

# Transition Services Referral

## Intake and Eligibility Determination Process

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

**\*\*Complete and return Page 2.\*\***

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 developed a dedicated Transition Services team.

**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 LCBDD.

**Service & Support Administration**

**440-350-5145**

**InTake@LakeBDD.org**

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

- Verification of the qualifying diagnosis will need to be obtained (current within one year)
- Guardianship/custody documentation (if applicable)
- Verification of date of birth (birth certificate)
- Verification of Social Security number (Social Security card)
- Proof of insurance (insurance card)

### Information about Transition Services and other resources for eligible individuals:

- **Transition Services** serves students aged 14-22 years who have been found eligible for services through the LCBDD: [www.LakeBDD.org/transition-services](http://www.LakeBDD.org/transition-services)
- Through the **FSS grant program**, reimbursements can be provided for many goods and services not otherwise funded by other sources and as related to the diagnosis of the individual: [www.LakeBDD.org/family-support-services](http://www.LakeBDD.org/family-support-services)
- Prepare and educate a job seeker through the process of obtaining skills and desired **employment**: [www.LakeBDD.org/employment-navigation](http://www.LakeBDD.org/employment-navigation)
- Explore community **Recreation** and Special Olympics Lake County activities: [www.LakeBDD.org/recreation-services](http://www.LakeBDD.org/recreation-services)



**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](http://www.lakebdd.org)



**Transition Services Statement - Referral for Eligibility Determination**

Individual's Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth Date: \_\_\_\_\_ Developmental Diagnosis: \_\_\_\_\_

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 contact me to discuss long-term planning options for my child and to explore eligibility for LCBDD services if this has not previously been established. I understand that I will need to provide the following in order to open a case:

- Verification of the qualifying diagnosis will need to be obtained (current within one year)
- Guardianship/custody documentation (if applicable)
- Verification of date of birth (birth certificate)
- Verification of Social Security number (Social Security card)
- Proof of insurance (insurance card)

Name/Signature of individual for eligibility request: \_\_\_\_\_

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

Name/Signature of 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

**\*\*Please keep Page 1 and return Page 2\*\***