Huron County Board of Developmental Disabilities

REFERRAL FOR SERVICES

306 South Norwalk Road West, Norwalk, OH 44857 • 419-668-8840 • Fax: 419-663-2321
ATTN: Shanel Melendez, Intake & Eligibility Specialist • s.melendez@hurondd.org

Applicant Name:_____ **DOB:**_____

Address:_____

Phone: _____ **Email:** _____

Social Security #:_____ **Sex:** ☐ M ☐ F

Medical Insurance:_____ **Policy #**:_____

Contact Person (Parent/Guardian/Self--circle one):_____

Address:_____ **Email**: _____

Phone (H): _____**(W)**:_____ **(Cell)**:_____

Referred by (Name/Agency):_____

Address:_____

Phone: _____**Fax**:_____**Email:**_____

School District Attended: _____ **Currently in School:** **Yes** ☐ **No** ☐

Primary Care Physician: _____ **Phone**: _____

Fax:_____ **Address:** _____

Disability/Need/Concern:_____

_____

- ☐ Initial Eligibility for DD Services (Has never received county board services; requesting assessment)
- ☐ Redetermination (Has previously received county board services; needs to be assessed again)
- ☐ Request to Restart Services (Had county board services in the recent past, but chose to end them)

My signature below indicates my request to determine eligibility for services with the Huron County Board of Developmental Disabilities. I reviewed this application for accuracy of information.

_____

Applicant / Guardian Name (PRINTED)

_____

Applicant / Guardian Signature **Date**