

**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. | | | | | |

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

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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.** | | | | | | | | | | | | | | | | |
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| Signature of applicant | | | | | | Date | | |  | Signature of legal guardian/parent | | | | | | Date |
|  | | | | | |  | | |  |  | | | | | |  |