



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)