big lakes developmental center, inc.

Community Developmental Dirability 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: \Box Pottawatomie \Box Riley \Box Geary \Box Clay				
E-mail address:				
Date of birth:/ C	urrent 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? \square Yes \square 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: ()	
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	Technolog	y Assisted	🗆 Frail Elderly	
Physical Disability	🗆 Traumatic	□ 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:
 Presson
 Presson
 Presson
 Describe:

 Hearing impairment:
 Presson
 Presson
 Describe:
 Presson

<u>Communication style(s) – mark all that apply</u>

□ 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 "othe	ar".		

LEGAL STATUS

Over 18 years old

Is Applicant is his/her own guardian

 $\hfill\square$ Yes $\hfill\square$ No \hfill If no, list guardian's name & contact information:

Under 18 years old

Guardianship:
□ Natural (child is under age 18)

□ Court-appointed, legal guardianship

INFORMATION REQUESTED

BLDC CDDO requests that you provide the following information, <u>if applicable</u>, when you submit you application. Please check the documentation you have enclosed with the application. Failure to do so may result in a delay of a determination being made.

□ Copy of Medical Card □ Copy of Social Security Card

□ Copy of Driver License/Identification Card □ If currently a student, most recent IEP

□ Legal Representative/Guardianship, DCF/DOC Custody or other Legal Representation Paperwork

□ Most recent psychological evaluation and/or written documentation of diagnosis

 \Box Other documentation

SIGNATURE (required)

My signature below verifies that I have read the information that the CDDO has provided, not only in this application, but also the various handouts and brochures I received. I have been provided the opportunity to contact the CDDO for more information or clarification regarding Intellectual/Developmental Disability (I/DD) Waiver services.

I understand that if I fail to provide the CDDO with disability-related diagnosis/medical documentation needed for eligibility determination purposes, case closure will result. Closed files may be reopened at any time upon request. The answers I have provided on this application are true to the best of my knowledge and ability.

Signature Relationship to applicant Date

*Parent/guardian signature is required if applicant is not age 18

*Individual's signature is required if applicant is age 18+ (legal guardian may sign on behalf of applicant)

Return application for eligibility determination and disability-related documentation to: Big Lakes Developmental Center CDDO ATTN: CDDO Quality Assurance/Eligibility Specialist 1416 Hayes Drive, Manhattan, KS 66502 Phone: (785) 776-2600 Voice mail available. Direct CDDO fax: (785) 776-2610 E-mail: <u>CDDO@biglakes.org</u> Business hours: Monday - Friday, 8:00 a.m. – 4:30 p.m.

Big Lakes Developmental Center, Inc. CDDO <u>will not</u> reimburse individuals, families, and/or agencies for psychological evaluation fees, postage, faxes, long-distance phone calls, photocopying, travel costs, and/or any other expenses involved with providing the CDDO with eligibility determination documentation.

For more information about the Intellectual/Developmental Disabilities (I/DD) Waiver, visit the Kansas Department for Aging and Disability Services' (KDADS) website:

https://www.kdads.ks.gov/commissions/home-community-based-services-%28hcbs%29/programlist/i-dd