

**- Vista Adult Services Organization -
Employment & Day Services**

Referral Screening and Evaluation Tool

Customer Name:	DOB:	Referral received on:
Age:		
Form completed by:	Screening completed on:	
Referred by:		
Relation to Customer:		

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			
▪ Immunized per CDC recommendations			

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.)			
Total:			(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	
Total Score =		

Assessment of Needs Scale		
Tier 1	High Need of Resources	30 or greater
Tier 2	Moderate Need of Resources	16 to 29
Tier 3	Low Need of Resources	15 or less

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Summary of Screening Tool Results:

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: