



Joe Lombardo,
Governor

NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

1210 South Valley View Boulevard, Suite 104
Las Vegas, Nevada 89102

NVHA.NV.GOV



Stacie Weeks, JD MPH,
Director

Ann Jensen
Administrator

Referrals for 1915(i) Program

Date _____

1. Select the Service

☐ Adult Day Health

Only for Individuals with Traumatic Brain Injury or Acquired Brain Injury

☐ Day Habilitation

☐ Residential Habilitation

2. Recipient Information

Last Name	_____	First Name	_____	Initial	_____
Date of Birth	_____	Medicaid ID	_____		
Address	_____				
City/State/Zip Code	_____				
Home Phone	_____	Cell Phone	_____		
Email	_____	Preferred Language	_____		

3. Designated Representative (if applicable)

Name	_____				
Address	_____				
City/State/Zip Code	_____				
Home Phone	_____	Cell Phone	_____		
Email	_____				

4. Referring Individual Information

Name	_____	Organization	_____		
Address	_____				
City/State/Zip Code	_____				
Contact Number	_____	Cell Phone	_____		
Email	_____				

5. Documents Required (please attach)

☐ History and Physical within past 6 months ☐ Documentation of TB test within past 12 months ☐ Doctor's Orders (if applicable)

☐ For Day Habilitation and Residential Habilitation Services- medical documentation signed by a physician indicating a Traumatic Brain Injury or Acquired Brain Injury

6. Submitting Referral

A complete referral packet, including this form and all required documents, can be submitted to one of the following:

- Email: 1915i@nvha.nv.gov Fax: (775) 687-8724
- In-Person: 1210 S. Valley View Blvd, Ste. 104, Las Vegas, NV 89102

Questions call (702) 668-4200