

## SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

## **Request for Services**

The South Carolina Department of Disabilities and Special Needs (SCDDSN) is the state agency that plans, develops, oversees, and funds services for South Carolinians with severe, lifelong disabilities. SCDDSN services are available to South Carolinians whose disability falls into one of the following categories:

Intellectual disabilities;			
<ul> <li>Intellectual disabilities;</li> <li>Disabilities related to an intellectual disability;</li> <li>High risk infant;</li> <li>Autism Spectrum Disorders;</li> <li>Head injuries (i.e., traumatic brain injuries);</li> <li>Spinal cord injuries;</li> <li>Conditions similar to a traumatic brain or spinal cord injuries</li> </ul>			
		♣ Spinal cord injuries;	
		Conditions similar to a traumatic brair	n or spinal cord injuries.
As the parent /legal guardian of:			
N. C. 1.11	D. ( CD: 4 C 1 11		
Name of child	Date of Birth of child		
I am requesting that my shild whose name is	noted chave he considered for eligibility for		
I am requesting that my child, whose name is	ent of Disabilities and Special Needs(initials)		
services unough the South Caronna Departition	ent of Disabilities and Special Needs. (minals)		
My child, whose name is noted above, has act	tively received Early Intervention services through		
BabyNet, the state's Early Intervention progra	·		
Buoyivet, the state 5 Early intervention progre	mi within the past six (o) months(minus)		
By signing, I attest that the statements initiale	ed above are true and accurate.		
2) signing, I accept that the statements intrince	a assist and true and accurate.		
	Dated:		
Signature parent/guardian			
Printed name of parent/guardian			
	Dated:		

Signature of witness