



# Request for Developmental Disabilities Services



This form is used to apply for services for persons with developmental disabilities through the Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS). This application does not address financial eligibility requirements for Medicaid funded DDS services or guarantee services.

	<u>Official Use Only</u>
Date	_____
Case name	_____
Case number	_____
County code	_____
Supervisor/worker	_____

## What You Need to Get Started

Read the following descriptions and check all of the programs for which you would like to apply. **(For eligibility and documentations requirements, see page 2.)**

### Waiver Services

- Assists individuals who are 3 years of age or older who have been diagnosed with an intellectual disability to lead healthy, independent and productive lives to the fullest extent possible. Services may include home support, training, psychological services, professional therapies, vocational services, etc.

### State Funded Services

- Group Home - provides supervision, residential accommodations, food services, and training/skill development for adults with intellectual disability to help with increasing independence.
- Assisted Living - provides limited staff support for adults with an intellectual disability to help with services coordination, advocacy, assistance with transportation and emergency response.
- Sheltered Workshop - paid work and training, including contract work and volunteer work, for individuals 16 years of age and over when school is not in session.
- Community Integrated Employment (CIE) - promotes independence through paid work and training activities in the community.

### Family Support Assistance Program (FSAP)

- Provides cash assistance to lower income families who have minor children diagnosed with a significant developmental and/or intellectual disability.

### Respite Voucher Program

- Provides vouchers to the caregiver of an individual diagnosed with a developmental and/or intellectual disability to help pay for respite, which is defined as temporary relief for the caregiver.

## Definitions, Documentation, and Eligibility Requirements

Developmental Disability (DD): a mental or physical impairment, or a combination of both, such as an intellectual disability, cerebral palsy, or Autism with an onset date before the age of 22.

Intellectual Disability (ID): an IQ of 70 +/-, including impairment in adaptive functioning, with an onset during the individual's developmental years.

Caregiver: a responsible person who regularly looks after a child or person who is sick, elderly, or who has a disability.

Care Recipient: an individual with a DD and/or ID.

- Additional definitions, documentation, and eligibility requirements may apply per Oklahoma Administrative Code.

## Documentation Requirements for All Programs - Only One Copy of Each Document is Required

- A copy of the Care Recipient's birth certificate and social security card

## Waiver Services - Eligibility and Documentation Requirements

- Care Recipient must be 3 years of age or older at the time of approval.
- Must be diagnosed with an ID.
  - Documentation of ID must be provided upon request by DDS.

## State Funded Services - Eligibility and Documentation Requirements

Group Home - Care Recipient must be an adult and diagnosed with an ID.

Assisted Living - Care Recipient must be an adult and diagnosed with an ID.

Sheltered Workshop - Care Recipient must be 16 years of age or older and diagnosed with an ID.

Community Integrated Employment (CIE) - Care recipient must be an adult diagnosed with an ID.

- A copy of the documentation supporting a diagnosis of ID is required.

## Family Support Assistance Program - Eligibility and Documentation Requirements

- Care Recipient must be under the age of 18.
- Care Recipient must be diagnosed with a significant DD and/or ID.
  - A copy of the documentation supporting a diagnosis of DD and/or ID is required.
- Care Recipient must reside in parent/legal guardian's home.
- Family's annual adjusted gross income cannot exceed \$45,000.
  - A copy of the Caregiver's most recent tax return is required.

## Respite Voucher Program - Eligibility and Documentation Requirements

- Care Recipient must be diagnosed with an ID or DD.
  - A copy of the documentation supporting a diagnosis of ID and/or DD is required, to include the Developmental Disabilities Verification form (06RP005E). When the Care Recipient is enrolled in school, a copy of the current Multidisciplinary Evaluation & Eligibility Group Summary and Review of Existing Data is required.
- Caregiver must have an adjusted gross income of less than \$75,000, reside with the Care Recipient, and does not receive respite services through another federal or state program.
  - A copy of the Caregiver's social security card and most recent tax return is required.
- Care Recipient does not receive services through a Home- and Community-Based Waiver or FSAP.
- When the Care Recipient is receiving state funded vocational services, a letter from the employer indicating the average number of hours per week is required

## Section 1. Care Recipient

Care Recipient legal last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

Finding address (if different from Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

Phone number \_\_\_\_\_ Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Gender:  Male  
 Female

United States citizen

**Section 1. Care Recipient**

Resident alien? Yes  No  Languages spoken or understood \_\_\_\_\_

Marital status:  Married  Single  Divorced  Widowed

Care Recipient attends an Adult Day Program, Sheltered Workshop, or CIE?  Yes  No  
When yes, number of hours attends per week: \_\_\_\_\_

**Section 2. Parents, Guardian, or Caregiver**

Primary caregiver full name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

County \_\_\_\_\_ Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Email \_\_\_\_\_

Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Marital status:  Married  Single  
 Divorced  Widowed

Legal guardian full name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

County \_\_\_\_\_ Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Email \_\_\_\_\_

Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Alternate contact full name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code + 4 \_\_\_\_\_

County \_\_\_\_\_ Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Email \_\_\_\_\_

### Section 3. Household Members Residing with Care Recipient

Name	Relationship to Care Recipient	Date of Birth

### Section 4. Medical

Has the Care Recipient been diagnosed, by a licensed professional, with:

Intellectual Disability?      Yes    No      Full IQ score: \_\_\_\_\_

Cerebral Palsy?       Yes     No

Autism?       Yes     No

Severity:     Mild (Lvl 1)     Moderate (Lvl 2)     Severe (Lvl 3)

Developmental Disability?     Yes     No

Prader Willi?       Yes     No

When yes for any of the above questions, which areas result in substantial limitations due to their condition?

