



Fayette County Board of
Developmental Disabilities

Fayette County Board of Developmental Disabilities

1330 Robinson Road
Washington Court House, Ohio 43160
(740) 335-7453
Fax (740) 335-2185

To:

From: Melissa Johnson
Intake/Eligibility Specialist

Please find enclosed an Application for Eligibility and an Authorization to Release Records to be completed by you to determine if you are eligible for services from the Fayette County Board of DD.

Application for Eligibility:

- 1) ***You must provide a phone number where you can be contacted, or a message can be left.***
Three attempts will be made to contact you to schedule any further appointments needed to determine your eligibility for services.
- 2) Please make sure to complete all of the application.
- 3) Please provide a copy of the applicant's birth certificate, guardianship paperwork and social security card with the application.

Authorization to Release Records:

- 1) On the first and second lines of this form, please provide the ***applicant's name, date of birth and address.***
- 2) The third, fourth and fifth lines of the form please include the name(s) name of the agency, doctor's office, and/or school district that will be releasing information to the Fayette County Board of DD to assist with determining eligibility. ***Be sure to include an address and phone number for the agency doctor's office and/or school district.***
- 3) Please sign and date the bottom of the form. *If you are signing as a representative, parent, or court-appointed guardian for the applicant please sign and date as 'signature of personal representative'.*
- 4) Please make sure to complete the application as outlined above to complete the eligibility process as timely as possible.

FAYETTE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES



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Washington C.H., OH 43160
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APPLICATION FOR ELIGIBILITY

Applicant Name: _____
First Middle Last Date of Birth

Social Security # _____ Medicaid # _____

Address: _____
Street City State Zip Code

Phone: _____ Cell Phone _____

Email address: _____

Preferred method of communication: _____ Text _____ Email _____ Phone _____

Custodial Parent(s)/Guardian Name: _____

Court-Appointed Guardian _____ Yes _____ No

Street City State Zip Code

Phone: _____ Cell Phone: _____

School District: () Miami Trace () Washington City Schools Enrolled: _____ Yes _____ No _____ Vocational

Does applicant have 1 or more disabilities or delays? _____ Yes _____ No _____ Unknown

Please explain: _____

Has the applicant received services from another agency/organization/school? _____ Yes _____ No

If yes, from whom? _____

Applicant Signature Date Parent/Guardian Signature Date

For County Use Only

Date Application Received
