

## **APPLICATION FOR DEVELOPMENTAL DISABILITIES SERVICES**

State Form 55068 (R / 6-23)
Indiana Family and Social Services Administration (IFSSA)
Division of Disability and Rehabilitative Services
Bureau of Disabilities Services

Note: An electronic version of this form may be found on the Division of Disability and Rehabilitative Services' website at <a href="https://www.IN.Gov/fssa/2328.htm">www.IN.Gov/fssa/2328.htm</a>. This document may be located at "DDRS" and then under "APPLY FOR SERVICES". Please complete the form, print, sign and return to the local BDS office.

\*THIS STATE AGENCY IS REQUIRING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER PER IC 4-1-8-1. THE INFORMATION OBTAINED ON THIS FORM IS CONFIDENTIAL UNDER STATE AND FEDERAL REGULATIONS. THIS INFORMATION WILL NOT BE RELEASED EXCEPT AS PERMITTED OR REQUIRED BY LAW OR WITH THE CONSENT OF THE APPLICANT.

APPLICANT INFO	ORMATION										
Last Name	First Name					Middle Name					
Street Address						County of	Residence				
City					State	Indiana		ZIP Code			
Telephone with Area Code E-mail Address											
Gender		Social Sec	urity Number				Date of B	irth			
Medicaid Number Medicare Yes No											
Marital Status Single Married Divorced Other											
Ethnicity  White Native American Asian (specify: ) African American  Hispanic (specify: ) Multiracial Other (specify: )											
Highest Level of Education	8th Grade or less Technical or Trade		ades 9 - 11	High Sc	hool						
Applicant's [ Housing Situation	Family Home Own Home, rent,	subsized	Foster Home  Own Home with other	_	oup Home chiatric Fac	cility		nal Facility Explain:		lursing Hom	ne )
GUARDIAN INFO	ORMATION										
Does the applicant have a legal guard		No	Name of Guardia	n, if applicable							
Telephone		Address				E	-mail Addres	s			
Relationship Type	e/Role			Lives with a	pplicant		Yes	No			
DESCRIBE HOW YOUR DISABILITY AFFECTS YOUR LIFE:											
Age first Disabled											
Have you ever been assessed by Vocational Rehabilitation Services?  Yes No  SIGNATURE											
Signature of Ap	plicant								Date		
Signature of Guardian									Date		