

Developmental Disabilities

Services

Georgia Department of Human Resources
OFFICE OF DEVELOPMENTAL DISABILITIES

APPLICATION FOR DEVELOPMENTAL DISABILITIES/ MENTAL RETARDATION SERVICES

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CONTACT THE LOCAL INTAKE AND EVALUATION OFFICE BY CONTACTING: _____

I. GENERAL INFORMATION (APPLICANT)

Name: _____
First Middle Last

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Mailing Address (if different) _____

Telephone Number: _____ Area Code Marital Status: S M D W Sex: _____

Birthdate: ____/____/____ Medicare # _____

Social Security # ____ - ____ - ____ Medicaid # _____

PRIMARY CONTACT: _____

Address: _____

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____ Area Code

LEGAL STATUS OF APPLICANT: ___ Minor ___ Competent ___ Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____ Area Code

II. ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia's Developmental Disabilities Waiver services, you must be:

- a. Medicaid eligible
- b. Have mental retardation since birth or before age 18, or another developmental disability since birth or before age 22, which requires similar services to those needed by people with mental retardation.
- c. Be at risk for going into an institution for people with mental retardation if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application, and have items or copies available.

III. SERVICE NEEDS

Describe the type of services you believe you need. For example do you need help with getting a job, do you need assistance to get dressed, do you need family support or do you need some place to live.

IV. COMPLETED BY:

Signature: _____ Date: _____

Check one: Applicant Guardian Other: _____

Printed Name: _____

What is the best way to contact you?

When this application is received, it will be stamped with a date. Within fourteen working days of that date, you will be notified that your application has been received and you will be offered a screening appointment. If this does not occur, please call the Intake and Evaluation listed above.

Return this application in the envelope provided.