

HANOVER COMMUNITY SERVICES BOARD

DEVELOPMENTAL DISABILITY SERVICES

In order to be eligible for **Developmental Disability Services**, the individual must have a current Psychological Evaluation, which includes test scores and adaptive functioning, and documents that the person meets one of the following criteria:

- ***Developmental Disability*** means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely ; (iv) results in substantial functional limitations in three or more of the following areas of major life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.

OR

- ***Intellectual Disability*** is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ score under 70 in addition to identified deficits in adaptive behaviors that affect every day, general living.

To Obtain a New Psychological

If you have insurance, you will need to contact your insurance company to obtain a list of psychologists who will bill your insurance for the psychological evaluation. If you do not have insurance, please let the Intake Accessor know and options for obtaining a new psychological evaluation will be discussed with you.

Once the Psychological Evaluation has been completed, you can have it faxed to the Developmental Disabilities office at 804-365-6639. You can also choose to bring it with you during the Same Day Access walk-in times available Monday through Friday 9:00 am - 2:00 p.m. (except County Holidays).

To Obtain a Current Psychological

If you have had a Psychological Evaluation within the last few years, but do not have it in your possession, you can complete the Consent to Disclose Information Form.

Remember to

1. **Print Your Name on the Top Line**
2. **Print the Name of Who Has the Psychological (Physician, School, Counselor, etc)**
If you do not know the address you can supply the phone number and/or name and we can look it up
3. **Print the Name of Who the Psychological is For – (the person seeking services)**
4. **Sign your name at the bottom –if you are not the individual seeking services, please state your authorization to sign for the individual**
5. **Date**