

Online Application for BDDS Services

Welcome Page	 To apply online for BDDS services you may visit bddsgateway.fssa.in.gov
	 The first page of the gateway includes information for you to know what will be necessary to complete your application. You must click on the box at the bottom of the page to confirm that the information has been read. An option to print this information will also be available.
	 Click on 'Start the Application' to begin your application
	 Helpful Hints: All required fields are marked with a red asterisk. Please be aware that you will not be able to save your application to complete later. In addition, if there is no activity for 15 minutes, your application will time out and all information will be lost.
	 Select that you are either applying for yourself OR helping someone apply.
Step	 If you are helping someone apply, you will be asked to select your relationship to the applicant. Please
(1)	 Enter the name of the individual in need of RDDS supports and services
<u> </u>	 Click on 'Next' (bottom right corner).
Step	 Enter the applicant's SSN or ITIN and date of birth.
	If the applicant is a minor, click 'Next' at the bottom right corner. You will go to step 3.
	 If the applicant is an adult, then you will answer if the applicant has someone legally designated to make
	decisions with/for them.
	 If 'Yes', you will go to Step 3.
	 If 'No', you will go to Step 4. Olivity of the state of t
	Click on 'Next' (bottom right corner).
Step	 Enter the name of the legal representative or guardian. Enter the legal representative or guardian.
	address if you have one and preferred language).
	Answer the required question, 'Does the applicant have a second Legal Representative?'
	 If 'Yes', repeat steps above until you are ready to click 'No' and 'Next'.
	 If 'No', click on 'Next' (bottom right corner).
Step	• If a legal representative or guardian exists: Answer the question 'Is the applicant's address the same as the
	legal representatives address?'
	 If yes, choose the address from the drop down that matches the applicant's address then go to next question.
	 If 'No', go to next question.
	 Select the current living arrangement that best describes where the applicant is living.
	 Enter contact information for the applicant
	 If the applicant is an adult with no legal representative OR the applicant has a different address than the legal representative or guardian, then one of the following MUST be entered: applicant address, phone number OR email address
	 Answer the question, 'Does the applicant currently have Medicaid?' It is not necessary to have Medicaid to apply.
	 If 'Yes', Medicaid Number can be entered, click on 'Next'.
	 If 'No', click on 'Next' (bottom right corner).

- Enter the age applicant was diagnosed. For birth enter 0.
- Answer the question if the applicant has ever been assessed for Vocational Rehabilitation. It is *not* a requirement to be assessed by Vocational Rehabilitation.
- Briefly describe how the disability affects the applicant's daily life. This should be a short description. More
 detailed information will be gathered during your intake interview.
- Click on 'Next' (bottom right corner)
- All questions in step 6 are optional.

Step

6

Step

- Enter information that you want to share about the applicant (gender, marital status, education status, ethnicity/race, preferred language).
 - Click on 'Next' (bottom right corner)
 - Review the information you have entered for accuracy
 - To change information, click on 'Edit Section' which will go back to that step
 - Make change(s) and then click on 'Return to Summary' (bottom right corner)
 - Repeat these steps until you are comfortable that all information is correct and ready to be submitted
 - Click on 'Next' (bottom right corner)
 - Complete the required signature by clicking the box. The signature certifies that the information given is complete and correct to the best of your knowledge. The application must be signed by the adult applicant who has no legal representative, or the legal representative designated to make decisions with and for them.
 - For applicants who have a legal representative or guardian it is encouraged for the applicant to sign as well but is not required.
 - Click on 'Submit' (bottom right corner)
 - A message will appear asking you to choose 'Print and Submit' or 'Submit Only'. It is recommended that you print a copy for your records.
 - If 'Print and Submit' is selected, a PDF copy of the application will download to your device.
 - Review the confirmation page information and then click on 'Close' (bottom right corner)
 - A representative from the BDDS district office will be in contact within 15 days. If you have any questions
 or need to make any changes, you may contact your district office. Please do not submit multiple
 applications.