

COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE  
 COMMISSIONER

*DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*Post Office Box 1797  
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Date

SC Name

SC’s CSB

Address

Address

Dear Support Coordinator,

Please be advised that a family from your catchment area is considering ICF/IID placement for their child at (**Facility**). The Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) was completed on (**Date)**. A copy of the VIDES is attached for your records. (**Social Worker**) is the contact at (**Facility’s Name**). She can be reached at (**Phone #**). Please ensure that the individual is added to the waiver waitlist.

If you have any questions or would like additional information, you may contact me at (804) 201-3833 or [benita.holland@dbhds.virginia.gov](mailto:benita.holland@dbhds.virginia.gov) .

Sincerely,

Name

Family Resource Consultant

Division of Developmental Services