**New Referral for County Board Services**

Thank you for your referral to DCBDD. You may submit your completed referral 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](http://www.dcbdd.org).

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| Date of Referral |       |  |  |
| **Individual’s Information** |
| Name |       | Date of Birth |       |
| Address |       |
| Phone |       | Email |       |
| Diagnosis |       |
| **Other Contact Information** (Parent, guardian, etc.) |
| Name |       | Relationship |       |
| Phone |       | Email |       |

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| **Required Documents:** *Please submit the following documents with this referral form.* ***\* The referral cannot be processed without this information.***  |
|[ ]  **\***For ages 3-5: Evidence of a developmental delay: * Most recent Evaluation Team Report from the school district **OR**
* An evaluation from within the past 90 days that includes standardized scores **OR**
* A diagnostic report
 |
|[ ]  **\***For ages 6+: Diagnostic report indicating a qualifying developmental disability  |
|[ ]  **\***Delaware County Resident Verification (utility bill, financial statement, lease/home purchase contract) |
|[ ]  Birth Certificate |
|[ ]  Social Security Card |
|[ ]  Individualized Education Plan (if applicable) |
|[ ]  Evaluation Team Report (ETR) (if applicable) |
|[ ]  Medicaid Card (if applicable) |
|[ ]  Guardianship or Adoption Orders (if applicable) |

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| **Background Information** *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? (Please select one.) |
| [ ]  DD Services | [ ]  Employment | [ ]  School District | [ ]  Housing | [ ]  Other |
| Were you previously connected with a county board? |       |
| What are your current needs? |       |

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| **For Intake & Eligibility Team Use Only:** |
| **Referral Type:** [ ]  New Referral [ ]  Reactivation [ ]  County Transfer |
| **Service Recommendation:** [ ]  Self-Directed Services [ ]  Person-Centered Planning Services [ ] Ineligible |
| **Notes:**       |
| I&E CONTACTS | Type | Date | Response |
| Contact 1 |       |       |       |
| Contact 2 |       |       |       |
| Contact 3 | Letter |       |       |