

P a a a ab OPWDD
 C a ca D a D ab R a O . (S I c a 2)
A ACH: C 22
 C ac ca DDRO a
 P P C . A * a

***Section 1: Person's Information**

*Na :	TABS ID (<input checked="" type="checkbox"/>):	*SS#:
		M

*P :	*A K A :
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*S a (C c a a a):

1. S -H S -Ma Add
3. Pa /Ad ca 1 (C S c 2 P/A1 Na & Add) Note: D c c 3 4 Ad ca A c
4. Pa /Ad ca 2 (C S c 2 P/A2 Na & Add) S c 3.
5. PASRR C a

Section 2: Involved Parents or Advocates U add

P/A1 Na :	P/A2 Na :		
Add :	Add :		
P :	C :	P :	C :

Section 3: Referring Agency Information (if applicable) A a c a c .

A c Na :			
A c C <input checked="" type="checkbox"/> (<input checked="" type="checkbox"/>):	S Add :		
A c C ac :			
P :	C <input checked="" type="checkbox"/> :	S a :	Z <input checked="" type="checkbox"/> :

***Section 4: Check the services you are interested in receiving if determined eligible**

1. D a D <input checked="" type="checkbox"/> ab <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> .			
2. I <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> S S <input checked="" type="checkbox"/> (ISS)	3. R <input checked="" type="checkbox"/> C	4. R <input checked="" type="checkbox"/> Hab <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> IRA	
5. C <input checked="" type="checkbox"/> Hab <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/>	6. I <input checked="" type="checkbox"/> Ca Fac <input checked="" type="checkbox"/> (ICF)	7. Da Hab <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/>	
8. Da T a	9. P -V ca <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/>	10. S <input checked="" type="checkbox"/> W (SEMP)	11. Ca a H
12. FET Fa <input checked="" type="checkbox"/> E ca <input checked="" type="checkbox"/> & T a <input checked="" type="checkbox"/>	13. CSS C <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> S & S <input checked="" type="checkbox"/>		
14. Ca Ma a , - . MSC	15. E <input checked="" type="checkbox"/> a M <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> /A ca <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/>		
16. A . 16 C <input checked="" type="checkbox"/>	Fa <input checked="" type="checkbox"/> S S <input checked="" type="checkbox"/> :	17. R <input checked="" type="checkbox"/>	18. O Fa <input checked="" type="checkbox"/> S
19. PASRR L II A	20. O (c <input checked="" type="checkbox"/>):		

*Completed By (Name): _____ *Date: _____

*Form Completed by: 1. S 2. Pa /Ad ca 3. A c 4. PASRR C a

Following to be completed by DDRO Staff Only:

Date Received by DDRO:	Intake Staff Name:	
Person's TABS ID #:	Date entered in TABS:	By (initials):

Instructions for Completing Transmittal form Please type or clearly print all information

General Instructions:

C a ca DDRO c c .C c a ab a 22 b a ac a a.T b OPWDD .l a ab c c , ELIGIBILITY FOR OPWDD SERVICES Important Facts. T Fac ca b OPWDD b [:// . .]

Detailed Instructions:

T Ta a ca b c b: a a OPWDD , a ad ca , a a c a

Section 1 Person's Information

Na : T ' _ a a :La a , a , a . TABS ID: T ' TABS a b .l _ a , a ba . SS#: T ' 9 S c S c N b . Da B : T ' da b , , da , a (MM/DD/YYYY) a .(.04/03/1998) M a #: T ' M a b . C R c : T a a c , (a , K , E .) S : P a M b ab / a F b _ / a . H Add : T c add . l c /a , a a b , c / , a a c . Ma Add : T add c a a . l c PO b / /a , a a b , c / , a , a c . P : T b c a a c . A K a : L a a (a _ a a) b . S a : P a X b a a a ab a c b . If a parent or advocate (other than the Agency in Section 3) is to be sent information from the DDRO, check box 3 and/or 4 and fill in the Parent/Advocate parts of Section 2. A a c S c 3 a a a c a c c .

Section 2 Involved Parents or Advocates

T c a unless b 3 4 S a T c c . l . Pa /Ad ca a , P/A1 Na a Ad . Na : T a ad ca ' a :La a , a , a . H Add : T c a ad ca . l c /a , a a b , c / , a a c . Ma Add : T add a ad ca receives mail, l c PO b /a add , a .#, c / , a , a c . P : T a ad ca ' b , c a a c .

Section 3 Referring Agency Information (if applicable)

A c Na : T a c ' c a . A c C : T a c ' OPWDD a c c , . A c C ac : Na a c a b c ac ab a . S Add : F a ad a c c ac c a l c PO b , c / , a c . P : T a c c ac ' b c a a c a a .

Section 4

Pac a X b 1 a a a ab . O , ac a X b ac c c IF / a b OPWDD . NOTE: T Ta a is not a a a .

C b : L . PRINT a c a da . F C b : P a X c c b a c (/SELF, Pa Ad ca , A c a , PASRR C a) .

Submit the completed form and required records to your local DDRO.