



PORTAGE COUNTY BOARD OF
**DEVELOPMENTAL
DISABILITIES**

Making the difference in meeting lifelong needs

Request for Eligibility Determination and Services

Save and e-mail this form to: intake@portagedd.org or
print and mail this form to: 2606 Brady Lake Road, Ravenna, Ohio 44266

Referring Party

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address (Optional): _____

Phone Number: _____

Relationship to Consumer:

Parent Guardian Foster Family Self

Consumer Information

Name: _____

Date of Birth (DOB): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address (Optional): _____

Phone Number: _____

Has the consumer received services from the Portage County Board of DD in the past?

Yes No

What is the consumer's developmental disability?

What services are you looking for?

Adult Services Waiver Services Family Support Services Program (FSSP)
 Service & Support Residential Services Early Intervention/Happy Day School (EI/HDS)

Comments:

Signature: _____

Date: _____

Referrals must be made by the individual seeking services, their parent or their legal guardian.