

Transition Services Referral

Intake and Eligibility Determination Process

****Parents, please keep this page for future reference.****

The **Lake County Board of Developmental Disabilities/ Deepwood (LCBDD)** recognizes that the transition from High School to Adulthood can be challenging for persons with disabilities. In order to better serve your student, we have developed **Transition Services**.

Transition Services partners with individuals, their families, local educational entities, and other service providers in order to better plan for individual's transition from High School to Adult Services and provides guidance throughout the process. A Transition Service and Support Administrator (SSA) is available to serve students age 14-22 who have been found eligible for services through the Lake County Board of DD.

I understand that I will need to provide the following in order to open a case:

1. Verification of the qualifying diagnosis will need to be obtained (Current within one year)
2. Guardianship/Custody documentation (if applicable)
3. Verification of Date of Birth (Birth Certificate)
4. Verification of Social Security Number (Social Security Card)
5. Proof of Insurance (Insurance card)

Intake Service & Support Administrator

Dottie Croyle: 440-350-5048

Dottie.croyle@lakebdd.org

For more information about Transition Service and other services available to those eligible:

<https://lakebdd.org/transition-services/>

<https://lakebdd.org/family-support-services/>

FSS grant program, reimbursements can be provided for many goods and services not otherwise funded by other sources and as related to the individual's diagnosis

<https://lakebdd.org/employment-navigation/>

Prepare and educate the job seeker through the process of obtaining desired employment.

<https://lakebdd.org/recreation-services/>

Community Recreation and Special Olympics Lake County

****Please complete and return Page 2****

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Lake County Board of Developmental Disabilities/Deepwood

EMPOWER individuals with developmental disabilities to ENGAGE in activities that ENRICH their lives and contribute to their community.

www.lakebdd.org



Transition Services Statement--Referral for Eligibility Determination

Individual's Name: _____

Address _____

City, State, Zip _____

E-Mail Address _____

Birth Date: _____ Social Security Number: _____

Family Contact Name: _____

Phone Number: _____

Primary language spoken in the home: _____

Name of School: _____

School District Point of Contact: _____

NOTE: This form must be accompanied by a Release of Information signed by the individual and/or parent/guardian and the current IEP/ETR for the Student

In an effort to plan for future support services, I am requesting a representative from the Lake County Board of Developmental Disabilities/Deepwood contact me to discuss long-term planning options for my child and to explore eligibility for Lake County Board of DD/Deepwood services if this has not previously been established. I understand that I will need to provide the following in order to open a case:

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- Verification of Date of Birth (Birth Certificate)
- Verification of Social Security Number (Social Security Card)
- Proof of Insurance (Insurance card)

Signature of Individual _____

(Required if over 18 without a court appointed guardian):

Parent/Guardian: _____

Date: _____ Time: _____

Completed forms and documents as listed above returned to:
Lake County Board of DD/Deepwood
Service and Support Administration
Attn: Intake/ Eligibility
8121 Deepwood Blvd. Bldg. C
Mentor, OH 44060
Fax (440) 350-5125 or (440) 918-5125