Southwest Developmental Services, Inc.

"Helping Kansans with developmental disabilities access quality community services"

Application for Eligibility Determination

The following information is required to process the application for services and to comply with state licensing regulations for purposes of reporting statistical data as required by Kansas Department for Aging and Disability Services. Applicant confidentially will be maintained.

Please note that if an applicant is his / her own guardian, he / she must consent to the eligibility determination process.

General Information

Applicant's Name: _____Date of Birth: _____

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

Telephone: _____ Marital Status: _____Gender: ☐Male ☐Female

Email Address: _____ Social Security Number: _____

Do you have a State of Kansas medical card? ☐Yes ☐ N Card Number: _____

Managed Care Organization (MCO): ☐Aetna ☐Sunflower Health Plan ☐United Health Care

Place of Birth: _____ Is applicant a citizen of the United States? ☐Yes ☐ No

Primary Language Spoken: _____ Is an Interpreter needed? ☐Yes ☐No

Are you, or an immediate family member, an active or recently separated (within 30 days) military personnel? ☐ Yes ☐ No

Legal Representative/Guardianship Information

If a legal representative/guardian has been appointed by a court of law, if the applicant is in DCF/DOC Custody, or if other legal representation exists, a copy of the Journal Entry/Legal Paperwork is <u>required</u> to be submitted at time of application.

1st Legal Representative/Guardian Name: _____

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

Home Phone: _____ Work/Other Phone: _____

2nd Legal Representative/Guardian Name (if applicable): _____

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

Home Phone: _____ Work/Other Phone: _____

Relationship to Applicant: _____

Location of Legal/Guardianship Hearing: _____ Court Case #: _____

If limited guardianship, what is the limitation: _____

If a guardian has not been appointed, is one needed? ☐Yes ☐No

Disability Information

A copy of the paperwork documenting the confirmed diagnosis signed by the individual who provided the diagnosis is required to be submitted at time of application.

Confirmed Diagnosis/Disability	Agency/Location where Diagnosis was received	Date of Diagnosis
☐ Intellectual Disability	_____	_____
☐ Autism Spectrum Disorder	_____	_____
☐ Cerebral Palsy	_____	_____
☐ Down Syndrome	_____	_____
☐Other: _____	_____	_____

What kind of services or assistance are you looking for?

_____

Have you applied for Intellectual/Developmental Disability Services before? ☐Yes ☐ No

If so, when, and what was the outcome? _____

Living Situation

I currently live with: ☐ Family ☐Alone ☐Other: _____

School History

For current students a copy of the most recent Individualized Education Plan (IEP) is to be submitted at time of application.

Current/Last School Attended: _____ Dates Attended: _____

Address: _____
Street/P.O. Box 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.
Rachel Dove
Admissions Manager
1037 Sheridan St. Ste A
Great Bend, KS 67530
Phone: (620) 793-7604
Fax: (620) 793-7906