

P a a   a  ab     OPWDD   
 C a  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  ):

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

**Section 2: Involved Parents or Advocates** U add a  c  d. O  a 3 4  c c d ab .

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

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

A c Na :			
A c C d ( <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"/> d a <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> .			
2. I <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> d S S <input checked="" type="checkbox"/> (ISS)	3. R <input checked="" type="checkbox"/> C	4. R <input checked="" type="checkbox"/> <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 d W (SEMP)	11. Ca a H
12. FET Fa <input checked="" type="checkbox"/> E d ca <input checked="" type="checkbox"/> & T a <input checked="" type="checkbox"/>	13. CSS C <input checked="" type="checkbox"/> a d 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 d a <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/>		
16. A . 16 C <input checked="" type="checkbox"/> <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 ' c 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 . 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.