



Mahoning County

Board of Developmental Disabilities

Referral for Eligibility

Welcome to the Mahoning County Board of Developmental Disabilities. Please complete this form to help us better determine the services that are appropriate for your needs. You can submit the completed form to pcearfoss@mahoningcountyoh.gov or via mail or drop off at the address listed below. Find out more about Intake & Eligibility at www.mahoningdd.org.

Date			
Individual's Information			
Name			DOB
Address			
Phone			Email
Diagnoses			
Other Contact Information (Parent, Guardian, etc.)			
Name			Agency
Phone			Email

Please submit the following with this referral form:

	*For ages 3-5: Evaluation Team Report (ETR) or Another report (medical, psychological, therapy) demonstrating developmental delays.
	*For ages 6+: Diagnostic report indicating a qualifying developmental disability
	*Birth Certificate
	*Social Security Card
	Medicaid Card (if applicable)
	Guardianship or Adoption Papers (if applicable)
	Individualized Education Plan (IEP) if applicable

***The referral cannot be processed without this information.** Reports should be from the original source.

Please help us learn about our applicants:

How did you hear about MCBDD?	
How long have you lived in the county?	
If you are new to the county, why did you decide to move here?	
What types of services are you interested in receiving?	

Intake and Eligibility Team Use Only:

<input type="checkbox"/> New Referral	<input type="checkbox"/> Returning to County	<input type="checkbox"/> County to County Transfer
<input type="checkbox"/> SSA Recommendation	<input type="checkbox"/> Self-Directed Services	<input type="checkbox"/> Person Centered Planning

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