Sandusky County Board of Developmental Disabilities

Committed to listen, enrich, and optimize partnerships with Sandusky County citizens with developmental disabilities and their families.

Request Form for Eligibility Determination and Services

Referrals must be made by individual seeking services, their parent, or their legal guardian

Name: ____________________ Date of Birth: __________

Address: ____________________

City: ____________________ State: ______ Zip: __________

eMail Address (optional): ____________________ Phone: __________

Parent/Guardian: ____________________

Address: ____________________

City: ____________________ State: ______ Zip: __________

eMail Address (optional): ____________________ Phone: __________

Has the individual received services from Sandusky County Board of DD in the past? Yes ______ No ______

What is the nature of the individual's disability? Other pertinent information you would like to share?

____

____

____

Request Form Completed by: ____________________ **Date:** __________

Internal Use Only

Intake Coordinator Signature: ____________________

Date received: __________

Eligible: ______ Not Eligible ______ Date Determined ______

- ❒ Service & Support Administration
- ❒ Residential Options
- ❒ Family Support Services
- ❒ Waiver Service
- ❒ Special Olympics
- ❒ Community Employment

Eligibility confirmation letter sent: ______ Denial letter and due process sent: ______ IDS: ______

Referred to: ____________________

for ages 3-5 only ____________________
(Superintendent)

eMail this form to:
intake@scbdd.org
or mail form to:
SCBDD, 1001 Castalia Street, Fremont, Ohio 43420