



**SECTION 1: INDIVIDUAL'S INFORMATION**

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the individual enrolled in any of the following services?

- Early Intervention/HMG    SSA Services    Waiver Services    No FCBDD Services\*

**SECTION 2: PERSON COMPLETING APPLICATION**

Relationship  Self (continue to Section 3)

to Individual:  Parent    Legal Guardian

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3: SIGNATURE**

I certify that the information on this application is true and correct to the best of my knowledge. I understand that the Fulton County Board of Developmental Disabilities may require additional information to establish eligibility\*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the individual is not currently receiving any Board Services, eligibility will need to be determined. If the individual is under age 6, the Early Intervention Dept. will determine eligibility. And if the individual is between the ages of 6 years and 15 years, a Board of DD Support & Services Administrator (SSA) must administer a COEDI (Children's Ohio Eligibility Determination Instrument) Assessment to determine eligibility. If 16 or over, an OEDI (Ohio Eligibility Determination Instrument) must be administered by an SSA.

**PLEASE SUBMIT APPLICATION and W-9:**

FCBDD  
FSS PROGRAM  
1210 N. OTTOKEE STREET  
WAUSEON, OH 43567

FCBDD USE ONLY		APPLICANT # _____
DATE/TIME RECEIVED: _____	SSA/EISC: _____	
On Waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No	CO. BD. ELIGIBILITY: <input type="checkbox"/> EI <input type="checkbox"/> Pre <input type="checkbox"/> COEDI <input type="checkbox"/> OEDI	
APPROVED: _____	DENIED: _____	FAMILY NOTIFIED <input type="checkbox"/> SSA/EISC NOTIFIED <input type="checkbox"/>
<input type="checkbox"/> Current Plan on file		<input type="checkbox"/> IDS <input type="checkbox"/> BRITTCO