



Cross Disabilities Services, Inc. P.O. Box 5070 Chapel Hill, NC 27514-5001
Phone: (919)918-3999 Fax (919)490-2006

Referral Information Sheet Instructions

Please fill out the following form as completely as possible. Send it along with any records that tell us about your diagnosis and treatment history. This will help us to determine if we can use the services we provide to assist you with your needs.

Documents that may be helpful are: PCP's, Service notes, Assessments (diagnostic, psychological, psychiatric), discharge summaries and recent hospital records regarding treatment of mental illness.

Please send the completed application and supporting documents to:

XDS, Inc
PO Box 5070
Chapel Hill, NC 27514-5001
Attn: Beth Rossi

Or fax to our secure fax line
(919)490-2006

Once we receive your referral application, our Screening Team will review it at their weekly team meeting. Someone will contact you to let you know what the next steps will be.

If you have any questions about the application or the referral process, please feel free to contact Beth Rossi at (919)918-3999 Ext. 4348 or brossi@xdsinc.org