



APPLICATION FOR DEVELOPMENTAL DISABILITY SERVICES

State Form 55068 (8-12)
Indiana Family and Social Services Administration (IFSSA)
Division of Disability and Rehabilitative Services
Bureau of Developmental Disability Services

***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.**

Note: An electronic version of this form may be found on the Division of Disability and Rehabilitative Services' website at www.IN.Gov/fssa/2328.htm. This document may be located at "DDRS" and then under "APPLY FOR SERVICES".

Please complete the form, print, sign and return to the local BDDS office.

APPLICANT INFORMATION

Last Name First Name Middle Name

Street Address County of Residence

City State ZIP Code

Telephone with Area Code E-mail Address

Gender Social Security Number Date of Birth

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 Grades 9 - 11 High School
 Technical or Trade School Other

Applicant's Housing Situation Family Home Foster Home Group Home Correctional Facility Nursing Home
 Own Home, rent, subsidized Own Home with others Psychiatric Facility Other (explain:)

GUARDIAN INFORMATION

Does the applicant have a legal guardian? Yes No Name of Guardian, if applicable

Telephone Address E-mail Address

Relationship Type/Role Lives with applicant 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 Applicant _____ Date

Signature of Guardian _____ Date