

**PLEASE RETURN TO:** DDA Eastern Shore Regional Office  
Attn: Eligibility Office  
1500 Riverside Drive, Salisbury MD 21802  
**IF QUESTIONS CALL:** 410-334-6920; toll free 1-888-219-0478

# DEVELOPMENTAL DISABILITIES ADMINISTRATION

## APPLICATION FOR SERVICE

### FOR OFFICE USE ONLY

Regional Office: \_\_\_\_\_

Date Received: \_\_\_\_\_

Applicant I.D. Number: \_\_\_\_\_

### PART I: APPLICANT'S INFORMATION

I-1. Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I-2. Applicant's Medical Assistance Number: \_\_\_\_\_

Federal State Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Currently all M.A is Federally Funded)

I-3. Applicant's Name: \_\_\_\_\_  
Last First M.I.

I-4. Applicant's Permanent Mailing Address:

\_\_\_\_\_

\_\_\_\_\_ P. O. Box No. Apt. No.

\_\_\_\_\_ City State Zip Code

I-5. Applicant's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Signature of Person Completing Application: \_\_\_\_\_ Date: \_\_\_\_\_



I-13. Applicant's Mobility:

- (1) Walks independently
- (2) Walks with supportive devices
- (3) Walks unaided with difficulty
- (4) In wheelchair operated by self
- (5) In wheelchair & needs help
- (6) No mobility

I-14. Applicant's need for supervision

- (1) No supervision
- (2) Occasional monitoring
- (3) Minimal daily supervision
- (4) Substantial daily supervision
- (5) Continuous supervision during waking hours
- (6) Continuous 24 hours per day supervision
- (7) Not sure

I-15. Applicant's ability to communicate:

- (1) Speaks and can be understood
- (2) Speaks and is difficult to understand
- (3) Uses gestures
- (4) Uses Sign Language
- (5) Uses communication board or device
- (6) None

I-16. Applicant's functioning level:

- (0) No entry
- (1) Mild
- (2) Moderate
- (3) Severe
- (4) Profound
- (5) Unknown

I-17. Applicant's skill in activities of daily living:

	Completely Independent	Needs Assistance	Completely Dependent
	(1)	(2)	(3)
A. Eating.....			
B. Dressing.....			
C. Bathing.....			
D. Toileting.....			
E. Hygiene.....			
F. Transfers in/out of bed.....			



**GUARDIAN**

If the legal guardian appointed by the court is not the primary caregiver, complete the following section:

II-7. Guardian's name: \_\_\_\_\_

II-8. Guardian's permanent mailing address:

\_\_\_\_\_

\_\_\_\_\_

P. O. Box No.	Apt. No	
City	State	Zip Code

II-9. Telephone: (\_\_\_\_\_) \_\_\_\_\_

II-10. County of Residence:

- |                  |                      |                   |
|------------------|----------------------|-------------------|
| (1) Allegany     | (10) Frederick       | (18) St. Mary's   |
| (2) Anne Arundel | (11) Garrett         | (19) Somerset     |
| (3) Baltimore    | (12) Harford         | (20) Talbot       |
| (4) Calvert      | (13) Howard          | (21) Washington   |
| (5) Caroline     | (14) Kent            | (22) Wicomico     |
| (6) Carroll      | (15) Montgomery      | (23) Worcester    |
| (7) Cecil        | (16) Prince George's | (30) Baltimore    |
| (8) Charles      | (17) Queen Anne's    | (40) Wash., D.C.  |
| (9) Dorchester   |                      | (50) Out-of-State |

II-11. Relationship to applicant:

- |                 |                           |                |
|-----------------|---------------------------|----------------|
| (1) Parent      | (4) Other relative        | (7) DDA Agency |
| (2) Spouse      | (5) Self                  |                |
| (3) Not related | (6) Public/Private Agency |                |

**NEXT-OF-KIN**

If the next-of-kin is not the primary caregiver or the legal guardian appointed by the court, complete the following section:

II-12. Next-of-kin's name: \_\_\_\_\_

II-13. Next-of-kin's permanent mailing address:

\_\_\_\_\_

\_\_\_\_\_

P. O. Box No.	Apt. No	
City	State	Zip Code

II-14. Telephone: (\_\_\_\_\_) \_\_\_\_\_

II-15. County of Residence:

- |                  |                      |                     |
|------------------|----------------------|---------------------|
| (1) Allegany     | (10) Frederick       | (18) St. Mary's     |
| (2) Anne Arundel | (11) Garrett         | (19) Somerset       |
| (3) Baltimore    | (12) Harford         | (20) Talbot         |
| (4) Calvert      | (13) Howard          | (21) Washington     |
| (5) Caroline     | (14) Kent            | (22) Wicomico       |
| (6) Carroll      | (15) Montgomery      | (23) Worcester      |
| (7) Cecil        | (16) Prince George's | (30) Baltimore City |
| (8) Charles      | (17) Queen Anne's    | (40) Wash., D.C.    |
| (9) Dorchester   |                      | (50) Out-of-State   |

II-16. Relationship to applicant:

- |            |                    |
|------------|--------------------|
| (1) Parent | (3) {Reserved}     |
| (2) Spouse | (4) Other relative |