



SENECA COUNTY OPPORTUNITY CENTER

Application for County Board Services

Address: 780 E. CR 20; Tiffin, OH 44883; Phone: 419-447-7521; Email: lefretz@senecadd.org

Applicant Name: _____

D.O.B.: _____

Address: _____

Phone: _____

Contact Person: _____

Relationship: _____

Address: _____

Phone: _____

Email Address: _____

Have you ever received services from any county board? Yes No If Yes, what county: _____

Diagnosis/Disability: _____

What support are you looking for? _____

How did you hear about the Opportunity Center? _____

Required Documents for Eligibility Determination:

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

If eligible for services, a Service and Support Administrator (SSA) will be assigned to provide referral and linkage to your community, navigate resources, assist with collaborating teams, and coordinate services.

*Please note that additional assessments performed by the SSA may be required for some services.

Signature of Applicant

Date

Signature of Guardian

Date

**** RETURN TO: 780 E. CR 20, TIFFIN, OH 44883 ATTN: INTAKE COORDINATOR. ****

FOR COUNTY BOARD USE ONLY

Date Received: _____

Original Date of Request: _____

- Eligibility Date: _____
- Medicaid #(if applicable) _____
- School District _____
- Date Services Explained: _____
- Not Eligible (Date: _____)
- IDS Updated (DODD# _____)
- Social Security # _____
- Brittco Updated _____
- 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