

SERVICE ELIGIBILITY REQUEST



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES DIVISION OF
PREVENTION & BEHAVIORAL HEALTH SERVICES
1825 Faulkland Road Wilmington, DE 19805
1-800-722-7710

Fax this form to (302) 622-4475 or mail it to the address above or email to: DSCYF_Intake_General@delaware.gov

CHILD/YOUTH INFORMATION

Date: _____ Child's Name: _____
DOB: _____ Gender: M F Race: _____ Ethnicity: _____
Address: _____ City: _____ State: _____ Zip: _____ County: _____
School: _____ Grade: _____ Education Type: Regular Special

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Child**: _____
Address: _____
City: _____ State: _____ Zip: _____
Best Phone Number: _____

** If you are not the parent, please include a copy of the guardianship document(s) and/or court order(s) to avoid a processing delay.

INSURANCE INFORMATION

Active Medicaid: (Highmark Health Options, Amerihealth Caritas)
 Y N Member ID Number: _____
Private Insurance**: (Aetna, BCBS, etc.):
 Y N If yes, name of company: _____
Member ID Number: _____

** Please include the summary of mental health/substance abuse benefits available through your private insurance provider to avoid delays in processing and eligibility determination.

Reason for request of services: _____

This information has been reviewed with me and I agree that my child needs higher level of care services. I am aware that someone from DPBHS will reach out to me to schedule an in person "eligibility assessment" to occur within 3 days from the phone call.

Parent/Guardian Signature

Date