



DEVELOPMENTAL DISABILITIES APPLICATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
SFN 1758 (2-2023)

Applicant Name (First, Middle Initial, Last)

The Department of Health and Human Services makes available all services and assistance without regard to race, color, sex, age, disability, national origin, religion, political beliefs, or status with respect to marriage or public assistance.

Developmental Disabilities (DD) provides services to individuals with an intellectual disability or related condition. Support and training is available to individuals and families in order to maximize community and family inclusion, independence and self-sufficiency. Private, nonprofit and for-profit organizations and Qualified Service Providers (QSP) provide an array of residential services, day services and family support services.

By signing this form, I am applying for Developmental Disabilities Program Management. I agree to provide information as required to assist in determining my eligibility for Developmental Disabilities Program Management.

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information.

Signature of Applicant or Legal Representative

Date

Acknowledgment of Intake Information

By signing below, I acknowledge that I received a copy of the following documents: Process to Obtain Developmental Disabilities Program Management (DDPM) and DD Services, the Department of Health and Human Services Notice of Privacy Practices, and the Rights of Individuals with Developmental Disabilities.

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Signature of Applicant or Legal Representative

Date