



Request for Screening for the Developmental Disabilities Waiver

Name of Person to be screened: (Please Print) _____

Home Phone (with area code): _____ Cell phone: _____

Check one: Male Female Date of application: _____

Address: _____

Street Address

City	State	Zip
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Date of birth: _____ Age: _____

Social Security Number _____

Please include with this request form any documentation which supports the current developmental disability diagnosis. Some examples of supporting documentation include:

- _____ Medical Documentation of Disability
- _____ Physician's Statement
- _____ Most Recent Psychological Evaluation, (+ IQ Scores)
- _____ All Available Psychological Reports
- _____ Most Recent Child Study Team or School Reports
- _____ Learning Evaluations/Social Summaries
- _____ Psychiatric Evaluation
- _____ Neurological Evaluation
- _____ Hospital Records/Discharge Summary
- _____ Physical Therapy/Occupational Therapy /Speech Therapy Eval



Does the person for whom you are requesting a screening have a diagnosis of an intellectual disability? Yes: _____ No: _____ Don't Know: _____

Reason for requesting services: _____

If an interpreter is required, list preferred language _____

Name of parent/guardian (if applicable): _____

Name of person completing this form: _____

Email address of person completing this form: _____

Signature of person completing this form: _____

Please fill out this form completely and, along with accompanying documentation, deliver to:
463 E. Washington Street
Harrisonburg, VA 22802
Attention: DD Services
Or
Fax to 540-432-0572

