

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.