



## Referral for Eligibility for Transition Age Students by School Coordinator Ages 14-21

DATE \_\_\_\_\_ ANTICIPATED DATE OF GRADUATION: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ ATTENDING SCHOOL: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M. I. \_\_\_ A.K.A. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL :(\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

Primary Language Spoken: \_\_\_\_\_ Custody of Dept. of Children and Family Services Y N

**The following Information must accompany the referral for Eligibility:**

- \_\_\_\_\_ Documentation of the Disability
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ CCBDD Release of Information Form Upon receipt of the ROI, we will provide the information listed below. This form is needed so that the Intake Navigator can communicate with you about the status of eligibility.
- \_\_\_\_\_ Copy of Referral for *Eligibility for Transition Age Students by School Coordinator Ages 14-21*

**The following information is not required; however it is helpful for the eligibility process:**

_____	Current Multi-Factored Evaluation or Education Training Report.
_____	Current Individual Education Plan

**REFERRED BY:**

NAME: \_\_\_\_\_ RELATIONSHIP/TITLE \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PARENT/FAMILY/SIGNIFICANT OTHERS/FOSTER PARENTS:**

<b>NAME</b>	_____	<b>ADDRESS</b>	_____
<b>HOME PHONE</b>	_____	<b>CITY, STATE, ZIP</b>	_____
<b>E-MAIL</b>	_____		

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**GUARDIANSHIP INFORMATION:**

<b>NAME</b>	_____	<b>ADDRESS</b>	_____
<b>HOME PHONE</b>	_____	<b>CITY, STATE, ZIP</b>	_____
<b>E-MAIL</b>	_____		

NATURE OF DISABILITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the individual or their parent/guardian know that they are being referred for CCBDD Services?  
YES NO

Send to:  
Cuyahoga County Board of Developmental Disabilities  
Intake Department  
1275 Lakeside Avenue East  
Cleveland, OH 44114  
Phone: (216) 736-2673  
Fax: (216) 861-0253  
E-Mail: [intake@cuyahogabdd.org](mailto:intake@cuyahogabdd.org)