



Referral for Eligibility for County Board Services

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 at the address listed below. Please allow up to 45 days for the referral to be completed. Learn more at www.dcbdd.org.

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

Required Documents	
<i>Please submit the following with this referral form. * indicates that the referral cannot be processed without this information. Reports should be from the original source.</i>	
<input type="checkbox"/>	*For ages 3-5: Evaluation Team Report (ETR), or an evaluation (medical, psychological, therapy), less than 6 months old, that indicates developmental delays. Evaluation must be completed by a qualified professional and include standardized scores
<input type="checkbox"/>	*For ages 6+: Diagnostic report indicating a qualifying developmental disability
<input type="checkbox"/>	*Delaware County Resident Verification (utility bill, financial statement, lease, or home purchase contract)
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Medicaid Card (if applicable)
<input type="checkbox"/>	Guardianship or Adoption Orders (if applicable)
<input type="checkbox"/>	Individualized Education Plan (if applicable)

Background Information	
<i>Please help us learn about our applicants!</i>	
How did you hear about DCBDD?	
How long have you lived in Delaware County?	
Why did you choose to live in Delaware County?	
<input type="checkbox"/> DD Services <input type="checkbox"/> Employment <input type="checkbox"/> School District <input type="checkbox"/> Housing <input type="checkbox"/> Other	
Were you previously connected with a county board?	
What services are you interested in receiving?	

For Intake & Eligibility Team Use Only:	
Referral Type:	<input type="checkbox"/> New Referral <input type="checkbox"/> Reactivation <input type="checkbox"/> County Transfer
Service Recommendation:	<input type="checkbox"/> Self-Directed Services <input type="checkbox"/> Person-Centered Planning Services <input type="checkbox"/> Ineligible
Notes:	