



Instructions for Intellectual/Developmental Disabilities Services Application

Please use this guide to help you through the application process. Check off each step as it is completed. Call your field office (listed below) if you need assistance.

	1. Complete the two-page Application for Intellectual/Developmental Disabilities Services.
	2. Please submit copies of the following documents along with the application:
	a. Psychological report that includes IQ score, assessment of Autism Spectrum Disorder (if applicable), and adaptive skills testing, preferably completed prior to the age of 18 for a person with intellectual disability or 22 for a person with a closely-related condition
	b. Proof of citizenship (birth certificate, passport, or permanent resident card)
	c. Copy of Social Security card or Social Security number
	d. Copy of Medicaid and/or Medicare card
	e. Copy of Social Security benefit information
	f. Copy of guardianship documents (if applicable)
	g. Copy of reports describing the disability completed by schools attended or by other service agencies (e.g., IEP)
	h. Authorization for Release of Information (requires signature) if you would like us to request records from a particular agency
	i. Notice of Privacy Practices (requires signature)
	3. Return the application and requested documents to your regional field office.

Once we have determined that a completed application packet has been received by our office, we will contact you and/or your family participant/representative to schedule a screening assessment meeting within 14 business days.

Region 1 Field Office
 Intake & Evaluation Unit
 1230 Bald Ridge Marina Road
 Suite 800
 Cumming, GA 30041
 678-947-2818 or 877-217-4462
 Fax: 678-947-2817

Region 4 Field Office
 Intake & Evaluation Unit

P.O. Box 1378
 Thomasville, GA 31799-1378
 229-225-5099 or 877-683-8557
 Fax: 229-227-2918

Region 2 Field Office
 Intake & Evaluation Unit 3405
 Mike Padgett Hwy, Bldg 3
 Augusta, GA 30906
 706-792-7741 or 877-551-4897
 Fax: 706-792-7740

Region 5 Field Office
 Intake & Evaluation Unit 1915
 Eisenhower Drive, Bldg 7
 Savannah, GA 31406
 912-303-1649 or 800-348-3503
 Fax: 912-351-6309

Region 3 Field Office
 Intake & Evaluation Unit 3073
 Panthersville Rd, Bldg 10

Decatur, GA 30034
404-244-5050 or 404-244-5056
Fax: 404-244-5179

Region 6 Field Office
Intake & Evaluation Unit 3000
Schatulga Road, Bldg 4

Columbus, GA 31907-2435
706-565-7835 or 877-565-8040
Fax: 706-565-3565

Georgia Department of Behavioral Health & Developmental Disabilities Page 1 Last updated: May 5, 2016



Application for Intellectual/Developmental Disabilities Services If

you need assistance completing this application, please contact your local Intake and Evaluation Office.

I. GENERAL INFORMATION (APPLICANT)

Name: _____
First Middle Last

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Mailing Address (if different) _____

Telephone Number: _____ Marital Status: S M D W Sex: _____ Area Code

Birthdate: ____/____/____ Medicare # _____

Social Security # _____ - _____ - _____ Medicaid # _____

PRIMARY CONTACT: _____

Address: _____

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____
Area Code

Email: _____

LEGAL STATUS OF APPLICANT: ___ Minor ___ Competent ___ Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____

Email: _____

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II. ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia’s Developmental Disabilities services, you must be:

- a. Medicaid eligible
- b. Have an intellectual disability since birth or before age 18, or another closely-related condition since birth or before age 22, which requires similar services to those needed by people with an intellectual disability.
- c. Be at risk for going into an institution for people with an intellectual disability, if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application.

III. SERVICE NEEDS

Describe the type of services you believe you need. For example do you need help with getting a job, do you need assistance to get dressed, do you need family support or do you need some place to live.

IV. COMPLETED BY:

Name: _____ Date: _____

Relationship: Applicant Guardian Other: _____ Printed Name:

_____ What is the best way to contact you? _____

When this application is received, it will be stamped with a date. Once we have determined that a completed application packet has been received by our office, we will contact you and/or your family participant/representative to schedule a screening assessment meeting within 14 business days.

Return this application in the envelope provided.



Counties Covered by Regional Field Offices

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Banks	Baldwin	Clayton	Baker	Appling	Butts
Bartow	Barrow	DeKalb	Ben Hill	Atkinson	Carroll
Catoosa	Bibb	Fulton	Berrien	Bacon	Chattahoochee
Chattooga	Burke	Gwinnett	Brooks	Bleckley	Clay
Cherokee	Clarke	Newton	Calhoun	Brantley	Coweta
Cobb	Columbia	Rockdale	Colquitt	Bryan	Crawford
Dade	Elbert		Cook	Bulloch	Crisp
Dawson	Emanuel		Decatur	Camden	Dooly
Douglas	Glascok		Dougherty	Candler	Fayette
Fannin	Greene		Early	Charlton	Harris
Floyd	Hancock		Echols	Chatham	Heard
Forsyth	Jackson		Grady	Clinch	Henry
Franklin	Jasper		Irwin	Coffee	Houston
Gilmer	Jefferson		Miller	Dodge	Lamar
Gordon	Jenkins		Lanier	Effingham	Macon
Habersham	Jones		Lee	Evans	Marion
Hall	Lincoln		Lowndes	Glynn	Meriwether
Haralson	Madison		Mitchell	Jeff Davis	Muscogee

Hart	McDuffie		Seminole	Johnson	Peach
Lumpkin	Monroe		Terrell	Laurens	Pike
Murray	Morgan		Thomas	Liberty	Quitman
Paulding	Oglethorpe		Tift	Long	Randolph
Pickens	Oconee		Turner	McIntosh	Schley
Polk	Putnam		Worth	Montgomery	Spalding
Rabun	Richmond			Pierce	Stewart
Stephens	Screven			Pulaski	Sumter
Towns	Taliaferro			Tattnall	Talbot
Union	Twiggs			Telfair	Taylor
Walker	Walton			Toombs	Troup
White	Warren			Treutlen	Upson
Whitfield	Washington			Ware	Webster
	Wilkes			Wayne	
	Wilkinson			Wheeler	
				Wilcox	