

REQUEST FOR ADVOCACY SERVICES

Name of Person: _____

Address: _____

Phone Number: _____

Team Leader: _____
(If person resides at a Developmental Center)

Independent Support Coordinator: _____
(If person resides in the community)

Date the Need for Advocacy Was Reviewed: _____

Yes, the person and his team have reviewed the need for an advocate and has determined the person would benefit from advocacy.

No, the team's review does not indicate the need for an advocate at this time.

Signature of Person: _____
(and/or Guardian/Conservator)

Signature of Team Leader: _____
(or Independent Support Coordinator)

Date Received at Regional Office: _____

Date Referred to Advocacy Agency: _____

Date Advocacy Services Initiated: _____

Name of Advocate and Contact Number:

Please Return this Form, When Completed to Your Regional Office

West Tennessee
Memphis Regional Office
1341 Sycamore View Road,
2nd Floor
Memphis, TN 38134

Middle Tennessee
Nashville Regional Office
275 Stewarts Ferry Pike
Nashville, TN 37214

East Tennessee
Knoxville Regional Office
Greenbriar Cottage
5908 Lyons View Drive
Knoxville, TN 37919