



918 SE 11th Street  
Des Moines, IA 50309  
515-282-YESS (9377)  
yessiowa.org

## Referral Form for Integrated Health Home Services

Referring Staff Name and Contact Information:	Date:
Client Name:	Client DOB:
Client Address:	County:
Medicaid Number:	
Legal guardian name:	Phone:
Address:	
Referral Information (Reason for referral, behaviors, supports needed):	

Referrals can be emailed or faxed to Integrated Care Connections at YESS.

Email: [ICC@yessiowa.org](mailto:ICC@yessiowa.org)

Fax: 515-557-2246