questions about scheduling, call Telligen’s toll free phone line 877-563-6972, Option 3**

|  |
| --- |
| **—SECTION BELOW FOR VENDOR USE ONLY—** |
| 1. **Date Request Received:** Click to enter date **Time Request Received:** Click to enter text |