

### Emergency Slot Request (ESR) Form

Date of Referral	Referring CSB	Support Coordinator	Central Office Staff assisting with this referral.
Enter Date	Select CSB.	First Name: Enter first name.	First Name: Enter first name.
If known, Next scheduled WSAC date:	Enter Date	Last Name: Enter last name.	Last Name: Enter last name.
Is the Individual on the Waiting List:	Choose response.	Telephone: Enter tele.      Ext.: Enter ext.	Telephone: Enter telephone.
Priority Level:	Choose level.	Email: Enter email address.	Email: Enter email address.
<b>AR/Guardian:</b>			
First Name: Enter first name.	Last Name: Enter last name.	Telephone: Enter tele.	Email: Enter email address.
Is the AR/Guardian in agreement with the slot request? Choose response.			
<b>Individual</b>			
First Name: Enter first name.	Last Name: Enter last name.	Date of Birth: Enter Date	WaMS Person ID: PersonID.
Medicaid#:	Is the Medicaid Active?	If applicable, Medicaid Application Date:	If applicable, discharge date- State Fac:
Enter Medicaid#.	Response.	Enter Date	Enter Date
Current Funding Source	Current Address:	Current Residential Status:	Other Residential Status; Please explain:
Select Funding.	Enter Address.	Choose an item.	Enter explanation for Other residential status.
<b>*Required-DD Diagnosis</b>		Date of Most Recent DD Eval:	Assessor's Name & Credentials:
Enter DD diagnosis		Enter Date	Enter Assessor's Name & Credentials
Medical Diagnoses:	Enter Medical diagnosis	Medications for medical Dx	Enter Medical Dx Med list
Psychiatric Diagnoses:	Enter Psychiatric diagnosis	Medications for psychiatric Dx	Enter Psych Dx Med list
<b>Emergency Criteria and Background/Justification for Request</b>			
<b>*Required-Select Emergency Criteria:</b>	<b>Select Reason.</b>		<b>*Required -Type of Slot Requested</b>
Provider Identified?	Choose response.	If yes, Provider Name	<b>Select Slot</b>
		Enter Provider Name.	If yes, Projected start date.
			Enter Date
<b>*Required- Describe the individual's recent history and current situation that has led to meeting the above Emergency Slot Criterion.</b>		<b>*Required- List community options (paid &amp; natural supports) that have been explored and why these are/have been insufficient to meet the needs. Include dates of contacts.</b>	
Enter current situation and recent history.		Add(tried)community paid & natural supports that didn't meet the need.	
<b>*Required- List the waiver services that the individual requires/is requesting.</b>		<b>*Required- Explain why the above selected waiver is the most appropriate and why supports needs cannot be met with lesser restrictive waiver.</b>	
List waiver services required.		Explain why Selected waiver is required/appropriate.	

*Emergency access to waiver services is subject to available funding and a finding of eligibility for waiver services. Eligible individuals may currently be on the Priority 1, 2, or 3 waiting lists or may be newly known as needing supports resulting from an emergent situation but must ultimately qualify for Priority 1 to receive an emergency slot. NOTE: Individuals and family/caregivers shall have the right to appeal the application of the emergency criteria to their circumstances pursuant to 12VAC30-110. All notifications of appeal shall be submitted to DMAS. Additional information about emergency slots may be found in the DD waivers' regulations at 12VAC30-122-90. Prior to submitting a request for emergency access to waiver services, the CSB should thoroughly explore the availability of slots at the CSB and if there are other resources that could be sought to support this individual. Emergency Slots are typically loaned and must be repaid. Submit Form to [emergency\\_slot\\_request@dbhds.virginia.gov](mailto:emergency_slot_request@dbhds.virginia.gov) using secure email.*