

Darke County Board of Developmental Disabilities
4932 Children's Home Road
Greenville, Ohio 45331
(937) 548-9057

**Application for Utilization
Of Bequest Funds**

Date: _____

I. PERSONAL INFORMATION (Consumer/Student)

Name: _____ School District _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Date of Birth _____ Age _____ Male _____ Female _____ Married _____ Single _____

Name of Parent or Guardian _____ Phone _____

(If adult, name next of kin)

Name and Address of Friend or Relative at Another Address _____

Name _____ Address _____ Phone _____

Major Disabling Condition/Delay _____

Physician's Name _____ Phone _____ Prescription: Y or N
Physician's Address _____

Service Requested _____

Approximate cost, if a purchase required _____

Where is it to be purchased? _____

Name _____ Address _____

Do you attend school or receive special training? _____ Where? _____

II. RESOURCES

Occupation of head of family or disabled individual _____

Place of employment _____

Name Address

Place of employment _____

(If spouse employed) Name Address

Approximate annual family income _____ Number of dependents _____ What other agencies are supplying aid, such as welfare, ADC, veterans, vocational Rehabilitation, etc? _____

Are you on Medicare? _____ Medicaid Assistance? _____ How much can you pay toward this purchase? _____

Do you have insurance to help on this purchase? _____ Where? _____

Have you ever received aid from any other organization in Darke County? _____ If so, what kind of aid and approximate date _____

Information filled in by _____ OR taken over phone by _____

Please provide a brief description of need: (Use other side)