





Address: \_\_\_\_\_  
Street/P.O. City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check which type of education you received:

Attended Regular Education

Attended Special Education

### **Medical Information**

Is there a history of Seizures: \_\_\_ Yes \_\_\_ No Seizure Medication, if any:

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. City State Zip

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### **Mental Health Information**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. City State Zip

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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### **Additional Information**

Who referred you to Southwest Developmental Services, Inc. for assistance and/or services?

\_\_\_\_\_

### **Information Requested**

**SDSI requests that you provide the following information, if applicable, when you submit your application. Please check the documentation you have enclosed with the application. Failure to do so may result in a delay of a determination being made.**

- Copy of Medical Card
- Copy of Social Security Card
- Copy of Driver's License/Identification Card
- Legal Representative/Guardianship, DCF/DOC Custody or other Legal Representation Paperwork
- Most recent psychological evaluation and/or written documentation of diagnosis
- If currently a student, most recent IEP

Eligibility is determined, in part, by reviewing documents to include (but is not limited to) medical, psychological and school records. If you request for Southwest Developmental Services, Inc., to obtain records please list below the name of the agency and address of where to obtain these records. You will need to sign an Authorization for Use or Disclosure of Protected Health Information for each agency listed.

Name/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Name/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**Signatures:**

By signing below, I agree that the information contained in this application is correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***\*Please return the Application for Eligibility Determination to SDSI's Admissions Manager. If you have any questions or need assistance filling out this form please contact the person listed below.***

Southwest KS applicants please contact:  
Southwest Developmental Services, Inc.  
Ashley Schultz  
Admissions Manager  
1808 Palace Dr., Suite C  
Garden City, KS 67846  
(620) 275-7521

Central KS applicants please contact:  
Southwest Developmental Services, Inc.  
Andrea Jacobs  
Admissions Manager  
1103 Main Street  
Great Bend, KS 67530  
(620) 793-7604