



It's About Time, Inc. Referral Form

It's About Time, Inc.
7702 B Plantation Road
Roanoke, VA 24019
Phone: 540-491-2010

Please fax referral to 540-774-0033

Program Desired:

Day Services:

- Group Day Support: Center-Based
- Community Coaching
- Community Engagement

Residential Options:

- Supportive In-Home Services
- Congregate Residential

Date: _____

Funding Sources:

- Waiver Type: _____
- Private Pay

Referring Party Information:

Name: _____

Referring Agency: _____

Contact Number(s): _____

Email Address: _____

Mailing Address: _____
street *city, state, ZIP*

Area of Referral:

- Roanoke Piedmont New River Valley Other _____

Individual's Demographic and Insurance Information:

Name: _____

Mailing Address: _____
street *city, state, ZIP*

Phone number(s): _____

Social Security Number: _____ Medicaid Number: _____

Resides: alone with family in a group home in a host home

Other Family Members Living in the Home:

Relationship to Individual:

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Competent Adult Guardian Authorized Representative

Name: _____

Mailing Address: _____

street

city, state, ZIP

Phone number(s): _____

Diagnoses: _____

Requesting Hours: (Please list hours per day including AM and PM)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
TOTAL <i>hours/day</i>							

Please list any physical limitations: _____

Please submit the following with this form:

- ✓ Current Person-Centered Plan
- ✓ Psychological Evaluation
- ✓ DSM-V Diagnosis Review
- ✓ VIDES
- ✓ SIS
- ✓ Supplemental Needs/Risk Assessment
- ✓ Virginia Informed Choice

DO NOT WRITE BELOW THIS LINE (IAT Supervisor/Management ONLY)

Date individual was contacted: _____

Appointment set for (date, time): _____

Left message. List all dates: _____

Details of meeting: _____

IAT Qualified Representation

Date