Intellectual and Developmental Disability Services Referral-

**Services offered-**

**Residential Services-** Available supports in one’s own home, home of a family member or community integration home. These services are designed to foster self-sufficiency to enhance the life of the person in the most independent setting possible.

**Community Integration Services-** services provided to connect the person to the community through a variety of meaningful day activities. These services are designed to improve self-help, socialization, and adaptive skills required to be an active participant in the community in which the person lives.

**Supported Employment-** services to support the person to obtain and maintain employment in the community.

**Requires-**

An intellectual disability since birth or before age 18

Or

Another closely related condition since birth or before age 22, which requires similar services to those needed by people with an intellectual disability.

AND

A Psychological report that includes IQ score, assessment of Autism Spectrum Disorder (if applicable), and adaptive skills testing, preferably completed prior to the age of 18 for a person with intellectual disability or 22 for a person with a closely related condition

AND

Associated with substantial functional limitations in at least three (3) of the following areas:

* self-care
* receptive or expressive language
* learning
* mobility
* self-direction
* capacity for independent living
* economic self-sufficiency

**Funding-**

Individuals must be Medicaid eligible.

IDD services are funded through the State of Georgia’s NOW and Comprehensive (COMP) waivers.

**Next Steps-**

For individuals who have a NOW/COMP waiver, please send an email to [IDDServices@advantagebhs.org](file:///C%3A%5CUsers%5Ceray%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CG7O0K2R1%5CIDDServices%40advantagebhs.org) to discuss the services desired and to schedule a time to complete the [IDD Referral Whole Health & Wellness Questionnaire 5.2020.pdf](file:///C%3A%5CUsers%5Crgrissom%5CDocuments%5CSOP%5C2020%5CIDD%20Referral%20_Whole%20Helath%20%26%20Wellness%20Questionaire%205.2020.pdf).

For Individuals who DO NOT have a NOW/COMP waiver but meet the requirement for services, please send an email to [ABHSFamilySup@advatnagebhs.org](file:///C%3A%5CUsers%5Ceray%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CG7O0K2R1%5CABHSFamilySup%40advatnagebhs.org) for consideration for other services available through the IDD Family Support Program. [IDD Family Support Application](file:///C%3A%5CUsers%5Crgrissom%5CDocuments%5CSOP%5C2020%5CFAMILY%20SUPPORT%20SERVICES%20APPLICATION.pdf)