- Self-Care       Receptive and expressive language       Learning       Mobility  
 Self-Direction       Capacity for independent living       Economic self-sufficiency

### Section 5. Education

Is the Care Recipient currently attending school?      Yes    No  
           

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

When available, provide a copy of the Care Recipient's current individualized education plan (IEP).

### Section 6. Additional Information

Check all additional services and supports Care Recipient is currently receiving:

- Supplemental Security Income (SSI)       Social Security Administration (SSA) payment  
 Family Support Assistance Payment (FSAP)       Occupational/physical therapy (OT/PT)  
 Personal care       Nutrition       Counseling       Speech       TEFRA  
 Other: \_\_\_\_\_

## Signatures

I authorize DHS to make this application available to DHS designated agencies including, but not limited to Oklahoma Department of Mental Health and Substance Abuse Services, Family Support 360 Center, Area Agency on Aging, and Sooner Success for evaluation services. I further agree to comply with all applicable laws, rules, and regulations, and understand services and benefits are equally available to all persons with developmental disabilities without regard to race, color, religion, or national origin. I understand I may cancel or withdraw this application for services by submitting a written request to the appropriate DDS area office.

The information in this application is correct to the best of my knowledge:

\_\_\_\_\_  
Legally responsible party or Care Recipient signature

\_\_\_\_\_  
Date

When the Care Recipient is age 18 years of age or older and does not have a legal guardian:

\_\_\_\_\_  
Person assisting Care Recipient signature, if applicable

\_\_\_\_\_  
Date

When state DDS resources are sufficient for initiation of HCBS Waiver services, DDS ensures action regarding a request for services occurs within 45 calendar days. If action is not taken within the required 45 days, the Care Recipient may seek resolution per Oklahoma Administrative Code (OAC) 340:2-5. When state resources are unavailable for new persons to be added to services funded through a HCBS Waiver, persons are placed on a state wide request list for services.

I understand it is my responsibility to update DDS within 30 calendar days of any change in my address or telephone number. I understand my case will be closed if DDS is unable to contact or locate me.

**Contact DDS area office by phone, mail or you may update your contact information at [www.okdhs.org](http://www.okdhs.org) by clicking on the link to [Update DDS Waiting List Contact Info](#).**

\_\_\_\_\_  
Initials

## Completed by Child Welfare or OJA Only

\_\_\_\_\_  
Who has legal custody?

\_\_\_\_\_  
County of adjudication

\_\_\_\_\_  
Adjudication date

\_\_\_\_\_  
Primary worker

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Supervisor

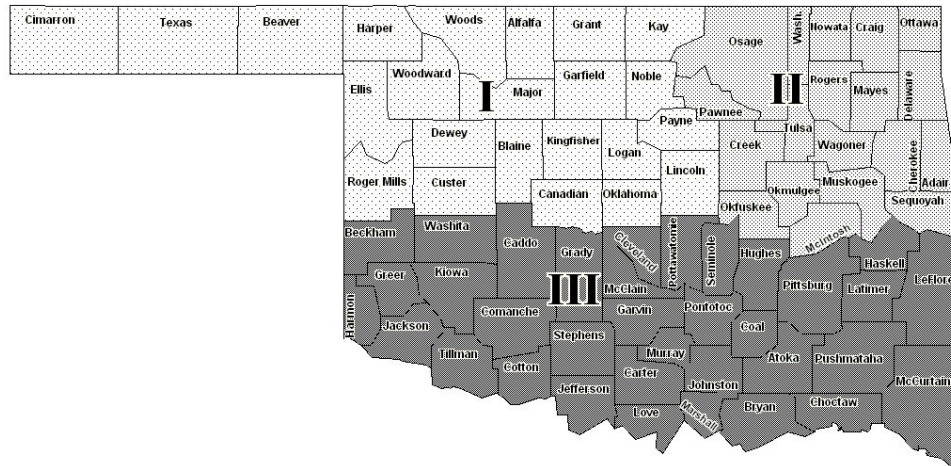
\_\_\_\_\_  
Telephone

When DHS or Office of Juvenile Affairs (OJA) has legal custody, attach a copy of the order.

Type:  Temporary  Permanent

## Routing

Return to the DDS office in the area where applicant resides.



**Area I:** Alfalfa, Beaver, Blaine, Canadian, Cimarron, Custer, Dewey, Ellis, Garfield, Grant, Harper, Kay, Kingfisher, Lincoln, Logan, Major, Noble, Oklahoma, Payne, Roger Mills, Texas, Woods, and Woodward Counties

**Area II:** Adair, Cherokee, Craig, Creek, Delaware, Mayes, McIntosh, Muskogee, Nowata, Okfuskee, Okmulgee, Osage, Ottawa, Pawnee, Rogers, Sequoyah, Tulsa, Wagoner, and Washington Counties

**Area III:** Atoka, Beckham, Bryan, Caddo, Carter, Choctaw, Cleveland, Coal, Comanche, Cotton, Garvin, Grady, Greer, Harmon, Haskell, Hughes, Jackson, Jefferson, Johnston, Kiowa, Latimer, LeFlore, Love, Marshall, McClain, McCurtain, Murray, Pittsburg, Pontotoc, Pottawatomie, Pushmataha, Seminole, Stephens, Tillman, and Washita Counties

Area	Telephone	Fax	Mailing Address
I	(800) 522-1064	(405) 522-6999	2409 N. Kelley Ave. Oklahoma City, OK 73111
II	(800) 522-1075	(918) 794-7685	P.O. Box 35900 Tulsa, OK 74135
II	(800) 522-1086	(405) 238.4745	301 S. Indian Meridian Rd. Pauls Valley, OK 73075