

Address: _____
Street/P.O. City State Zip

Telephone: _____ Fax: _____

Check which type of education you received:

_____ Attended Regular Education _____ Attended Special Education

Medical Information

Is there a history of Seizures: ___Yes ___No Seizure Medication, if any: _____

Name of Doctor: _____

Address: _____
Street/P.O. City State Zip

Telephone: _____ Fax Number: _____

Mental Health Information

Agency Name: _____

Address: _____
Street/P.O. City State Zip

Telephone: _____ Fax Number: _____

Additional Information

Who referred you to Southwest Developmental Services, Inc. for assistance and/or services?

Information Requested

SDSI requests that you provide the following information, if applicable, when you submit your application. Please check the documentation you have enclosed with the application. Failure to do so may result in a delay of a determination being made.

- _____ Copy of Medical Card
- _____ Copy of Social Security Card
- _____ Copy of Driver's License/Identification Card
- _____ Legal Representative/Guardianship, DCF/DOC Custody or other Legal Representation Paperwork
- _____ Most recent psychological evaluation and/or written documentation of diagnosis
- _____ If currently a student, most recent IEP

Eligibility is determined, in part, by reviewing documents to include (but is not limited to) medical, psychological and school records. If you request for Southwest Developmental Services, Inc., to obtain records please list below the name of the agency and address of where to obtain these records. You will need to sign an Authorization for Use or Disclosure of Protected Health Information for each agency listed.

Name/Agency: _____
Address: _____ Phone: _____
City/State/Zip: _____ Fax: _____

Name/Agency: _____
Address: _____ Phone: _____
City/State/Zip: _____ Fax: _____

Name/Agency: _____
Address: _____ Phone: _____
City/State/Zip: _____ Fax: _____

Signatures:

By signing below, I agree that the information contained in this application is correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Legal Representative Signature: _____ **Date:** _____

****Please return the Application for Eligibility Determination to SDSI's Admissions Manager. If you have any questions or need assistance filling out this form please contact the person listed below.***

Southwest KS applicants please contact:
Southwest Developmental Services, Inc.
Justin Stevens
Admissions Manager
1808 Palace Dr., Suite C
Garden City, KS 67846
(620) 275-7521
Fax: (620) 275-1792

Central KS applicants please contact:
Southwest Developmental Services, Inc.
Andrea Jacobs
Admissions Manager
1103 Main Street
Great Bend, KS 67530
(620) 793-7604
Fax: (620) 793-7906