



Request Form for Eligibility Determination and Services

Referrals must be made by individual seeking services, their parent, or their legal guardian

Name: Date of Birth: Address: City: State: Zip: eMail Address (optional): Phone:

Parent/Guardian: Address: City: State: Zip: eMail Address (optional): Phone:

Has the individual received services from Sandusky County Board of DD in the past? Yes No What is the nature of the individual's disability? Other pertinent information you would like to share?

Request Form Completed by: Date:

Internal Use Only

Intake Coordinator Signature:

Date received:

Eligible: Not Eligible Date Determined

- Service & Support Administration Residential Options Family Support Services Waiver Service Special Olympics Community Employment

Eligibility confirmation letter sent: Denial letter and due process sent: IDS:

Referred to:

for ages 3-5 only (Superintendent)