



SENECA COUNTY OPPORTUNITY CENTER

County Board Eligibility & Application for Services

Address: 780 E. CR 20; Tiffin, OH 44883; Phone: 419-447-7521

APPLICANT NAME: _____

D.O.B.: _____

Address: _____

Phone: _____

Parent, Guardian, or Natural Support (Circle all that apply): _____

Guardian/Support Address: _____

Phone: _____

Email Address: _____

SERVICES REQUESTED (check all that apply):

- Service & Support Administration
- Residential Supports/Waivers
- Family Support Services
- Community Employment (age 14+)
- Day Habilitation (Adults)
- Positive Intervention Supports (behavior supports)
- After Hours (Adults/Socialization Activities)
- Advocacy Groups & Classes (Adults)
- Special Olympics (Age 8+Seneca Arrows Sporting Program)
- Other: _____

Disability & Reason for referral: _____

How did you hear about the Opportunity Center? _____

Copies will be needed of:

- Documentation of Disability
- Birth Certificate
- Social Security Card
- Medicaid/Insurance Card
- State ID (if age appropriate)
- IEP/ETR/504 (if applicable)

Signature of Applicant

Date

Signature of Guardian

Date

****RETURN TO: 780 E. CR 20, Tiffin OH 44883 ATTN: INTAKE COORDINATOR-CAS Dept.****

FOR COUNTY BOARD USE ONLY

Date Received: _____

Original Date of Request: _____

Eligibility Date: _____

IDS Updated (DODD# _____)

Medicaid #(if applicable) _____

Social Security # _____

School District _____

Brittco Updated

Not Eligible (Date: _____)

Denial Letter & Due Process Sent: _____

Referred To:

Firelands Counseling & Recovery ODJFS OOD Community Resource List (First Call for Help)

Other: _____

Routed To: _____

Date Routed: _____

Signature of Intake Coordinator

Date