

**PORTAGE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
APPLICATION & CONSENT FOR BOARD SERVICES**

Name:

Address:

DOB:

Phone: School District (if school aged):

Services Requested: SSA FSSP Adult Services Waiver Residential

- I give permission to PCBDD to proceed with necessary steps for intake/eligibility determination. I understand that the information obtained from records will be shared with PCBDD staff who are involved with the assessment and that all information will be kept confidential. The results of the evaluations will be shared with me within ninety (90) days.
- I understand that if eligibility is denied, that I have the right to appeal and I have been informed of my appeal rights.
- If determined eligible, I hereby consent for Service & Support Administration, which I understand is voluntary and based on need. The SSA will assist me with needs assessment, ISP development, provider selection, budgeting, service coordination & linkage, quality assurance reviews, service monitoring, personal advocate & crisis intervention. I understand that my consent can be withdrawn at any time.

Signature Individual Guardian

Date

Witness (if applicable)