



Referral for Eligibility for Transition Age Students

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

Eligibility must be established before receiving services from the Cuyahoga County Board of Developmental Disabilities.

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

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
_____	Social Security Card

REFERRED BY:

NAME: _____ RELATIONSHIP/TITLE _____

E-MAIL: _____ PHONE NUMBER: _____

PARENT/FAMILY/SIGNIFICANT OTHERS/FOSTER PARENTS:

NAME _____ **ADDRESS** _____
HOME PHONE _____ **CITY, STATE, ZIP** _____
E-MAIL _____

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GUARDIANSHIP INFORMATION:

NAME _____ **ADDRESS** _____
HOME PHONE _____ **CITY, STATE, ZIP** _____
E-MAIL _____

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