

# Intake Referral/Application Form for 3-5 Year Old Children

Fill out as completely as possible and email to [intake@summitdd.org](mailto:intake@summitdd.org) or fax to 330-634-8683.



## Child's Information

First:	Middle:	Last:
DOB:	SSN:	
Residential Address:		
City, Zip:	Email:	Phone:

## Child's Demographics

Gender:	Race:	Ethnicity:
Primary Language:	Secondary Language:	Interpreter Needed: Yes No
Living Situation (Family, Foster, Etc)		

## School Information

School Attending:	Grade:	District:
Student has an IEP: Yes No	No	In Process
Student has an ETR: Yes No	No	In Process

## Diagnosis Information If Available

Diagnosis of Developmental Disability:	
Original Diagnosing Doctor or Agency:	Phone:
Address:	City, State, Zip:

## Parent/Guardian Information \*Provide legal documentation for Guardian/POA

First:	Last:		
Phone:	Email:		
Address:	City, State, Zip		
Mother	Father	Legal Guardian*	Power of Attorney*

## Referral Source If Different From Above

First:	Last:
Organization:	Relationship:
Phone:	Email:
Address:	City, State, Zip

Once we have processed your child's application, we will be sending releases to be signed by the parent or guardian.  
Please watch your email for important correspondence from Summit DD Staff and SignNow.com.

We will need a copy of the child's latest IEP (and ETR if available), a copy of their Social Security Card, and a copy of their Birth Certificate.