



Delaware County Board of Developmental Disabilities

To inspire, empower, and support people to achieve their full potential.

Referral for Eligibility

Thank you for your referral to DCBDD. You may submit your completed packet* by email to intake.eligibility@dcbdd.org, or by mail/in person to the address listed below. Please allow up to 45 days for the referral to be completed. Find out more about eligibility and county board services at www.dcbdd.org.

Date			
Individual's Information			
Name		Date of Birth	
Address			
Phone		Email	
Diagnoses			
Other Contact Information (Parent, guardian, etc.)			
Name		Agency	
Phone		Email	

Please submit the following with this referral form:

	*For ages 3-5: Evaluation Team Report, or Another report (medical, psychological, therapy) demonstrating developmental delays.
	*For ages 6+: Diagnostic report indicating a qualifying developmental disability
	Birth Certificate
	Social Security Card
	Medicaid Card (if applicable)
	Guardianship or Adoption Papers (if applicable)
	Individualized Education Plan (if applicable)

****The referral cannot be processed without this information. Reports should be from the original source.***

Please help us learn about our applicants!

How did you hear about DCBDD?	
How long have you lived in the county?	
If new to the county, why did you decide to move here?	
What types of services are you interested in receiving?	

Intake & Eligibility Team Use Only:

<input type="checkbox"/>	New Referral	<input type="checkbox"/>	Returning to County	<input type="checkbox"/>	Inter-County Transfer
<input type="checkbox"/>	SSA Recommendation	<input type="checkbox"/>	Self-Directed Services	<input type="checkbox"/>	Person-Centered Planning