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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  **PASRR Addendum** | | | | |
| NAME | | | GUARDIAN’S / NSA NAME | | |
| DATE OF PASRR LEVEL II | | DATE OF ADDENDUM | | FACILITY NAME (IF APPLICABLE) | |
| REASON FOR ADDENDUM | | | | | |
| SOURCE OF ADDITIONAL INFORMATION | | | | | |
| DESCRIBE ANY CHANGES TO RECOMMENDATIONS FOR PROFESSIONAL ASSESSMENTS BELOW.  Physical therapy  Speech therapy  Occupational therapy  Mental Health / Behavior Support  Other (specify): | | | | | |
| Comments | | | | | |
| DESCRIBE ANY CHANGES TO RECOMMENDATIONS FOR SPECIALIZED SERVICES BELOW.  Community Access  Transportation  Vocational Training  Staff / Family Consultation and Training  Specialized Medical Equipment and Supplies  Assistive Technology  (based on professional recommendation)  Therapeutic Equipment and Supplies  Community Guide (based on professional recommendation)  Other (specify): | | | | | |
| Comments | | | | | |
| SIGNATURE OF PERSON COMPLETING ADDENDUM DATE OF COMPLETION | | | | | |
| PRINTED NAME OF PERSON COMPLETING ADDENDUM | | | | | PHONE NUMBER (INCLUDE AREA CODE) |
| EMAIL | | | ADDRESS CITY / STATE / ZIP | | |
| cc: Nursing facility applicant or resident  Guardian or NSA  Client file (if DDA client)  Admitting or retaining NF  Attending physician or ARNP  Discharging hospital (if person is discharging from a hospital) | | | | | |