

South Dakota Division of Developmental Disabilities Application for Services

Reason for Referral: _____

Applicant Name: _____
(First) (Middle) (Maiden) (Last)

Date of Birth: _____ Sex: Female Male

Current Address: _____
(Street) (City) (State) (Zip)

Permanent Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____

Family Contact: _____
(First) (Middle) (Last) (Type of Relationship)

Address: _____
(Street) (City) (State) (Zip) (Email address)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Additional Contact: _____
(First) (Middle) (Last) (Type of Relationship)

Address: _____
(Street) (City) (State) (Zip) (Email address)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

SCHOOL INFORMATION – Check all that apply

- Currently attending school Date school services projected to end: _____
- Graduated with signed diploma Date school services ended: _____
- Received certificate of completion Date school services ended: _____

School: _____ **Contact Person:** _____ **Phone:** _____

LEGAL REPRESENTATIVE/CONSERVATORSHIP – Check all that apply to the applicant if over 18 years old.

- Court Ordered Legal Representative and type (medical, limited, etc.): _____
- Court Ordered Conservator and Name if different from Legal Representative: _____
- Power of Attorney and type: _____
- No Legal Representative in place. Copies of Legal Documents are attached.

Legal Representative's Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip) (Email address)

South Dakota Division of Developmental Disabilities Application for Services

Home Phone: _____

Work Phone: _____

Cell Phone: _____

SERVICES REQUESTED – Check all that apply

<input type="checkbox"/> Educational Services <input type="checkbox"/> Integrated Classroom	<input type="checkbox"/> Self-Contained Classroom	Requested Start Date: _____
<input type="checkbox"/> Employment Services <input type="checkbox"/> Day Services <input type="checkbox"/> Own my Own Business	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Community Employment Requested Start Date: _____
<input type="checkbox"/> Residential Services (i.e., independent living skills, community living skills, financial, personal living, etc.) <input type="checkbox"/> Live with family <input type="checkbox"/> Live alone <input type="checkbox"/> Live with roommate	<input type="checkbox"/> Group Home <input type="checkbox"/> Supervised apartment <input type="checkbox"/> Rent apartment or home <input type="checkbox"/> Buy house	<input type="checkbox"/> 24 hr. support needed <input type="checkbox"/> Daily support needed <input type="checkbox"/> Weekly support needed <input type="checkbox"/> Other _____

DEVELOPMENTAL DISABILITY DIAGNOSIS – Check all that apply

(If available attach Psychological Evaluation) Please refer to evaluations for formal diagnosis:

IQ: <input type="checkbox"/> Mild (52-70) <input type="checkbox"/> Moderate (36-51) <input type="checkbox"/> Severe (20-35) <input type="checkbox"/> Profound (20 or below) <input type="checkbox"/> Borderline (71-85)	<input type="checkbox"/> Down Syndrome <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Autism <input type="checkbox"/> Aspergers Disorder	<input type="checkbox"/> Fetal Alcohol spectrum Disorder <input type="checkbox"/> Traumatic Brain Injury (prior to age 22) <input type="checkbox"/> Cognitive Disability <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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FINANCIAL INFORMATION – Check all that apply

To assist in determining applicant's eligibility for services, please list sources and amounts of income:

<input type="checkbox"/> Medicare Number _____	<input type="checkbox"/> Medicaid Number _____
<input type="checkbox"/> Social Security Number _____	Amount _____ Payee: _____
<input type="checkbox"/> Supplemental Security Income	Amount _____ Payee: _____
<input type="checkbox"/> Social Security Disability Insurance	Amount _____ Payee: _____
<input type="checkbox"/> Veteran's Administration	Amount _____ Payee: _____

Other sources of Income and Amount: (e.g.: joint bank accounts, Indian Land Lease, trusts, stocks, bonds, CDs, wages, interest, property owned, etc.) _____

COMMUNICATION – Check primary means of applicant's expression

<input type="checkbox"/> Speaks	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Gestures	<input type="checkbox"/> Communication Device
<input type="checkbox"/> Other (please specify): _____			

