HOLMES COUNTY
Board of Developmental Disabilities
supporting people in living meaningful lives

Application/Referral Form for County Board Eligibility

Date of Application/Referral: _____/_____/_____ Diagnosis: _____

Name of Applicant: _____ Gender: **M** **F** Date of Birth: _____/_____/_____

Address: _____ Age: _____ Marital Status: **S** **M** **W**

_____ Medicaid #: _____

Phone: (_____) _____ - _____ Medicare #: _____

Cell Phone: (_____) _____ - _____ Soc. Sec. #: _____(last 4 digits)

Phone: (_____) _____ - _____

Father/Caregiver: _____ Mother/Caregiver: _____

Address: _____ Address: _____

_____ _____

Home Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Legal Guardian: _____ Relationship to applicant: _____

Type of Guardianship: _____ Date of Guardianship: _____/_____/_____

School District: _____

8001 TR 574
Holmesville OH 44633

www.holmesdd.org

(330) 674-8045
(330) 674-5182 (fax)

Types of Supports and Services Requested (Please check all that apply):

_____ Physical Therapy
_____ Eligibility Determination
_____ Case Management/Service Coordination
_____ Leisure/Recreation
_____ Adult Services
_____ Community Employment
_____ Occupational Therapy
_____ Speech
_____ Habilitation
_____ Family Resources
_____ Supported Living
_____ Waiver
_____ Housing
_____ Facility Placement

Other: _____

Referral Taken By: _____

Person/Agency Who Referred: _____

Contact Person: _____ Address: _____

Phone: (_____) _____ - _____

Reason/Primary Basis for Referral: _____

_____

Previous Services: _____

Where were services provided: _____

_____

_____ _____

Applicants Signature Date Parent/Guardian Signature Date

_____

Signature of person completing form **Date**

***** Return Form To: Homes County Board of DD c/o Mimi Patterson 8001 TR 574, Holmesville, Ohio 44633**

*****If Parent has legal guardianship – please include a copy of the Court Appointed Guardianship Papers.**

MP/ Docs/12/2017

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