



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Request for Developmental Disabilities Services

Date	County	OKDHS case number
------	--------	-------------------

This form is used to apply for services to persons with developmental disabilities through OKDHS Developmental Disabilities Services Division (DDSD). This application does not address financial eligibility requirements for Medicaid funded DDSD services.

Section 1. Applicant

Applicant legal last name		First	Middle	Area code	Home phone
Street address			City	State	Zip
Also known as			Date of birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race	Area code	Home phone	Social Security number, attach copy of card		
United States citizen Yes <input type="checkbox"/> No <input type="checkbox"/>			Resident alien Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marital status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>			Language spoken or understood by applicant		
Applicant employed Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, employer:		

Completed by state employee

Who has legal custody?			County of adjudication	Adjudication date	
Primary worker	Area code	Work phone	Supervisor	Area code	Work phone
If OKDHS or Office of Juvenile Affairs (OJA) has legal custody, attach copy of order. Type: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>					

Section 2. Parents/guardian

Father	Area code	Home phone	Area code	Work phone
Street address	City		State	Zip
Mother	Area code	Home phone	Area code	Work phone
Street address	City		State	Zip
Legal guardian	Area code	Home phone	Area code	Work phone
Street address	City		State	Zip
Primary correspondent, if different				Relationship
Street address, if different	City		State	Zip
Secondary correspondent				Relationship
Street address	City		State	Zip

Section 3. Household members

Name	Relationship	Date of birth	Occupation	Health status

Section 4. Medical

Attach copy of applicant's birth certificate.

Hospital or facility where applicant was born			
Street address	City	State	Zip

1. Briefly describe any significant medical problems/disabilities experienced by applicant.

2. Who is applicant's current primary care physician? _____

3. Does applicant take any routine medication? Yes No
 If yes, list medication, dosage, and reason for medication.

4. Has applicant been diagnosed with mental retardation, autism, or mental illness? Yes No

If yes, list diagnosis	When	By whom
------------------------	------	---------

5. Has applicant had a psychological evaluation? Yes No
 Attach copy, if available.

If yes, when	Where	By whom	I.Q.	Mental age
--------------	-------	---------	------	------------

Describe any behavioral problems:

Section 5. Education

Is applicant currently attending school? Yes No

If yes, where	Special class	Regular class	Grade
---------------	---------------	---------------	-------

Copy of applicant's current individualized education plan (IEP) available? Yes No
 If yes, attach copy.

If out of school, where did applicant attend school? _____

Briefly describe applicant's adjustment to school regarding peer interaction and relationships with teachers.

Section 6. Additional information

Services currently receiving from the school, community, and other agencies:

Check all that apply. Currently receiving: Supplemental Security Income (SSI)
Social Security Administration (SSA) payment Medicaid Medicare

Requested DDSD services:

- Home and Community-Based Services (HCBS)
- eligibility for state-funded group home/assisted living without waiver supports
- state-funded workshop/community integrated employment

What kind of help do you need?

I authorize OKDHS to make this application available for evaluation services to agencies designated by OKDHS. I further agree to comply with all applicable laws, rules, and regulations, and understand that services and benefits for persons with developmental disabilities are equally available to all persons without regard to race, color, religion, or national origin. I understand that I may cancel or withdraw this application for services by submitting written request to the appropriate DDSD area office.

The information in this application is correct to the best of my knowledge:

Legally responsible party/applicant signature

Date

If applicant is age 18 or older and does not have a legal guardian:

Person assisting applicant signature

Date

OKDHS action regarding this application must occur within 180 days from the date of receipt by OKDHS of the completed application. When state DDSD resources are

unavailable to serve new applicants in the HCBS program, they are placed on a statewide waiting list.

Return to DDSD office in the area where applicant resides.

DDSD Area I Office

729 Overland Trail
Enid, OK 73703

Toll free: 1-800-522-1064; and

DDSD Area I Office

2401 NW 23rd Street, Suite 28
Oklahoma City, OK 73107-2442

Toll free: 1-800-522-1064

Covers: Alfalfa, Beaver, Blaine, Canadian, Cimarron, Custer, Dewey, Ellis, Garfield, Grant, Harper, Kay, Kingfisher, Lincoln, Logan, Major, Noble, Oklahoma, Payne, Roger Mills, Texas, Woods, and Woodward

DDSD Area II Office

1427 East 8th
Tulsa, OK 74120

Toll free: 1-800-522-1075

Covers: Adair, Cherokee, Craig, Creek, Delaware, Mayes, McIntosh, Muskogee, Nowata, Okfuskee, Okmulgee, Osage, Ottawa, Pawnee, Rogers, Sequoyah, Tulsa, Wagoner, and Washington

DDSD Area III Office

301 South Indian Meridian Road
Pauls Valley, OK 73075

Toll free: 1-800-522-1086

Covers: Atoka, Beckham, Bryan, Caddo, Carter, Choctaw, Cleveland, Coal, Comanche, Cotton, Garvin, Grady, Greer, Harmon, Haskell, Hughes, Jackson, Jefferson, Johnston, Kiowa, Latimer, LeFlore, Love, Marshall, McClain, McCurtain, Murray, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Seminole, Stephens, Tillman, and Washita

