



Request for Durable Medical Equipment Services

Form Instructions: This is a fillable PDF form and can be filled out electronically utilizing Adobe Reader/ Acrobat.

This form must be filled out completely. Incomplete forms may be returned to the Requester.

Return this form to MRETeam@dbhds.virginia.gov.

Forms will ONLY be accepted by email unless prior arrangements have been made with MRE Management.

Date of Request:	Date of Birth:
Individual or Facility Name:	Preferred Name:

This individual has an intellectual or developmental disability as defined by the VA Code?

Yes No

Does the individual have Medicaid? Yes No Medicaid Number:

Does the individual have a waiver? Yes No Waiver Type:

Have you contacted your local DME for your request? Yes No Company Name:

What were the barriers that hindered the DME Company from assisting you?

Indicate individual's type of residence: ☐ Family Home ☐ Group Home ☐ ICF

Name of Group Home/ICF (if applicable):	
Street Address:	Apt/Suite:
City/Town:	Zip Code:
Group Home Street Address (if different from above):	Apt/Suite:

DAY SUPPORT INFORMATION

Does the individual attend a Day Program? ☐ Yes ☐ No

Day Program Name:	
Street Address:	
City/Town:	Zip Code:
Days and Hours of Attendance:	

PLEASE SELECT PREFERRED LOCATION OF SERVICE

Family Home

Group Home

ICF

Day Support

REQUESTOR INFORMATION

Community Service Board:	
Community Service Board Representative:	
Phone Number:	Email:

SCHEDULING CONTACT INFORMATION

Contact Name:	
Phone Number:	Email:

Service Type *(Please select all that apply)*

☐ Repair ☐ Safety Assessment ☐ Pressure Washing ☐ Custom Adaptation

For Pressure Washing Requests Only: Do you have an outdoor spigot to accommodate? ☐ Yes ☐ No

List Equipment in need of service below.

Equipment Type:	
Make/Brand Name:	Model:
Description of Problem/Consult Needs:	

Equipment Type:	
Make/Brand Name:	Model:
Description of Problem/Consult Needs:	

For Multiple Individuals, please fill out the following information *(Please select all that apply)*

☐ Pressure Washing Clinic ☐ Safety Assessment/Repair Clinic

For Pressure Washing Requests Only: Do you have an outdoor spigot to accommodate? ☐ Yes ☐ No

Approximate Number of Pieces of Equipment: _____ **(Example: 25-30)**

If interested in a Safety Assessment Clinic or Pressure Washing Clinic, please email MRETeam@dbhds.virginia.gov.