**Referral for Eligibility**

Thank you for your referral to DCBDD. You may submit your completed packet\* by email to [intake.eligibility@dcbdd.org](mailto:intake.eligibility@dcbdd.org), or by mail/in person at 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](http://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 Orders (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? |  |
| Why did you choose to live in Delaware County? |  |
| Were you previously connected with a county board? |  |
| What services are you interested in receiving? |  |

**For Intake & Eligibility Team Use Only:**

|  |
| --- |
| **Referral Type:**  New Referral  Reactivation  County Transfer |
| **Service Recommendation:**  Self-Directed Services  Person-Centered Planning Services |
| **Notes:** |