



Cherokee, Crawford, Labette and Montgomery counties

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

General Information			
Name		Date of Birth	
Social Security #		Medicaid #	
Address		City	State
Zip Code	County of Residence	Marital Status	Email
MCO	Aetna	Sunflower	United Health Care
		No MCO	
Active Military or Military Dependent & TriCare Echo Eligible?		Yes	No

Intellectual or Developmental Disability		
List I/DD Diagnosis. Required.		
Age of onset of disability		
If funding for services were offered, would you accept them?	Yes	No

Legal Status/Guardianship Information/Contacts

Please check all that apply. Required.

Applicant has a legal guardian appointed by the court.

Applicant is over 18 years of age and does **not** have a guardian appointed by the court.

Applicant is a ward of the State.

Applicant is under the age of 18 years of age.

Contact Information	Parent	Guardian	Interested Party
Name	Address		
City	State	Zip	

By signing below, I agree that the information contained in this application is correct to the best of my knowledge. I understand that falsification of information on this form may be cause for denial or rejection from services and/or supports. I understand this is a preliminary application and does not guarantee eligibility or funding for I/DD services. I authorize inquiries to be made to verify any and all information on this form.

Applicant Signature

Parent/Guardian Signature

Date