

Highland Rivers Health

IDD Referral Form

Date submitted -	
Person/Agency Submitting Referral -	
Contact phone number -	
Individual's Name / DOB	
Family Contact/relationship -	
Address –	
Home Phone -	
Cell Phone -	
Email -	
Funding (SFS, NOW, COMP, FS, VR)	
Amount of Funding -	\$

Brief Description of services requested:

Please email or fax completed form to:

Intake Coordinator for Highland Rivers Health
 Lisa Dodd
 Phone # - 706-295-6425 #1 or ext 2061 or cell 706-766-0305
 Fax 706-295-6478
lisadodd@highlandrivers.org
 6 Mathis Dr NW, Rome, GA 30165

Action taken (office use only) _____

Disposition:

Accepted _____

Requested more information _____

Chose not to accept _____ Reason _____