

The **Enabling Technology Referral Intake Form** should be completed and submitted for any 1915(c) Waiver, ECF CHOICES, or CHOICES member who has indicated they have an overall interest and readiness to participate in the Enabling Technology person-centered facilitation, planning, and integration process. The Coordinator should have completed and utilized the *Enabling Technology Screening Tool* prior to completing and submitting the Enabling Technology Referral Intake Form.

Referral Contact Person:		
Name of Contact Person	Title/Role of Contact Person	
Email Address	Phone Number	Date of Referral <small>Click to enter a date.</small>

**Name of contact organization coordinating or providing waiver supports:** Click or tap here to enter text.

**Waiver Program Name, if Applicable** Choose an item.

Member's Information:	
Member's Name (First Name & Last)	Name of Service Provider – County (if applicable)
Manage Care Organization (MCO)	Name of Coordinator – Title
Coordinator Email Address	Coordinator Phone Number

**Reason for referral** *(please choose one):* Choose an item.

**Briefly describe the reason for referral:** *If possible, please describe the environment in which the member would like to use Enabling Technology, any outcomes/goals they would like to achieve, the type of Enabling Technology they are interested in, and any other technology devices and/or equipment that they are currently using.*

Click or tap here to enter text.

**Who is currently involved in direct or natural support of the member?** *(choose all that apply):*

- Provider Direct Support Staff
- Neighbors/Friends
- Nursing Staff
- Other: [Click or tap here to enter text.](#)
- Family Members
- Co-workers/Colleagues
- Home Care or Home Health Care staff

**Support Team Contact information:** *Please list the direct or natural support team members who will be involved in the Enabling Technology facilitation and planning meeting(s).*

Name	Organization	Title/Role	Email or Phone

**Submission of referral form:**

Please submit any completed Enabling Technology Referral Intake Forms, questions, and/or comments to the DIDD Enabling Technology Department at [DIDD.Enabling.Technology@tn.gov](mailto:DIDD.Enabling.Technology@tn.gov). We will review your submission and provide any follow-up or technical assistance (if necessary) at our earliest convenience.