**South Dakota Division of Developmental Disabilities
Application for Services**

Is this potentially dangerous to others? _____
If yes, explain: _____
<input type="checkbox"/> Disruptive (such as frequent tantrums, screaming, other emotional outbursts)
Please describe: _____
What appears to cause this? _____
What is frequency? _____
<input type="checkbox"/> Sexual concerns
Please describe: _____
What appears to cause this? _____
What is frequency? _____
<input type="checkbox"/> Takes others possessions
Please describe: _____
What appears to cause this? _____
What is frequency? _____
<input type="checkbox"/> Any other concerns such as verbal or physical threats, difficulty relating to peers/authority, safety supports, etc.
Please describe: _____
What appears to cause this? _____
What is frequency? _____

Legal convictions/history <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe: _____

I acknowledge this is a request for agency planning purposes. Completion of this form is not a guarantee of services nor is it a commitment on my part to accept offered services.
APPLICANT SIGNATURE: _____
PARENT/LEGAL REPRESENTATIVE SIGNATURE: _____
DATE: _____

**South Dakota Division of Developmental Disabilities
Application for Services**

What do others like and admire about me:

Things I like to do and things I am good at:

Things that are important to me and make me happy:

Supports I need-what I am looking for to be successful:

**South Dakota Division of Developmental Disabilities
Application for Services**

**Home & Community Based Service Providers (CSPs, FS 360)
Checklist**

Name: _____

INFORMATION REQUIRED FROM PARENTS:

Date Submitted:

- _____ Completed Request for Services
- _____ Completed Agency Application
- _____ Authorization for Release of Information (current with in 12 months)
- _____ Copy of Guardianship Order (if applicable)
- _____ Copy of Certified Birth Certificate
- _____ Copy of Social Security Card
- _____ Copy of State-Issued Photo ID Card
- _____ Copy of Medicaid/Medicare Card(s)
- _____ Copy of Medicare D Card (if applicable)

INFORMATION REQUIRED FROM SCHOOL DISTRICT:

Date Submitted:

- _____ Psychological Evaluation (**Wechsler Adult Intelligence** Test preferred)
- _____ Current ICAP and Summary Printout (with in 12 months of enrollment)
- _____ Most Recent 3-year Multidisciplinary Evaluation (if testing is included)
- _____ Updated Medical/Social Assessment
- _____ Current IEP

INFORMATION REQUIRED FROM PRIMARY PHYSICIAN:

Date Submitted:

- _____ "Home Community-Based Services (Medicaid)
- _____ Physical Examination (dated within 12 months of application)
- _____ List of prescription medications signed by primary physician
- _____ Current Vaccination Record
- _____ TB Risk Assessment (dated within 12 months of application)

ADDITIONAL RECOMMENDATIONS:

- _____ Tour of agency
- _____ Tour of available residential services (when applicable)
- _____ Meet with provider
- _____ Complete one page profile

**South Dakota Division of Developmental Disabilities
Application for Services**

COMMUNITY SUPPORT PROVIDERS



Ability Building Services (ABS)

909 West 23rd
Yankton, SD 57078-1510
Telephone: (605) 665-2518 / FAX: (605) 665-0206
Executive Director: Gloria Pearson
Admissions: Gigi Healy



ASPIRE

607 North Fourth Street
Aberdeen, SD 57401-2733
Telephone: (605) 229-0263 / FAX: (605) 225-3455
Web Site: <http://www.aspiresd.org>
Executive Director: Jennifer Gray
Admissions: Arlette Keller



ADVANCE (ADV)

PO Box 810
Brookings, SD 57006-0810
Telephone: (605) 692-7852 / FAX: (605) 692-6169
President/CEO: Larry Franklin
Admissions: Marilyn Kruse



Black Hills Special Services Cooperative (BHSSC)

PO Box 218
Sturgis, SD 57785-0218
Telephone: (605) 347-4467 / FAX: (605) 347-5223
Web Site: <http://www.bhssc.org>
Executive Director: Joe Hauge
Admissions: Shirley Halverson



Black Hills Special Services Cooperative - Hot Springs

737 University Avenue
Hot Springs, SD 57747
Telephone: (605) 745-3408 / FAX: (605) 745-4474
Executive Director: Joe Hauge
Admissions: Shirley Halverson



Black Hills Works

PO Box 2104
Rapid City, SD 57709-2104
Telephone: (605) 343-4550 / FAX: 343-0879
Web Site: <http://www.bhws.com>
CEO: Brad Saathoff
Admissions: Kathy Staton

**South Dakota Division of Developmental Disabilities
Application for Services**



Community Connections, Inc. (CCI)

PO Box 742
Winner, SD 57580-0742
Telephone: (605) 842-1708 / FAX: (605) 842-0309
Web Site: <http://www.winnercommunityconnections.com>
Executive Director: Rebecca Carlson
Admissions: Melony Bertram



