

Cherokee, Crawford, Labette and Montgomery counties

Application for Intellectual/Developmental Disability (I/DD) Services All areas must be completed

	Gener	al Info	ormatio	on			
Name:				Date of Birth:			
Social Security #:				Medicaid #:			
Address:			City: State:				
Zip Code:	County of Ho		me County:		Phone:		
Gender:		Marital Status:		1 5:	Email:		
☐ Male ☐ Female	2						
MCO: □ Aetna	\square Sunflower	□U	United Health Care				
Active Military or Milit	ary Dependent & TriC	are Ecl	no Eligil	ole? □ Ye	s 🗆 No		
	Intellectual or	Devel	lopmer	ntal Disab	pility		
List I/DD Diagnoses: (RE	QUIRED)				·		
Please check all that ap Applicant has a legal Applicant is over 18 y Applicant is a ward o	Legal Status/Guard ply: (REQUIRED) guardian appointed by rears of age and does r of the State	lianshi y the c	i p Info i	mation/	Contacts		
Contact Information	Parent Gua	ardian		Intereste	d Party		
Name:	ame:		Address:				
City:	·		State:		Zip:		
Phone:			Email:				
		Signa	tures				
By signing below, I agree knowledge. I understand from services and/or support funding for I/DD services.	d that falsification of into ports. I understand this ites. I authorize inquirie	conta format	ained in ion on eliminar made t	this form y applicat o verify a	may be cause for den ion and does not guar ny and all information	ial or rejection antee eligibili on this form	
Applicant Signature	Date			Parent/G	uardian Signature 🔝 🏾 🛭	Date	