



Delaware County Board of Developmental Disabilities

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

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.

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

Required Documents: <i>Please submit the following documents with this referral form.</i>	
* The referral cannot be processed without this information.	
<input type="checkbox"/>	*For ages 3-5: Evidence of a developmental delay: <ul style="list-style-type: none"> • 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
<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/home purchase contract)
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Individualized Education Plan (if applicable)
<input type="checkbox"/>	Evaluation Team Report (ETR) (if applicable)
<input type="checkbox"/>	Medicaid Card (if applicable)
<input type="checkbox"/>	Guardianship or Adoption Orders (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? (Please select one.)	
<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 are your current needs?	

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:			
I&E CONTACTS	Type	Date	Response
Contact 1			
Contact 2			
Contact 3	Letter		