



Developmental Disability Services
Information Guide for Completing Application

✓	Step 1
	Complete the 2-page <u>Application for Mental Retardation or Developmental Disabilities Services</u>.
	Call (770) 414-3061 if you need assistance with the application. A Guide to Georgia's Services for Persons with Mental Retardation and Developmental Disabilities is also included in this packet to answer questions.
	Return the application to: Region 3 MHDDAD Intake and Evaluations 100 Crescent Centre Parkway, Suite 900 Tucker, GA 30084
Your regional office will contact you within 14 days to schedule a screening assessment meeting. The individual with the disability must be present at the screening assessment meeting.	

✓	Step 2- Gather copies of the following information that will be needed during the screening assessment meeting:
	Proof of Citizenship – birth certificate, passport, permanent resident card
	Copy of Social Security card or Social Security number
	Copy of Medicaid and/or Medicare card
	Copy of Social Security Benefit information
	Current doctors' names, addresses, and phone numbers
	Psychological that includes IQ score and adaptive skills testing– Example: School psychological Report
	The items below maybe helpful in addition or in lieu of the above-mentioned items:
	Copy of reports describing the disability completed by schools attended or by other service agencies (i.e. copies of IEP)
	Copy of guardianship documents (if applicable)

	Step 3: Review the following documents included in this packet prior to your screening assessment meeting:
	Authorization for Release of Information (requires signature)
	Notice of Privacy Practices (requires signature)

	Step 4: Additional information provided to assist you:
	List of State MHDDAD Regional Offices
	Unlock the Waiting Lists! Fact Sheet
	Georgia's Autism Spectrum Resource Guide
	Parent to Parent of Georgia



**GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF DEVELOPMENTAL DISABILITIES**

**APPLICATION FOR DEVELOPMENTAL DISABILITIES/
MENTAL RETARDATION SERVICES**

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CONTACT THE LOCAL INTAKE AND EVALUATION OFFICE BY CONTACTING: **(770) 414-3061**

I. GENERAL INFORMATION (APPLICANT)

Name: _____
First Middle Last

Address: _____
Street Address (Apartment Number if Applicable)

_____ City County State Zip Code

Mailing Address (If Different) _____

Telephone Number: _____ Area Code Marital Status: S M D W Sex: _____

Birthdate: ____ / ____ / ____ Medicare # _____

Social Security # ____ - ____ - ____ Medicaid # _____

PRIMARY CONTACT: _____

Address: _____

_____ City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____ Area Code

LEGAL STATUS OF APPLICANT: ___ Minor ___ Competent ___ Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
Street Address (Apartment Number if Applicable)

_____ City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____ Area Code

II. ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia’s Developmental Disabilities Waiver services, you must be:

- a. Medicaid eligible
- b. Have mental retardation since birth or before age 18, or another developmental disability since birth or before age 22, which requires similar services to those needed by people with mental retardation.
- c. Be at risk for going into an institution for people with mental retardation if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application, and have items or copies available.

III. SERVICE NEEDS

Describe the type of services you believe you need. For example do you need help with getting a job, do you need assistance to get dressed, do you need family support or do you need some place to live.

IV. COMPLETED BY:

Signature: _____ Date: _____

Check one: ___ Applicant ___ Guardian ___ Other: _____

Printed Name: _____

What is the best way to contact you?

When this application is received, it will be stamped with a date. Within fourteen working days of that date, you will be notified that your application has been received and you will be offered a screening appointment. If this does not occur, please call the Intake and Evaluation listed above.

Return this application to:

**Region 3 Intake and Evaluations
100 Crescent Centre Parkway, Suite 900
Tucker, GA 30084**