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Title of Document: Permission to Evaluate and Service Agreement

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Applicability: DDSN Central Office, DDSN Regional Centers, DSN Boards, Contracted Service Providers (NEW)

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## **PURPOSE**

The purpose of this Directive is to establish requirements for:

- Obtaining permission for the South Carolina Department of Disabilities and Special Needs (DDSN) to determine if an applicant is eligible for services through DDSN; and
- Providing information regarding the parameters and conditions under which services through DDSN will be provided.

## **I. PERMISSION TO EVALUATE**

DDSN is the agency in the state which services South Carolinians with Intellectual Disabilities/Related Disabilities, Autism, Traumatic Brain Injuries, Spinal Cord Injuries and similar disabilities. The South Carolina Code of Laws establishes the criteria to be determined eligible for services through DDSN. The criteria is explained in DDSN Directive 100-30-DD: Eligibility Diagnostic Criteria, Screening and Eligibility/Care Coordination Processes for Eligibility and Appeal Procedures. Unless otherwise court ordered, a determination of eligibility for services through DDSN is voluntary. When voluntarily requesting a determination of

### **DISTRICT I**

P.O. Box 239  
Clinton, SC 29325-5328  
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500  
Whitten Center - Phone: 864/833-2733

### **DISTRICT II**

9995 Miles Jamison Road  
Summerville, SC 29485  
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750  
Pee Dee Center - Phone: 843/664-2600  
Saleeby Center - Phone: 843/332-4104

eligibility for services through DDSN, permission must be given by the applicant, if an adult; by the court appointed legal guardian of the applicant; or by the parent of the applicant who is a minor.

A determination of eligibility cannot be made unless permission is given. The "Permission to Evaluate" form must be appropriately signed and submitted to DDSN with any request for a determination of eligibility for DDSN services.

## II. SERVICE AGREEMENT

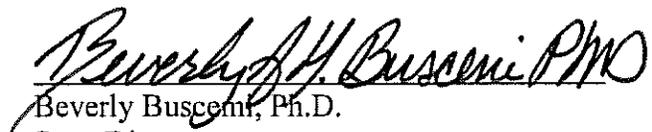
The "Service Agreement" sets forth the parameters and conditions under which services through DDSN will be provided. Information about these parameters or conditions must be shared before services are rendered, including circumstances when DDSN sponsored Case Management services are provided to an applicant prior to his/her DDSN eligibility determination. Acknowledgment of the information is signified by the appropriate signature on the "Service Agreement" form. The "Service Agreement" form must be signed by the applicant/service recipient if he/she is an adult; by the court appointed legal guardian of the applicant/service recipient; or by the parent of the applicant/service recipient who is a minor.

If the applicant/service recipient is a minor at the time the "Service Agreement" form is signed, he/she continues to receive services until the age of majority is reached, and he/she does not have a court appointed legal guardian, the information contained in the "Service Agreement" must be shared with the adult applicant/service recipient and his/her signature obtained within 90 days after the date the age of majority is reached.

The completed "Service Agreement" form should be maintained in the applicant/service recipient's Case Management record or, as applicable, in the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) record.



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Associate State Director-Policy  
(Originator)



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(Approved)

*To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.*

Attachment A: Permission to Evaluate  
Attachment B: Service Agreement