Department of Intellectual & Developmental Disabilities | Seating & Positioning Clinics

SEATING & POSITIONING REPAIR REQUEST

This referral form is to be used only for repairs to equipment fabricated by the Seating and Positioning Clinics. Repairs for other equipment should be referred to a durable medical equipment vendor. Individuals may need to be referred through the clinic for an evaluation before repairs can be completed. Please see the Intake Forms Outline for additional information.

PLEASE SELECT ONE:

☐ DIDD Waiver ☐ ECF Waiver ☐ State ICF Home ☐ Private ICF/IID ☐ N/A

NAME: _____ DATE OF REQUEST: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ HOME PHONE: _____

SUPPORTING AGENCY (if applicable): _____

SCHEDULING CONTACT INFORMATION:

NAME: _____ PHONE: _____ EMAIL: _____

OCCUPATIONAL / PHYSICAL THERAPIST (if applicable):

NAME: _____ PHONE: _____ EMAIL: _____

PLEASE DESCRIBE REPAIR NEEDS IN DETAIL:

FORM COMPLETED BY:

NAME: _____ PHONE: _____ DATE: _____

☐ **West TN Clinic**
Phone: (901) 745-7509
Fax: (901) 745-7742
WTRC.Seating.Positioning@tn.gov

☐ **Middle TN Clinic**
Phone: (615) 231-5147
Fax: (615) 886-9972
MTRC.Referrals@tn.gov

☐ **East TN Clinic**
Phone: (423) 787-6689
Fax: (423) 798-6220
ETRC.Referrals@tn.gov