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**APPLICATION FOR SERVICES**

**HIGHLAND COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**

**DATE:**  **CURRENTLY RECEIVING SERVICES FROM**  **COUNTY**

**APPLICANT NAME:** **SOC.SEC.#:** 

**ADDRESS:**  **DATE OF BIRTH:** 

**CITY:**  **STATE:**  **ZIP CODE:** 

**E-MAIL:**  **HOME PHONE:**  **WORK PHONE:** 

**APPLICANT RESIDES WITH:**  **RELATIONSHIP:** 

**SCHOOL DISTRICT (if attending school):** 

**MEDICAID #:** 

**LEGAL GUARDIAN: Self** [ ]  **Other** [ ]  **If other, relationship:**

**(Copy of guardianship papers must be included with application of other than self.)**

**GUARDIAN’S NAME:** 

**ADDRESS (if different):** 

**HOME PHONE (if different):**  **WORK PHONE (if different):**

**ARE EMERGENCY SERVICES NEEDED? YES** [ ]  **NO** [ ]  **IF YES, EXPLAIN:**



**MEDICAL PROBLEMS/PHYSICAL CONDITIONS:**

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**ADAPTIVE DEVICES NEEDED (if any):**

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**DOCTOR’S NAME/ADDRESS/PHONE:**

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**MEDICAL HISTORY:**

**LIST EDUCATION PROGRAMS/VOCATIONAL PROGRAMS AND ANY EMPLOYMENT HISTORY BELOW:**

**NAME AND ADDRESS DATES:**

**LIST OTHER SERVICES OR PROGRAMS YOU HAVE BEEN INVOVLED IN (OOD, HUMAN SERVICES, ETC:)**

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**PRESENT BENEFITS RECEVIED:**

**SSA (AMOUNT):  SSI (AMOUNT):  OTHER INSURANCE: **

**JOB AND FAMILY SERVICES MEDICAL CARD (RECIPIENT #):**

**MEDICARE #:  3RD PARTY INSURANCE: **

**PROGRAM SERVICES REQUESTED (See brochure for description of services):**

**ADULT SERVICES** [ ] **Early Intervention**

[ ] **Sheltered Workshop** [ ] **Preschool**

[ ] **Community Employment** [ ] **Service and Support Administration**

 **(Case Management)**

**FAMILY SUPPORT SERVICES**

[ ] **Adaptive Equipment RESIDENTIAL**

[ ] **Respite** [ ] **Level 1 Waiver**

[ ] **Other ** [ ] **Individual Options Waiver**

[ ] **SELF Waiver**

 **BY SUBMITTING THIS APPLICATION, I UNDERSTAND THE FOLLOWING:**

1. **I am requesting the services checked above.**
2. **My eligibility must be determined before I can receive services.**
3. **If I decline services, this application expires one year from the date it is signed.**
4. **If I decide after one year, I wanted services, I will need to complete a new application.**

**APPLICANT’S SIGNATURE (OR LEGAL GUARDIAN) DATE**

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**APPLICATION COMPLETED BY: RELATIONSHIP DATE**

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Revised 1/21