



## Instructions for Intellectual/Developmental Disabilities Services Application

Please use this guide to help you through the application process. Check off each step as it is completed. Call your field office (listed below) if you need assistance.

1.	Complete the two-page Application for Intellectual/Developmental Disabilities Services.
2.	Please submit copies of the following documents along with the application:
a.	Psychological report that includes IQ score, assessment of Autism Spectrum Disorder (if applicable), and adaptive skills testing, preferably completed prior to the age of 18 for a person with intellectual disability or 22 for a person with a closely-related condition
b.	Proof of citizenship (birth certificate, passport, or permanent resident card)
c.	Copy of Social Security card or Social Security number
d.	Copy of Medicaid and/or Medicare card
e.	Copy of Social Security benefit information
f.	Copy of guardianship documents (if applicable)
g.	Copy of reports describing the disability completed by schools attended or by other service agencies (e.g., IEP)
h.	Authorization for Release of Information (requires signature) if you would like us to request records from a particular agency
i.	Notice of Privacy Practices (requires signature)
3.	Return the application and requested documents to your regional field office.

Once we have determined that a completed application packet has been received by our office, we will contact you and/or your family participant/representative to schedule a screening assessment meeting within 14 business days.

### Region 1 Field Office

Intake & Evaluation Unit  
1230 Bald Ridge Marina Road  
Suite 800  
Cumming, GA 30041  
678-947-2818 or 877-217-4462  
Fax: 678-947-2817

### Region 2 Field Office

Intake & Evaluation Unit  
3405 Mike Padgett Hwy, Bldg 3  
Augusta, GA 30906  
706-792-7741 or 877-551-4897

### Region 3 Field Office

Intake & Evaluation Unit  
3073 Panthersville Rd, Bldg 10  
Decatur, GA 30034  
404-244-5050 or 404-244-5056  
Fax: 404-244-5179

### Region 4 Field Office

Intake & Evaluation Unit  
P.O. Box 1378  
Thomasville, GA 31799-1378  
229-225-5099 or 877-683-8557  
Fax: 229-227-2918

### Region 5 Field Office

Intake & Evaluation Unit  
1915 Eisenhower Drive, Bldg 7  
Savannah, GA 31406  
912-303-1649 or 800-348-3503  
Fax: 912-351-6309

### Region 6 Field Office

Intake & Evaluation Unit  
3000 Schatulga Road  
Columbus, GA 31907-2435  
706-565-7835 or 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?)

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**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	Glascok		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	