DakotAbilities (DA)

3600 South Duluth
Sioux Falls, SD 57105-6494
Telephone: (605) 334-4220 / FAX: (605) 334-7976
Web Site: <http://www.dakotabilities.com>
Executive Director: Robert Bohm
Admissions: Shelley Graham



Dakota Milestones (DM)

PO Box 248
Chamberlain, SD 57325-0248
Telephone: (605) 734-5542 / FAX: (605) 734-4260
Web Site: <http://www.dakotamilestones.org>
Executive Director: Ronda Schelske
Admissions: Rhonda Schelske



Every Citizen Counts Organization, Inc. (ECCO)

PO Box 450
Madison, SD 57042-0450
Telephone: (605) 256-6628 / FAX: (605) 256-2060
Executive Director: Norman Jerke
Admissions: Karla Kessler



Huron Area Center for Independence (HACFI)

258 3rd Street SW
Huron, SD 57350
Telephone: (605) 352-5698 / FAX: (605) 352-1013
Web Site: <http://www.cfindependence.com>
Executive Director: Randy Meendering
Admissions: Lisa Tschetter



LifeQuest (LQ)

804 North Mentzer
Mitchell, SD 57301-2198
Telephone: (605) 996-2032 / FAX: (605) 996-0972
Web Site: <http://www.lifequestsd.com>
Executive Director: Daryl Kilstrom
Admissions: Paul Engen

**South Dakota Division of Developmental Disabilities
Application for Services**



LIVE Center, Inc. (LIVE)

PO Box 59
Lemmon, SD 57638-0059
Telephone: (605) 374-3742 / FAX: (605) 374-3238
Executive Director: Randy Schwab
Admissions: Kevin Alton



New Horizons

c/o Human Services Agency
PO Box 1030
Watertown, SD 57201-6030
Telephone: (605) 886-0123 / FAX: (605) 886-5447
Web Site: <http://www.humanserviceagency.org>
HSA President/CEO: Dr. Charles L. Sherman; ATCO Executive Director: Larry Merxbauer
Admissions: Cyndi Speiker



Northern Hills Training Center (NHTC)

625 Harvard Street
Spearfish, SD 57783-9730
Telephone: (605) 642-2785 / FAX: (605) 642-5069
Web Site: <http://www.nhtc.org>
Executive Director: Fred Romkema
Admissions: Laura Wendland



OAHE, Inc. (OAHE)

PO Box 503
Pierre, SD 57501-0503
Telephone: (605) 224-4501 / FAX: (605) 224-9619
Web Site: <http://www.oaheinc.com>
Executive Director: Ann Hoye
Admissions: Jennifer Regennitter



South Dakota Achieve (SDA)

4100 South Western
Sioux Falls, SD 57105-6699
Telephone: (605) 336-7100 / FAX: (605) 338-0259
Web Site: <http://www.achievesd.org>
President/CEO: Anne Rieck McFarland
Admissions: Melanie DeBates



Southeastern Directions for Life (SE)

2000 South Summit
Sioux Falls, SD 57105
Telephone: (605) 335-8956 / FAX: (605) 338-9385
Web Site: <http://www.southeasternbh.org>
Executive Director: Clark Guhin
Admissions: Debra Anderson

**South Dakota Division of Developmental Disabilities
Application for Services**



SESDAC, Inc (SESDAC)

1314 East Cherry
Vermillion, SD 57069-1606
Telephone: (605) 624-4419 / FAX: (605) 624-7375
Web Site: <http://www.sesdac.org>
Executive Director: Gerry Tracy
Admissions: Jenna Gobel



Volunteers of America/West Oak (VOA)

908 N West Avenue
Sioux Falls, SD 57105
Telephone (VOA): (605) 334-1414 / FAX: (605) 335-3121
Telephone (WO): (605) 367-4293 / FAX: (605) 367-5714
CEO/Director: Dennis Hoffman; West Oak Director: Kris Killeas
Admissions: Kurt Schiferl

South Dakota Department of Human Services

Division of Developmental Disabilities

Hillsview Properties Plaza
East Highway 34, c/o 500 East Capitol
Pierre, SD 57501
Telephone: (605) 773-3438

South Dakota Developmental Center

17267 W 3rd Street
Redfield, SD 57469
Telephone: (605) 472-2400