

INFORMATION FOR APPLICANT CHECKLIST

(Please Read before Completing Application)

We know that completing paperwork for disability services can be overwhelming. Please use this page to guide you through the process and put a check (✓) next to each section as they are completed.

STEP 1 – Complete the 2-page Application for Developmental/ Intellectual Disabilities Services (DD/ID).	
✓	Obtain a psychological assessment that includes IQ score and adaptive skills testing to send with the application.
	Call your Regional Office if you need assistance with the application.
	Return the application and the psychological report (including IQ & ABS scores) to: DBHDD Regional Office Attn: Intake & Evaluation Unit (Addresses are located below)
If the individual meets the criteria for DD/ID, the Regional Office will contact you within 14 days to schedule a screening assessment meeting. The individual with the disability must be present at the screening assessment meeting.	

STEP 2 – Gather copies of the following information that will be needed during the screening assessment meeting:	
✓	Proof of Citizenship – birth certificate, passport, permanent resident card
	Copy of Social Security card or Social Security Number
	Copy of Medicaid and/or Medicare card
	Copy of Social Security Benefit information
	Current doctor’s names, addresses, and telephone numbers
The items below may be helpful in addition or in lieu of the above-mentioned items.	
	Copy of reports describing the disability completed by schools attended or by other service agencies (i.e. copies of IEP)
	Copy of guardianship documents (if applicable)

REGIONAL OFFICES CONTACT INFORMATION:

Region 1

Intake & Evaluation Unit
1230 Bald Ridge Marina Road
Suite 800
Cumming, GA 30041
(P) 678-947-2818
Toll Free: 877-217-4462

Region 3

Intake & Evaluation Unit
100 Crescent Centre Pkwy
Suite 900
Tucker, GA 30084
(P) 770-414-3046

Region 5

Intake & Evaluation Unit
1915 Eisenhower Dr., Bldg 2
Savannah, GA 31406
(P) 912-303-1649
Toll Free: 800-348-3503

Region 2

Intake & Evaluation Unit
3405 Mike Padgett Highway, Bldg 3
Augusta, GA 30906
(P) 706-792-7285
Toll Free: 866-380-4835

Region 4

Intake & Evaluation Unit
P.O. Box 1378
Thomasville, GA 31799-1378
(P) 229-227-2924
Toll Free: 877-683-8557

Region 6

Intake & Evaluation Unit
3000 Schatulga Rd, Bldg 4
Columbus, GA 31907-2435
(P) 706-569-2971
Toll Free: 877-565-8040

APPLICATION FOR DEVELOPMENTAL/INTELLECTUAL DISABILITIES SERVICES

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION, PLEASE CONTACT THE LOCAL INTAKE AND EVALUATION OFFICE IN YOUR REGION.

I. GENERAL INFORMATION (APPLICANT)

Name: _____
First Middle Last

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Mailing Address (if different) _____

Telephone Number: _____ Marital Status: S M D W Sex: _____
Area Code

Birthdate: ____ / ____ / ____ Medicare # _____

Social Security # _____ - _____ - _____ Medicaid # _____

PRIMARY CONTACT: _____

Address: _____

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____
Area Code

Email Address: _____

LEGAL STATUS OF APPLICANT: __ Minor __ Competent __ Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____
Area Code

Email Address: _____

II. ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia’s Developmental Disabilities Waiver services, you must be:

- a. Medicaid eligible
- b. Have mental retardation since birth or before age 18, or another developmental disability since birth or before age 22, which requires similar services to those needed by people with mental retardation.
- c. Be at risk for going into an institution for people with mental retardation if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application, and have items or copies available.

III. SERVICE NEEDS

Describe the type of services you believe you need. (For example, do you need help with getting a job, assistance to get dressed, family support or some place to live?)

IV. COMPLETED BY:

Signature: _____ Date: _____

Check one: Applicant Guardian Other: _____

Printed Name: _____

What is the best way to contact you? _____

When this application is received, it will be stamped with a date. Within fourteen working days of that date, you will be notified that your application has been received and you will be offered a screening appointment. If this does not occur, please call the Intake and Evaluation listed above.

Return this application to the Regional Office in your area.
(Scroll to the next page to see the counties.)

Department of Behavioral Health & Developmental Disabilities
Counties Covered by Regional Offices

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Banks	Baldwin	Clayton	Baker	Appling	Butts
Bartow	Barrow	DeKalb	Ben Hill	Atkinson	Carroll
Catoosa	Bibb	Fulton	Berrien	Bacon	Chattahoochee
Chattooga	Burke	Gwinnett	Brooks	Bleckley	Clay
Cherokee	Clarke	Newton	Calhoun	Brantley	Coweta
Cobb	Columbia	Rockdale	Colquitt	Bryan	Crawford
Dade	Elbert		Cook	Bulloch	Crisp
Dawson	Emanuel		Decatur	Camden	Dooly
Douglas	Glascokk		Dougherty	Candler	Fayette
Fannin	Greene		Early	Charlton	Harris
Floyd	Hancock		Echols	Chatham	Heard
Forsyth	Jackson		Grady	Clinch	Henry
Franklin	Jasper		Irwin	Coffee	Houston
Gilmer	Jefferson		Miller	Dodge	Lamar
Gordon	Jenkins		Lanier	Effingham	Macon
Habersham	Jones		Lee	Evans	Marion
Hall	Lincoln		Lowndes	Glynn	Meriwether
Haralson	Madison		Mitchell	Jeff Davis	Muscogee
Hart	McDuffie		Seminole	Johnson	Peach
Lumpkin	Monroe		Terrell	Laurens	Pike
Murray	Morgan		Thomas	Liberty	Quitman
Paulding	Oglethorpe		Tift	Long	Randolph
Pickens	Oconee		Turner	McIntosh	Schley
Polk	Putnam		Worth	Montgomery	Spalding
Rabun	Richmond			Pierce	Stewart
Stephens	Screven			Pulaski	Sumter
Towns	Taliaferro			Tattnall	Talbot
Union	Twiggs			Telfair	Taylor
Walker	Walton			Toombs	Troup
White	Warren			Treutlen	Upton
Whitfield	Washington			Ware	Webster
	Wilkes			Wayne	
	Wilkinson			Wheeler	
				Wilcox	