

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

Application Ages 3-9

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.

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Ohio Department of Developmental Disabilities
Diagnosis Verification (Ages birth through age 9)

Individual: _____

DOB: _____

Please have the appropriate clinician complete the below information.

Does the child have at least one of the following:

1. A substantial developmental delay?

Yes No

In what area(s) do delay(s) exist? _____

Instrument: _____ Date administered: _____

OR

2. A diagnosed congenital or acquired condition, other than an impairment caused solely by a mental illness?

Yes No

List the diagnoses: _____

3. The above-mentioned condition and/or delay likely to result in substantial functional limitation in any of the following major life areas if the child does not receive the appropriate services/supports (check all that apply):

Self-care (bathing, grooming, eating, toileting, etc.)

Expressive/receptive language

Learning/cognition

Mobility (locomotion, positioning, transfers)

Self-direction (decision-making, judgment)

Independent living (household tasks)

Economic proficiency (money management)

Name of Clinician

License number

Signature of Clinician

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