

NAME OF PERSON REFERRED:	DATE OF REFERRAL:
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*For **EAST** Region ONLY: Upper East Knoxville area Chattanooga area

REFERRAL ENTITY:	PROVIDER:
ISC AGENCY/DIDD:	ISC/CASE MANAGER:

Reason for Referral:

- High Risk Issues** (*Increased Behavior Incidents, Medical, Communication, Mental Health, and Incarceration Risks*)
- The conflict between the person supported and their team**
- Transition** (*including Mental Health, Nursing Home, etc.*)
- Barriers to Service Delivery**
- Dissatisfaction with services, supports, or quality of life**
- Potential Discharge from Services or Waiver**
- Other**

Explanation of Referral Issue: (*Be specific in how this is impacting the person supported*)

Please send the completed referral form to your regional contact.

- **West** Tennessee: Karla Goodman, Karla.Goodman@tn.gov (901) 745-7235
- **Middle** Tennessee: Amanda Brewer, Amanda.Brewer@tn.gov (615) 884-1929
- **East** Tennessee: Suzanne Richards, Suzanne.Richards@tn.gov (423) 787-6531