



# Fairfield DD

## Application for Services

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### About:

We will support you through the process of determining introduction and eligibility. It is important for us to get some information to get the process started.

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Medicaid Billing Number (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School Attending (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

### Introduction Process Contact:

If you are offering support as a parent or guardian and information is different than above, please complete this portion.

Your Name: \_\_\_\_\_ Relationship to Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_ Translator needed? \_\_\_\_\_

Best way to contact: \_\_\_\_\_

What are your main concerns or top priorities currently? Where are you experiencing gaps in support?

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**Please submit a copy of the applicant's birth certificate, social security card, and insurance card with this application.**

Fairfield DD-Introduction and Eligibility  
717 College Ave, Lancaster OH 43130  
740.652.7230