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| Virginia Individual Developmental Disabilities Eligibility Survey (VIDES) Request Form | |
| Form Instructions | |
| The facility Social Worker or designee shall complete the VIDES Request Form for individuals seeking placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).   * Each question should be answered. * Submit the VIDES Request Form via secure email to: Vides.request@dbhds.virginia.gov. | |
| **Date of Request:** Click or tap to enter a date.  **Reason for Request:** Click or tap here to enter text. | |
| Facility Contact Information | |
| **Facility:** Choose an item. | **Facility Contact:** Contact’s Name. |
| **Address:** Facility Address | |
| **Region:** Choose an item. | **Facility Phone #:** (XXX) XXX-XXXX |
| **Email:** Email Address | |
| **DEMOGRAPHIC INFORMATION** | |
| **Name:** Individual’s Full Name | **Email:** Email Address. |
| **Medicaid ID:** Medicaid ID # | **SSN:** Social Security Number |
| **Date of Birth:** Select DOB | **Current Living Situation:** Choose an item. |
| **Address:** Current Address | |
| Family/legal guardian/substitute decision maker (SDM) | |
| **Name:** Individual’s Full Name | **Relationship:** Choose an item. |
| **Phone:** (XXX) XXX-XXXX | **Email:** Email Address. |
| **Address:** Current Address | |
| Referral source | |
| **Name:** Individual’s Full Name | **Relationship:** Enter Text |
| **Phone:** (XXX) XXX-XXXX | **Email:** Email Address. |
| **Address:** Current Address | |
| CSB/BHA Information | |
| **Name of CSB/BHA:** Enter Text | **CSB/BHA Contact:** Enter Text |
| **Is the individual at risk for any of the following:** Choose an item. | |



Provide any information you think may be helpful in supporting the individual’s need for ICF/IID services

Click or tap here to enter text.