

**- Vista Adult Services Organization -  
Employment Services**

Referral Screening and Evaluation Tool

|                              |             |                                |
|------------------------------|-------------|--------------------------------|
| <b>Customer Name:</b>        | <b>DOB:</b> | <b>Referral received on:</b>   |
|                              | <b>Age:</b> |                                |
| <b>Form completed by:</b>    |             | <b>Screening completed on:</b> |
| <b>Referred by:</b>          |             |                                |
| <b>Relation to Customer:</b> |             |                                |

**Basic Requirements**

| Does the referred customer meet each Basic Admissions Criterion?                             | Yes | No | Additional Information: |
|--|-----|----|-------------------------|
| ▪ (Primary) Axis I diagnosis of an Autism Spectrum Disorder                                  |     |    |                         |
| ▪ Over the age of 13   |     |    |                         |
| ▪ Supports in place for non-employment needs   |     |    |                         |
| ▪ Demonstrated or expressed interest in competitive employment                               |     |    |                         |
| ▪ Customer/legal guardian available for ISP team meetings and employment planning activities |     |    |                         |
| ▪ Access to funding stream   |     |    |                         |
| ▪ Residence within 20 miles of Hershey   |     |    |                         |

**Customers who are appropriate for Vista Adult Services typically exhibit moderate-to-severe symptoms of the autism spectrum disorders. They may display a combination of the following needs:**

| Does the referred customer exhibit any of the following need(s)?  | Yes | No | Additional Information: |
|---|-----|----|-------------------------|
| ▪ Significant and severe delays and deficits in communication, speech and language  |     |    |                         |
| ▪ Challenging behaviors (aggression, self-injurious behaviors, property destruction, etc.)  |     |    |                         |
| ▪ Problematic behaviors (self-stimulatory behaviors, high levels of distractibility, difficulty with changes and novelty, etc.) or behavior that causes the individual to be unavailable for learning |     |    |                         |
| ▪ Dependence upon supervisors or coworkers for activities of daily living   |     |    |                         |
| ▪ Inability to independently structure free time during scheduled breaks or independently complete assigned work-related tasks  |     |    |                         |
| ▪ Difficulty learning newly assigned activities in a group setting  |     |    |                         |

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|   |  |  |   |
|---|--|--|---|
| ▪ Inappropriately responding to environmental demands and stimuli   |  |  |   |
| ▪ Lack of communication skills that are used to access/accept/reject and escape items in the environment in an appropriate way                  |  |  |   |
| ▪ Lack of communication skills that are used to request help/answer questions/solve problems  |  |  |   |
| ▪ Inability to focus on assigned activities without close supervision and in absence of interfering behaviors                                   |  |  |   |
| ▪ Inability to react in socially acceptable ways to supervisors and coworkers within differing environments                                     |  |  |   |
| ▪ Inability to safely access community environments   |  |  |   |
| ▪ Difficulty interacting with supervisors and coworkers (giving/accepting of items, simple social exchanges, turn-taking, personal space, etc.) |  |  |   |
| <b>Total:</b>   |  |  | (a high number of 'no' answers indicates customer may not be appropriate) |

| Needs Assessment  | Weighted Values | Score |
|---|-----------------|-------|
| Individual has risk of behavior or medical crises                             | 20              |       |
| Individual lacks employment requiring development of community-based activity | 5               |       |
| Individual plans to participate in the Community Integration Center           | 10              |       |
| Individual requires administration of medication or medical treatments        | 5               |       |
| Staff must travel greater than 30 miles to provide direct support             | 10              |       |
| Individual requires 1:1 or greater ratio of direct when in the community      | 10              |       |
| Individual will have services within their family home                        | 5               |       |
| <b>Total Score =</b>  |                 |       |

| Assessment of Needs Scale |                            |               |
|---------------------------|----------------------------|---------------|
| <b>Tier 1</b>             | High Need of Resources     | 30 or greater |
| <b>Tier 2</b>             | Moderate Need of Resources | 16 to 29      |
| <b>Tier 3</b>             | Low Need of Resources      | 15 or less    |

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**Summary of Screening Tool Results:**

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**Does the referred customer meet the majority of admissions criteria?**

Yes    No   If No, explain:

**Would the referred customer benefit from involvement in the Community Integration Center?**

Yes    No   If No, explain:

**Does the referred customer exhibit needs that may not be appropriate?**

Yes    No   If Yes, explain:

**What assessment of needs tier does the individual score?**

1    2    3

**Explain impact on ability to serve:**