Intake Referral/Application Form



Fill out as completely as possible and email to intake@summitdd.org or fax to 330-634-8683.

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First:	Middle:	Last:							
DOB:	SSN:	Medicaid #:							
Residential Address:									
City, Zip:	Email:	Phone:							
Demographics									
Gender:	Race:	Ethnicity:							
Primary Language:	Secondary Language:	Interpreter Needed: Yes No							
Living Situation (Alone, Family, Congregate Setting):									
Cultural Considerations:									
School Information									
School Attending or Last School Attended:	irade:	District:							
Expected Graduation Date:	Expected Graduation Date: Or Year Graduated:								
Student was/is on an: IEP ETR	504 Plan	Special Education Classes							
Other Agency Involvement									
Mental Health Agencies (CSS, Portage Path):									
Mental Health Diagnosis:									
Current Legal Involvement: Yes No If Yes, Probation Officer's Name & Phone:									
Other: Summit County Children's Services	FCFC	Other:							
Diagnosis Information									
Diagnosis of Developmental Disability:									
Original Diagnosing Doctor or Agency:		Phone:							
Address: Cit	y, State, Zip:								
Other Doctors/Hospitals/Specialists that may have records of diagnosis and/or treatment:									

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 **Consent To Apply For Summit DD Services** Please have the applicant/guardian sign and date below if they are consenting to applying for Summit DD Services and initiating our Eligibility Process. Applicant may also assign a representative to help them with the process, but it is not required. , give my consent to start the eligibility process with the Summit County Board of Developmental Disabilities Intake Department. to assist me with this process and obtain/release information about me on my Furthermore, I approve behalf. Applicant Signature: Date: Guardian/POA Signature: Date: **Additional Information:**

The intake/eligibility process generally takes between 30-90 days to complete.

Once we have processed your application, we will be sending releases to be signed by the applicant or guardian.

Please watch your email for important correspondence from Summit DD Staff and SignNow.com.