## B & D Services, Inc. Community Living Program

## **Referral for Services**

Office Use Only
Date rec'd
Date entered

B & D Services, Inc. requires completion of ALL the following information for individuals requesting consideration for services. The information will be kept confidential in accordance with Federal and State Confidentiality Laws and HIPPA requirements.

\* All HCBS Waiver Referrals must be accompanied by a copy of the Medicaid Card, Social History, and the Functional Assessment to be processed.

Today's Date:	r- r- F										
			REFE	RRAL	INFOR	MAT	ION				
□ Mr. □ Miss □ Mrs. □ Ms.	Legal Name (Last, First, Middle):								Marital Status: □ Single □ Separated □ Married □ Widowed □ Divorced		
Goes By:	Birth Date: / /			Age:		SSN:	Gender		Gender: □ M □ F		
Street Address:		Email:				Home telephone #:					
City:			State:		Zip Code:			Cell telephone #:			
Primary Diagnosis	:										
Referred by:		Relationship:   Case  Frier				iend	nd				
Telephone # (		□ B & D Employee □ Physician						Other			
			I&H Waive EW Waive				er*	Type of Service: □ Individual Respite (Check all □ Group Respite that apply) □ SCL			
Services are reques  Adult Child	☐ HCBS/PD Waiver* ☐ Ha☐ Private ☐ SL☐ County			Habilitat SLP Gra	P Grant		□ CDAC □ Homer		□ IMMT □ Chore □ 24 hr - Site		
Reason for referral	:										
			GUAR	DIAN	INFOR	MAT	ION				
Legal Guardian(s) Name:						Relationship:					
Street Address:							Email Address:		Home telephone #:		
City:			State:	Zip (	Zip Code:		Cel	Cell telephone #:			
Employer:				Work Hours:			Work telephone #:				
Primary Caregiver(if different from guardian):				Relationship:			Con (	Contact telephone #:			
Referrals are processed the day(s) and time(s) the intake.											
Intake Day Prefero	Intake	Intake Time Preference:									
I hereby acknowledge notify B & D Services,						est of n	ny knowl	edge. I und	erstand th	at I am required to	
Signature							-	Date			

Completed forms must be signed, dated and returned to B & D Services, Inc:

**By Mail:** 212 1st Street E, Independence, IA 50644 **By Fax:** 319-334-3351