



## Division of Developmental Disabilities

### Targeted Case Management Application Mailing Request:

Date: \_\_\_\_\_

To whom it may concern,

I have formally requested an application from the Department of Mental Health- Division of Developmental Disabilities to receive case management. Once my request for an application is verified, please mail or email my application to The St. Louis Office for Developmental Disability Resources Attn: Administrative Clerk, **2121 Hampton Ave, St. Louis MO, 63139** or [DDR.Intake@stlidd.org](mailto:DDR.Intake@stlidd.org)

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Consumer/Guardian Printed Name

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Consumer/Guardian Signature

#### OUR MISSION

is to ensure individuals with developmental disabilities in the City of St. Louis have quality services, choices, and full inclusion.