

IDD Services Referral Form

Referral Guidelines

- To request service(s), please complete this form and return with supporting documents attached to Ricky Yates, Director of Admissions and Social Work. You can request a secure email link at ryates@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 Ricky Yates at (703) 842-2312 or at ryates@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	2				
Relationship:						
Court appointed guardian:						
☐ Yes Name:☐ No	Phone	2				

Referral Source

Name:

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: \$_____

Phone:

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
- □ Annual Risk Assessment Tool (RAT)