



## DD/ID WAIVER SERVICES REFERRAL FORM

**Divine Intensive Inc. | 1524 Merrimac Trl., Suite J, Williamsburg, VA 23185**  
Phone: (757) 808-6368 | Email: [divineintensive@icloud.com](mailto:divineintensive@icloud.com) | [www.divineintensiveinc.com](http://www.divineintensiveinc.com)

*Please submit the following information when requesting services through the FIS, CL, and BI Medicaid Waiver.*

Individual's Name

D.O.B.

Address

Medicaid #

DD Service Requested

ISP Dates

Quarterly Dates

Diagnosis

Brief Reason for Referral

### SUPPORT COORDINATOR / CONTACT INFORMATION

Support Coordinator's Name

CSB

Phone # / Fax #

Email

Residential / Home Contact

Phone

Day Program / Work Contact

Phone

### DOCUMENTS TO INCLUDE WITH THE REFERRAL

- |                                                   |                                                         |
|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> ISP, Parts 1–4           | <input type="checkbox"/> Annual Risk Assessment         |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Choice of Medicaid Form        |
| <input type="checkbox"/> Physical and PPD         | <input type="checkbox"/> Release / Disclosure Form      |
| <input type="checkbox"/> VIDES and SIS            | <input type="checkbox"/> Guardian / POA (if applicable) |
| <input type="checkbox"/> VA Informed Choice Form  |                                                         |

**MAIL OR EMAIL COMPLETED REFERRAL TO DIVINE INTENSIVE INC.**  
1524 Merrimac Trl., Suite J, Williamsburg, VA 23185 | [divineintensive@icloud.com](mailto:divineintensive@icloud.com)  
Questions? Call (757) 808-6368 | [www.divineintensiveinc.com](http://www.divineintensiveinc.com)