



Division of Developmental Disabilities: Targeted Case Management Application Request Instructions

Date: _____

To Whom it May Concern,

Thank you for your interest in receiving Targeted Case Management from the St. Louis Office for Developmental Disability Resources.

We look forward to meeting with you and providing quality case management, linking you with resources and services to address your needs. [Please complete all 4 pages of the Division of Developmental Disabilities-Targeted Case Management Application Request packet](#) (The request for application, The request for the application to be mailed to DD Resources, DMH release form, and the TCM Provider Choice form), and mail the entire packet back to:

The St. Louis Office for Developmental Disabilities Resources

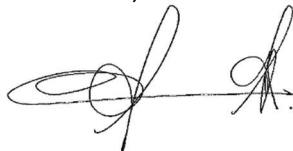
Attn: Administrative Clerk
2121 Hampton Ave.
St. Louis, MO 63139

If you prefer to email the packet, it can be emailed to: DDR.Intake@stlidd.org

If you have any questions or need help with this part of the application, please contact us at (314) 421-0090, and someone will assist you.



Thank You,



Samantha Montgomery
Director Of Service Coordination
MBA, MMPA

OUR MISSION

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