|  |
| --- |
| **ADMISSION REFUSAL NOTICE** |
| Name:  Date of request for services:  When a person and/or legal representative requests services from this company, a refusal to admit the person must be based upon an evaluation of the person’s assessed needs and this company’s lack of capacity to meet the needs of the person.  The company must not refuse to admit a person based solely on the type of residential services the person is receiving or solely on the person’s:   1. Severity of disability. 2. Orthopedic or neurological handicaps. 3. Sight or hearing impairments. 4. Lack of communication skills. 5. Physical disabilities. 6. Toilet habits. 7. Behavioral disorders. 8. Past failures to make progress.   Documentation regarding the basis for the refusal will be completed using this formwhich will be provided to the person and/or legal representative and case manager upon request. The following information will be completed with as much detail as possible.   1. Evaluation of the person’s assessed needs: 2. The company’s lack of capacity to meet the person’s needs: 3. The company’s basis for the refusal to admit this person:   A copy of this *Admission Refusal Notice* was requested by:  (name and title of person requesting)  A copy was provided on the following date:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designated Coordinator and/or Designated Manager Date |