

**Application for Eligibility and Services**

**Applicant’s Name (First, Middle, Last)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 1** |
| **Informant Information** |
| Informant’s name: |  | Date of call: |  |
| Relationship to applicant: |  | Caller’s phone: : |  |
| **Applicant Contact Information** |
| Street address: |  | Birth date: |  |
| City, state, zip code: |  | Sex: |  M □ F □ |
| Applicant lives with: |  |
| Telephone number(s): |  |
| Email address: |  SSN:  |
| **Applicant Qualifying Information:** List diagnosis/diagnoses and source to verify each diagnosis  |
|  *Presented Qualifying Diagnosis* | *Source to Verify* |
|  | Yes □ No □ |  |
|  | Yes □ No □ |  |
|  | Yes □ No □ |  |
|  | Yes □ No □ |  |
|  | Yes □ No □ |  |
|  | Yes □ No □ |  |
| **Is a qualifying developmental disability diagnosis identified?** | Yes □ No □ |
| **County Board Services Requested:** |
| □ SSA (case management) | □ Adult services |
| □ Family Supports | □ Residential supports |
| □ Other, please specify: |  |
| **Current Services and Providers** |
| *Other Providers* | *Services Received* |
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| **Other County Board Eligibility:** |
| County Board: |  | Services received: |  |
| **Name of staff completing this section:** | Barbara Wrabel, MSW/Community Outreach Spec. |

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| **SECTION 2** |
| **Applicant Educational Information** |
| Last school attended: attended:Attended: |  | Dates: |  |
| School district: |  | Currently attending: | Yes □ No □ |
| Highest level of education completed: |  |
| **Medical/Psychological Examination/Evaluation Information:**  |
|  *Date* |  *Examination/Evaluation Type* |  *Name/Location of Professional* |
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| **Medical and Behavioral Needs:** |
|  *Medical and/or behavioral diagnosis* |  *Medication prescribed for diagnosed condition* |
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| **Living Arrangement/Caregiver:** |
| **Lives with parent/guardian/family member who provides support?****Age of caregiver?** |
| **Adult Applicants Only:** |
| Marital status: |  | Number of children: |  |
| Previous work history:(dates and duties) |  |
| **My signature below indicates my application for eligibility and services with the Huron County Board of Developmental Disabilities. I reviewed this application for accuracy of information.** |
|  |  |  |
| Signature of applicant | Date |  | Signature of legal guardian/parent | Date |
|  |  |  |  |  |