### REFERRAL FORM

#### HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER

<table>
<thead>
<tr>
<th>Nursing Home Transition (NHTD)</th>
<th>Nursing Home Diversion (NHTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traumatic Brain injury Transition (TBI)</th>
<th>Traumatic Brain injury Diversion (TBI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

#### Prefill

**First Name**
Click or tap here to enter text.

**Last Name**
Click or tap here to enter text.

**Referral #**
Click or tap here to enter text.

(Leave blank, assigned by software program - Date YYYYMMDD + Region number + R + referral counter, Ex. 20181016-02-R012)

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Last Name</th>
<th>Referral #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose an item.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>CIN</th>
<th>Medicaid Status: Choose an item.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose an item.</td>
<td>Click or tap here to enter text.</td>
<td>Medicaid Status: Choose an item.</td>
</tr>
</tbody>
</table>

**Actions | Dates**

- Initial Referral: Click or tap to enter a date.
- Initial Contact: Click or tap to enter a date.

#### Applicant Address/Location

**Applicant Address 1**
Click or tap here to enter text.

**Applicant Address 2**
Click or tap here to enter text.

<table>
<thead>
<tr>
<th>City</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click or tap here to enter text.</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

**Applicant Telephone:**
Click or tap here to enter text.

**Applicant Email:**
Click or tap here to enter text.

**Current Location:**
Choose an item.

If facility resident, facility name:
Click or tap here to enter text.

**Type of Location:**
Choose an item.

**Other Location Description:**
Click or tap here to enter text.

**Is the mailing address the same as physical address:** Choose an item.

#### Applicant Mailing Address, if different

**Mailing Address (check all that apply):** ☐ Current ☐ Legal

**Facility Name**
Click or tap here to enter text.

**Address Line1**
Click or tap here to enter text.

**Address Line2**
Click or tap here to enter text.

**City**
Click or tap here to enter text.

**Zip**
Click or tap here to enter text.
### Applicant Information
- **Check box if applicant requires a translator/interpreter**
  - If checked, specify primary language: Click or tap here to enter text.
- **Describe reason for referral:** Click or tap here to enter text.
  - **Applicant Birth Date (if known):** Click or tap to enter a date.
  - **Applicant Sex:** Choose an item.
  - **Marital Status:** Choose an item.

### Referral Source
- **Referral Source Name/Provider Contact:** Click or tap here to enter text.
- **Address Line1**
  - Click or tap here to enter text.
- **Address Line2**
  - Click or tap here to enter text.
- **City**
  - Click or tap here to enter text.
- **Zip**
  - Click or tap here to enter text.
- **Telephone Number:** Click or tap here to enter text.
- **Email:** Click or tap here to enter text.
- **Referral Source Type (select one from drop-down list):** Choose an item.
  - **If Family Referral, Relationship to Applicant**
    - Click or tap here to enter text.
- **If “Other (specify)” is chosen as the referral source, describe:**
  - Click or tap here to enter text.
- **Is the referral source the court Appointed Legal Guardian:** Choose an item.
- **Is address same as applicant?:** Choose an item.
- **Comments:** Click or tap here to enter text.

### Outcomes – this section to be completed by the RRDC

<table>
<thead>
<tr>
<th>Referral Status</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceed to Intake</td>
<td></td>
</tr>
<tr>
<td>Referred to Region</td>
<td>Region name: Choose an item.</td>
</tr>
<tr>
<td>Closed, Notice of Decision Denial of Waiver Program issued.</td>
<td>If closed, reason: Choose an item.</td>
</tr>
<tr>
<td>Other</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

- **Referral made to other resource(s):**
  - **SPOA**
  - **OMH**
  - **CHHA**
  - **CDPAS/PCS**
  - **OPWDD**
  - **Open Doors**
  - **Office for the Aging**
  - **Managed Care**
  - **None**
  - **Other**

### Person Completing the Form Signatures
- **Name of person taking the referral**
  - Click or tap here to enter text.
- **Date:**
  - Click or tap to enter a date.
- **Comments:**
  - Click or tap here to enter text.