



Application for Intellectual/Developmental Disabilities Services

I. GENERAL INFORMATION (APPLICANT)

Name: Ravonna Alexis Jinks
First Middle Last

Address: 198 Sherwood Loop
Street Address (Apartment Number if Applicable)
McDonough Henry Georgia 30253
City County State Zip Code

Mailing Address (if different) P. O. Box 566, Griffin Georgia 30224

Telephone Number: (404) 988-3879 Marital Status: S M D W Sex: Female
Area Code

Birthdate: 07 / 08 / 1998 Medicare # N/A

Social Security # 668 - 03 - 9860 Medicaid # 111821254743

PRIMARY CONTACT: Stacy A. Jinks

Address: 198 Sherwood Loop
McDonough Henry Georgia 30253
City County State Zip Code

Relationship to Applicant: Mother Telephone Number: (404) 988-3879
Area Code

Email: stacyajinks@bellsouth.net

LEGAL STATUS OF APPLICANT: ___ Minor ☒ Competent ___ Legally Incompetent (Documentation Required)

Name of Legal guardian, if applicable: _____

Address: _____
Street Address (Apartment Number if Applicable)

City County State Zip Code

Relationship to Applicant: _____ Telephone Number: _____
Area Code

Email: _____



DBHDD

II. ASSESSMENT OF DEVELOPMENTAL DISABILITY AND ELIGIBILITY

To be eligible for Georgia's Developmental Disabilities services, you must be:

- Medicaid eligible
- Have an intellectual disability since birth or before age 18, or another closely-related condition since birth or before age 22, which requires similar services to those needed by people with an intellectual disability.
- Be at risk for going into an institution for people with an intellectual disability, if you do not get the services you need in your community.

During your initial screening appointment, specific medical information will be collected to confirm the disability. Please read the *Information for Applicant* checklist at the front of this application.

III. SERVICE NEEDS

Describe the type of services you believe you need. For example do you need help with getting a job, do you need assistance to get dressed, do you need family support or do you need some place to live.

Ravonna needs Respite services, services that will pay for eye exams, eye glasses, and prescription medications that are not covered by medical insurance, services that will assist with additional family support, services that help with finding a day program for Ravonna, and services that will assist with finding Ravonna an opportunity to attend classes for Art and/or Graphic Design.

IV. COMPLETED BY:

Name: Stacy A. Jinks Date: June 27, 2023

Relationship: Applicant Guardian ☒ Other: Mother

Printed Name: Stacy A. Jinks

What is the best way to contact you? The best way to contact me is by cell phone or by email.

[REDACTED]