Targeted Case Management Services Choice Form

Eligibility Requirements:

- Deemed eligible by DMH as having a documented developmental disability
- Reside in St. Charles County
- Transition ages of 16 and 17 regardless of Medicaid status, until eligibility can be determined at age 18
- Age 18 and above with Medicaid

I would like to choose the DDRB Case Management Program to provide case management services.

| Individual Name (please print): | | | |
|---|---|-------|-----|
| Address: | | | |
| Email: | | | |
| Phone: | | | |
| Guardian (if applicable): | | | |
| Guardian Address: | | | |
| | | | |
| Email: | | | |
| Phone: | | | |
| The signature below authorizes your exchange of information including the f | choice of case management provider file transfer. | and 1 | :he |
| Name of Individual: | | | |
| Authorizing signature: | | | |

Please mail to

DDRB Case Management Program Attn: Morgan Popp 1025 Country Club Road St. Charles, MO 63303

or email to Morgan at mpopp@ddrb.org