

CDDO of SEK

A Community Developmental Disability Organization for 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:	Home County:	Phone:	
Gender: Male Female		Marital Status:	Email:	
MCO: Aetna Sunflower United Health Care				
Active Military or Military Dependent & TriCare Echo Eligible? Yes No				

Intellectual or Developmental Disability
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List I/DD Diagnoses: (REQUIRED)

Age of onset of Disability:

If Funding for Services were offered, would you accept them? Yes No

Legal Status/Guardianship Information/Contacts
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<p>Please check all that apply: (REQUIRED)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Applicant has a legal guardian appointed by the court <input type="checkbox"/> Applicant is over 18 years of age and does not have a guardian appointed by the court <input type="checkbox"/> Applicant is a ward of the State <input type="checkbox"/> Applicant is under the age of 18 years old </p>

Contact Information	Parent	Guardian	Interested Party
Name:	Address:		
City:	State:	Zip:	
Phone:	Email:		

Signatures

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

Date

Parent/Guardian Signature

Date