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| * **To be completed by CSB Representative, DD Agency or Training Center Community Integration Manager.** * **Referrals are not accepted from agencies not listed above.** * **Please save in Word Format, a secure link can be requested by emailing**   [**Public.Guardianship@dbhds.virginia.gov**](mailto:Public.Guardianship@dbhds.virginia.gov)   * **Individuals are added to the waitlist based on the following criteria:**   **1. Un-friended-No family, friends, or other support partners in place.**  **2. Indigent- No significant financial resources outside of Waiver/SSI.**  **3. Primary diagnosis of intellectual disability prior to the age of 18.**   * **Individuals added to the waitlist will be assigned a public guardianship slot based on the number of days on the waitlist.** * **In submitting this referral the CSB and/or Individual assumes the responsibility for securing an attorney and paying for any associated petitioning costs.** | | |
| **Date of Referral** | Click here to enter a date | |
| **Referring CSB** | Click here to enter referring agency. | |
| **Training Center if applicable** | Click here to enter training center. | |
| **Support Coordinator/DD Case Manager/CIM** | Click here to enter Support Coordinator/DD Case Manager/CIM | |
| **Address** | Click here to enter address. | |
| **Phone** | Click here to enter Phone | |
| **Fax** | Click here to enter Phone | |
| **Email** | Click here to enter Email | |
| **Individual/Date of Birth** | Click here to enter Individual’s Name | Click here to enter Date of Birth. |
| **Gender/ Race** | Click here to enter Gender | Click here to enter Race. |
| **Address** | Click here to enter Address | |
| **Chart Number/Avatar number if applicable** | Click here to enter number | |
| **If Applicable Discharge Date from Training Center** | Click here to enter DC Date | |
| **Does the individual have a documented diagnosis of Intellectual Disability prior to age 18?** | Select One. | |
| **Current Residential Status/History of residential status** | Click here to enter current residential status and history of residential status. | |
| **Other important information** | Click here to enter additional information | |
| **Is this individual indigent?** | Select One. | |
| **Funding Support** | Click here to enter funding supports | |
| **Is this individual un-friended?** | Describe family/friend/support and attempts at contact/social history | |