

Pike County Board of Developmental Disabilities
330 E. North Street
Waverly, Ohio 45690
Phone: 740-947-8470

Application Ages 10 and Above

Required Documents for Enrollment

- Completed Application for Services
- Admissions Procedure
- Completed diagnosis verification form (completed by a physician, CNP, and/or licensed psychologist)
- Psychological Evaluation / Diagnostic Assessment (completed by a licensed psychologist)
- Proof of Identity (Birth Certificate, State ID, or Driver's License)
- Social Security Card
- Insurance Information (Medicaid, Medicare, _____ or Private Insurance)
- Guardianship Documentation (if applicable)
- Individualized Education Plan (IEP) (if under age 22)

* All documentation is **required** before eligibility determination can be made.

Submission Instructions:

Please return all required

documents and application to:

Pike County Board of Developmental Disabilities

330 E. North Street

Waverly, Ohio 45690



Pike County Application for Services

About:

We will support you through the process of determining introduction and eligibility. It is important for us to get some information to get the process started.

Applicant's Name: _____ Birth Date: _____

Social Security Number: _____ Gender: _____

Race: _____ Ethnicity: _____ Medicaid Billing Number (if applicable): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ School Attending (if applicable): _____

Phone: _____ Email: _____

Best way to contact: _____

Introduction Process Contact:

If you are offering support as a parent or guardian and information is different than above, please complete this portion.

Your Name: _____ Relationship to Person: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ Language spoken at home: _____ Translator needed? _____

Best way to contact: _____

What are your main concerns or top priorities currently? Where are you experiencing gaps in support?

Please submit a copy of the applicant's birth certificate, social security card, and insurance card with this application.

Pike County Board of Developmental Disabilities
330 E. North Street Waverly, Ohio 45690
Phone: 740-947-8470 / Fax: 740-947-8472

Diagnosis Verification (Ages 10 and above)

Individual: _____

DOB: _____

Please complete only one section of the below. It is not necessary to have both areas completed.

Please complete this section if you are a **physician or certified nurse practitioner (CNP)** providing diagnosis verification.

1. Does the individual have a medical condition that would be defined as a severe, chronic disability?

Yes No

Please list the person's disability: _____

2. Was the onset of the condition prior to age 22? Yes No

3. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?

Yes No

4. Is this condition likely to continue indefinitely? Yes No

Physician or CNP's Name: _____ License #: _____

Physician or CNP's Signature: _____ Date: _____

Please complete this section if you are a **licensed psychologist** providing diagnosis verification.

1. Does the individual have a developmental or intellectual disability that would be defined as a severe, chronic disability? Yes No

Please list the person's disability: _____

2. Please list the instrument used to determine the presence of the disability and date administered:

Instrument: _____ Date: _____

3. Was the onset of the condition prior to age 22? Yes No

4. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?

Yes No

5. Is this condition likely to continue indefinitely? Yes No

Licensed Psychologist's Name: _____ License #: _____

Licensed Psychologist's Signature: _____ Date: _____



Admissions Procedure:

- 1. Completed enrollment packet, including all required documents.**
- 2. OEDI/COEDI completion.**
 - Intake SSA will follow up with scheduling of OEDI/COEDI**
 - If you are unable to attend, please notify the County Board. After two attempts to complete an OEDI/COEDI without notice of cancellation by the individual the application will be filed as ineligible due to insufficient information. The individual will be required to complete a new application.**
- 3. Upon completion of OEDI/COEDI and enrollment packet, information will be reviewed by the Admissions Committee.**
- 4. The County Board will notify eligibility determination in writing within 45 days of the completed OEDI/COEDI**
- 5. If determined eligible, the County Board will assign an SSA and be in contact within 10 days of notification of eligibility.**

Acknowledgement:

Signature

Date