

big lakes developmental center. inc.
Community Developmental Disability Organization (CDDO)
for Riley, Geary, Clay and Pottawatomie counties

GENERAL APPLICANT INFORMATION FOR I/DD WAIVER SERVICES

Applicant's name: _____
Last First Middle

Address: _____
P.O. Box #/Street Address City State Zip

Phone number(s): Home: () _____ Cell: () _____

County of residence: Pottawatomie Riley Geary Clay

E-mail address: _____

Date of birth: ____/____/____ Current age: _____

Birthplace (city/county/state): _____

U.S. Citizen? Yes No Language understood/spoken: _____

How long have you been a resident of Kansas? _____

Social Security #: _____ Medicaid? Yes No If yes, list number: _____

Have you ever been determined eligible by another CDDO in Kansas? Yes No

If yes, in what county? _____

PRIMARY CONTACT INFORMATION

Contact information of person completing this application:

Name: _____
Last First Middle

Address: _____
P.O. Box #/Street Address City State Zip

Phone #s: Home: () _____ Alternate: () _____

E-mail address: _____

Relationship to applicant: _____

OTHER SERVICE SYSTEM INFORMATION

Is the applicant currently accessing any other Waiver services? Yes No
 If yes, which Waiver? Autism Technology Assisted Frail Elderly
 Physical Disability Traumatic Brain Injury Severely Emotionally Disturbed

Is the applicant a Foster child? Yes No
 If yes, what county did child originate from? _____
 Child placing agency: _____
 Case worker: _____
 Address: _____
 Phone number/E-mail: _____

Is the family Military? Yes No ETS date: _____ Enrolled in TriCare E.C.H.O. Yes No

MEDICAL/PSYCHOLOGICAL INFORMATION

Disabilities (diagnosis)	Diagnosed by	Age of Onset

If Mental Retardation/Intellectual Disability is listed, does individual have a **Psychological Evaluation** made by a licensed professional who can make an independent DSM-5 diagnosis? Yes No
 NOTE: *although school psychologists may complete IQ testing, not all of them are licensed to diagnose.*

If yes, date and location of psychological evaluation _____

Visual limitations: Yes No Glasses Describe: _____
 Hearing impairment: Yes No Hearing Aids Describe: _____

Communication style(s) – mark all that apply
 Verbal Non-verbal Sign language Uses gestures Uses sounds Communication board
 Other Describe: _____
 Is applicant able to read? Yes No Comments: _____

Current Living Situation

Family Independent Foster home Other (friends, crisis center, etc.)
 Describe "other": _____

LEGAL STATUS

Over 18 years old
 Is Applicant is his/her own guardian Yes No If no, list guardian's name & contact information: _____

Under 18 years old
 Guardianship: Natural (child is under age 18)
 Court-appointed, legal guardianship

