



Office for People With
Developmental Disabilities

CERTIFIED RESIDENTIAL OPPORTUNITIES
RESIDENTIAL SCREENING REPORT

Instructions: as indicated in the Protocol for Certified Residential Opportunities, the Residential Provider must complete this form after a face-to-face interview with the individual and submit to the regional office at the address indicated below.

Individual Screened: _____

Screening Date: _____

Need Category : _____

Screening Agency: _____

Screening Staff Contact Name: _____

Phone Number: _____

Email: _____

Site Individual Screened For : _____

Service Coordinator Name: _____

Phone Number: _____

Email Address: _____

SCREENING OUTCOME

☐ **Appropriate**

✓ Submit Residential Approval Request Form

✓ Ensure Due Process Occurs

Indicate planned placement date: _____

☐ **Not appropriate** (must indicate reasons below)

1) Indicate specific reasons why: _____

2) If individual is NOT considered appropriate for THIS vacancy, what other sites might he/she be considered for? _____

Additional Comments (attach additional pages as appropriate): _____

Name & Title of Residential
Staff Completing Form: _____

Date: _____

Submit form to:

OPWDD Certified Residential Opportunities Team

----- THIS SECTION TO BE COMPLETED BY CRO TEAM -----

CRO Team Staff Reviewing Screening Form: _____

Date: _____

☐ Screening outcome **accepted**

☐ Screening outcome **not accepted**

Rationale: _____

If screening outcome is not accepted, CRO Team will contact provider to discuss follow-up.