

Day Habilitation Referral Form

Day Habilitation Programs are designed to assist a Member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment. [Day Habilitation](#).

<u>Request Type</u>			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Extension	
<input type="checkbox"/> Member consented to Day Habilitation referral			
Member's First Name:		Last Name:	
Phone Number:		IEHP Number:	
Member's Address:			Zip Code:
Gender:	DOB:	Primary Language:	Responsible Party:
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English	Self <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Spanish	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred pronoun:	Age:	<input type="checkbox"/> Other: _____	Public Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
			Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsible Party Name and Contact:			
Diagnosis (required):			ICD-Code:
<u>Eligibility Criteria</u>			
Member must meet one of the following criteria:			
<input type="checkbox"/> Experiencing homelessness			
<input type="checkbox"/> Exited homelessness and entered housing in the last 24 months			
<input type="checkbox"/> At risk of homelessness or institutionalization whose housing stability could be improved through participation in a Day Habilitation Program			
<i>Please note, if box is NOT checked, STOP. Member does not meet eligibility criteria.</i>			
<u>Clinical and Supporting Attachments:</u>			
Supporting medical documentation should include:			
<ul style="list-style-type: none"> Signed Homeless attestation Documentation supporting need for services 			
<i>Please submit supporting documentation with the referral form.</i>			