

**FAR NORTHERN REGIONAL CENTER  
REQUEST FOR INTENSIVE STAFFING RATIO**

This form is to be completed by vendors to determine when funding for intensive staffing ratio might be needed for consumers currently receiving Residential or Day Program Services. Each request is reviewed on an Individual basis.

**Completed form with attachments to be submitted to:**

\_\_\_\_\_  
**FNRC Service Coordinator**

\_\_\_\_\_  
Date of Request: \_\_\_\_\_ Date of Service \_\_\_\_\_ Agency: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

UCI#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Vendor #: \_\_\_\_\_  
\_\_\_\_\_

Check one:  Initial Request     Reauthorization (**start at #6**)

1. Describe the behavior or challenging circumstances that are making necessary a request for a more intensive staffing ratio. If this information is current in an ISP objective or behavior assessment, attach it and make a note rather than rewriting the information here.

a. Target behavior and definition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Antecedents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Frequency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Intensity (e.g., duration, severity):

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e. History of problem (e.g., recent changes? new issue? ongoing issue?):

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2. Attach the current ISP objective to address this behavior.

3. What is the current staffing pattern, and why is it not sufficient?

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4. Explain the strategies that will be used with intensive staffing to address the behavior.

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5. What is the plan for reducing/eliminating the need for intensive staffing.

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**IF A REQUEST FOR CONTINUATION:**

6. Is the current plan effective in reducing the behavior?

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7. How long do you anticipate that intensive staffing will be needed? Provide a rationale.

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8. Describe the transition plan to be used to ensure that the intensive staffing ratio will be faded in a timely manner.

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9. Provide any additional information that would be useful in helping the team determine the level of support needed by this consumer.

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Agency Representative and Title:

\_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_