



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Request for Developmental Disabilities Services

Form with fields: 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

Form with fields: Applicant legal last name, First, Middle, Area code, Home phone, Street address, City, State, Zip, Also known as, Date of birth, Gender, Race, Area code, Home phone, Social Security number, United States citizen, Resident alien, Marital status, Language spoken or understood by applicant, Applicant employed, If yes, employer is

Completed by state employee only

Form with fields: 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, Permanent

Section 2. Parents/guardian

Form with fields: 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 medications? Yes No
If yes, list medications, dosage, and reason for medications.

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

If yes, list diagnosis	When	By whom
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5. Has applicant had a psychological evaluation? Yes No
Attach copy, if available.

If yes, when	Where	By whom	I.Q.	Mental age
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Describe any behavioral problems:

Section 5. Education

Is applicant currently attending school? Yes No

If yes, where	Special class	Regular class	Grade
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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 DDS 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 DDS area office.

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

Legally responsible party/applicant signature	Date
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If applicant is age 18 or older and does not have a legal guardian:

Person assisting applicant signature	Date
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OKDHS action regarding this application must occur within 180 days from the date of receipt by OKDHS of the completed application. When state DDS 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

DDSD Area I Office

4545 N. Lincoln Boulevard
Oklahoma City, OK 73105

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

