Aging and Disability Services Division

Developmental Services

Application Checklist

This list gives you the information you need to return with the application. We will use it to see if you are eligible for services. If we need more information, we will send you a letter asking for what we need. You have 30 calendar days from the date on the letter to give us the missing information. If we do not receive the information, we will deny the application.

Applicant's Name (First, Last):

Complete and sign the items in this section (attached):

- □ Application for Developmental Services
- □ Acceptance of Support Services and Rights
- □ Notice of Privacy Practices
- □ Voter Registration Form. This is voluntary. If completed, you must sign it.
- □ Consent for Release of Information

Provide any of the items in the section below that apply to you

- □ Adoption Order
- Birth Certificate, US Immigration Documents, Unexpired Passport/Passport Card
- Supporting Disability Documents: Neurological Assessments, Psychiatric Reports, or Psychological Evaluations
- □ Genetic Reports, Medical Records
- □ School Records
- □ Guardianship Letter
- □ Medicaid and/or Health Insurance Card (copy of front and back)
- Nevada ID
- □ Proof that you live in Nevada
- □ Social Security Number

This is program information to know and keep

- Privacy Practices
- □ Individual Rights and Responsibilities Handbook