

Holley Hearts Community Services, LLC

Norfolk, Virginia — Serving the Hampton Roads Region

CLIENT REFERRAL FORM

DD Community Engagement Services

Please complete all sections and return this form by email to lholley@holleyhearts.com. Incomplete forms may delay the intake process.

1. REFERRAL SOURCE INFORMATION

Referring Agency / Organization			
Referring Contact Name & Title			
Phone		Email	
Fax		Date of Referral	
Relationship to Individual			

☐ Support Coordinator ☐ Hospital / Discharge Planner ☐ DSS / CSB ☐ Family Member ☐ Self-Referral ☐ Other:

2. INDIVIDUAL / CLIENT INFORMATION

Full Legal Name			
Date of Birth		Medicaid ID #	
Home Address			
Phone Number			
Primary Diagnosis / Disability			
Preferred Language / Communication Needs			
Guardian / Authorized Representative			
Emergency Contact (Name & Phone)			

3. DD WAIVER & SUPPORT COORDINATION INFORMATION

☐ Community Living (CL) ☐ Building Independence (BI) ☐ Family & Individual Supports (FIS)

Waiver Enrollment / Effective Date			
Support Coordinator Name			
Support Coordination Agency			
SC Phone		SC Email	

4. SERVICE REQUEST DETAILS

Service Requested: ☒ DD Community Engagement Services

Current Living Situation:

☐ Family Home ☐ Sponsored Residential ☐ Group Home ☐ Independent Living ☐ Other:

Current ISP Goals Related to Community Engagement

Requested Hours/Wk		Preferred Days/Times	

Transportation Needed?

☐ Yes ☐ No

Transportation Details (if yes)

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5. HEALTH & SAFETY INFORMATION

Known Allergies

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Medical Alerts / Seizure Precautions

Behavior Support Plan in Place?☐ Yes ☐ No

If yes, briefly describe (or attach current plan)

Mobility / Adaptive Equipment Needs**6. AUTHORIZATION & RELEASE**

By signing below, I authorize Holley Hearts Community Services, LLC to receive the referral information provided above for the purpose of evaluating and, where appropriate, providing DD Community Engagement Services to the individual named in this referral.

Signature of Referring Party / Authorized Representative	Date
Printed Name	Relationship to Individual

FOR OFFICE USE ONLY

Date Received		Reviewed By	
Intake Scheduled		Status	