**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. Learn more at [www.dcbdd.org](http://www.dcbdd.org).

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  |  |  |
| **Individual’s Information** | | | |
| Name |  | Date of Birth |  |
| Address |  | | |
| Phone |  | Email |  |
| Diagnosis |  | | |
| **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 (ETR), **or a**n 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 |
|  | **\***For ages 6+: Diagnostic report indicating a qualifying developmental disability |
|  | \*Delaware County Resident Verification (utility bill, financial statement, lease, or home purchase contract) |
|  | 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 Delaware County? | | |  | | |
| Why did you choose to live in Delaware County? | | | | | |
| DD Services | Employment | School District | | Housing | Other |
| 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:** |
| Ineligible: |