



# Knox County Board of Developmental Disabilities REFERRAL APPLICATION

Individual's Name: \_\_\_\_\_  FEMALE Birth Date: \_\_\_\_\_  
 MALE

Address, City, Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid # (12 digit): \_\_\_\_\_

If under age 22, Name of School: \_\_\_\_\_

The KCBDD will need documentation of your current diagnosis in order to determine eligibility. Please List persons and/or agencies below who you have worked with so that they may release information to the KCBDD. (This should include schools, physicians, specialists, counselors, BVR, etc.)

## AUTHORIZATION TO RELEASE INFORMATION

The Knox County Board of Developmental Disabilities is authorized to receive records for the above-named individual from the persons and/or agencies listed below in order to establish eligibility for services. Records can be forwarded via fax to (740) 392-5669 or mail at KCBDD, 11700 Upper Gilchrist Road, Mt. Vernon, Ohio 43050 addressed to the attention of Christy Payne, Administrative Assistant:

Name of person or agency:	City, State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Records Requested:

- Testing or documentation supporting a diagnosis of mental retardation or developmental disability
- Psychological and medical information from physicians, hospitals, or clinics verifying a developmental disability and the date of onset.
- Most recent Multi-factored Evaluation (MFE) or Evaluation Team Report (ETR) and Individual Education Program (IEP)
- Other assessments, evaluations and/or testing giving diagnosis or explanation of significant functional limitations

By signing below I consent to the above Authorization to Release Information and also consent to evaluations by the KCBDD for the purpose of determining eligibility. This release is valid for 1 Year from the Date of Signature and may be revoked at any time.

\_\_\_\_\_  
Signature of Individual or Guardian                      Relationship to Individual                      Date

### **FOR KCBDD OFFICE USE ONLY:**

Date application received: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_  
Eligible:  Yes  No Date Letter of Eligibility Determination Mailed: \_\_\_\_\_ SSA: \_\_\_\_\_

# FACTS ABOUT ELIGIBILITY FOR SUPPORTS FROM THE KCBDD

## **How to find out if you are eligible for KCBDD services:**

You must do fill out and sign an application so we can have basic information about you and have permission to ask for information needed to find you eligible.

## **Information the KCBDD will need:**

Under Ohio's rules, KCBDD will need to know that you have had a disability **before your 22<sup>nd</sup> birthday**. We may need to ask for records from people you have worked with. These are the kind of records we might need:

- School records, including the Multifactorial Evaluation (MFE), Evaluation Team Report (ETR) and/or Individualized Education Program (IEP)
- Records from Rehabilitation Services Commission or similar agencies where you have received services.
- Psychological and medical information from physicians, hospitals, or clinics verifying a developmental disability and the date of onset.
- Other records giving a diagnosis or explaining significant functional limitations.

## **How long will this take?**

First we need the information listed above to verify your disability. Then a Service & Support Administrator (SSA) will contact you to schedule an assessment. The type of assessment used will depend on your age but it will look at different life areas and how well you can do things on your own. This assessment will. The assessment will be completed within 30 days of the KCBDD receiving record of your verification of disability. After the assessment is completed you will receive a letter that will let you know whether or not you qualify for our supports.

## **What can you do if you do not qualify for our supports?**

If we find that you are not eligible for KCBDD supports and you feel that you should be eligible, you have the right to an "appeal". This means that you want to have a meeting where you or someone on your behalf (an advocate or lawyer) can give information that will possibly show that you may be eligible for county board supports. Your rights in an appeal are explained below.

- You have the right to bring an advocate with you to help you talk or talk for you.
- You have the right to have more evaluations done to try to show that you may qualify for our supports, but you must pay for these evaluations.
- You have the right to have a KCBDD employee at the appeal who may have information to help.
- You have the right to bring a lawyer who you choose. You will have to pay the lawyer.
- You have the right to look at any records or evaluations that we used in deciding that you did not qualify for our supports.
- You have the right to give us new or more medical or psychological information at a hearing that may help you qualify for our supports.
- If you want to request an appeal, you have to contact the Superintendent of the county board and the president of the county board. We will be glad to provide you with their names, addresses and phone numbers.

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**If you have any questions or need assistance completing this application, please contact:**

Christy Payne, Administrative Assistant at (740) 397-4607  
or [cpayne@knoxdd.com](mailto:cpayne@knoxdd.com)