



Choice. Respect. independence.

IDD Services Referral Form

Referral Guidelines

- To request service(s), please complete this form and return with supporting documents attached to Lisa Jackson-Wardlaw, Director of Admissions and Social Work. You can request a secure email link at ljacksonwardlaw@mycri.org, fax to (703) 842-2312, or mail to 14160 Newbrook Drive, Chantilly, VA 20151.
- If you have questions regarding types and availability of services, please contact DeAnne Mullins at (703) 842-2356 or at dmullins@mycri.org.
- Referrals will be reviewed and you will receive contact regarding next steps within 3 business days. Thank you for your interest.

Individual information

Name:

Street address:

City:

State:

Zip:

Current provider if applicable:

Home phone:

Cell phone:

Email:

DOB:

Social Security #:

Medicaid #:

Emergency contact:

Phone:

Relationship:

Court appointed guardian:

- Yes Name: _____
 No

Phone: _____

Referral Source

Name:

Phone:

Agency or relationship:

Referral type

Service requested (Please check all that apply):

- Congregate residential
- Supported living
- In home supports
- Day program
- Community Coaching
- Community Engagement
- Intermediate Care Facility
- Therapeutic consult (Behavioral)
- Skilled nursing

Tier: _____

SIS Score: _____

Type of Waiver: _____

Please describe the reason why services are being sought, and current services received if any.

Insurance/Financial information

Please check all that apply:

- Medicaid – Eligibility Worker: _____ Phone: _____
- Medicare
- Private health insurance
- Medicaid Waiver – Community Living
- Medicaid Waiver – Family and Individual Services
- Medicaid Waiver – Building Independence
- SSDI/SSI: \$ _____
- Pension or other entitlement: \$ _____
- Other funding for service: \$ _____

Supporting Documentation

Medical Diagnosis:

Psychiatric Diagnosis:

Please attach the following documentation if available:

- Current Individual Service Plan
- Psychological assessment
- Psychiatric assessment
- Behavior plan
- Medical/nursing care plan
- SIS assessment
- VIDES
- Medication Administration Record
- List of Physicians/Specialists

For CRI Use Only

Referral Date	Disposition	Reason	Outcome