

Guardianship Information

Please check all that apply:

You (applicant) are a ward of the State

SRS Case Worker Name: _____

SRS Office Location: _____ Telephone: _____

Foster Care/Adoption Case Worker Name: _____

Agency _____ Telephone: _____

You (applicant) have a legal guardian(s)

Name: _____

Address: _____

Telephone: _____ County of court order: _____

Resource Information

Please list the name and address of any person who is assisting you with the application process:

Name: _____

Telephone: _____ Relationship: _____

Consent and Agreements

I understand the information provided by me in this form will be used in conjunction with supporting documentation from a licensed and/or medical professional to determine my eligibility for services.

I understand that I have a right to reconsideration and appeal of the eligibility determination decision made on my application with the CDDO if I am dissatisfied with such decision. I further understand that such request should be made in writing as outlined in the eligibility determination decision letter.

I understand that if I am determined to be eligible, I will be expected to report any changes in my circumstances that affect my eligibility to the CDDO and to cooperate in all re-determinations of my eligibility.

I understand that if I am found to be eligible for services, actual service implementation is still dependent upon the submission/completion of further information, the availability of services, and fiscal limitations.

I understand that my eligibility can be redetermined at any time. The CDDO will not guarantee a continuation of services to individuals when funding is no longer available.

I certify that all of the information included in this form is correct to the best of my knowledge. I understand that the date this form is signed and submitted will be my application date.

Signature of Applicant

Date

Signature of Legal Representative

Date

