Community Developmental Disabilities Program

ELIGIBILITY STATEMENT: [ ]  School-Age [ ]  Adult

Name:        DOB:        CDDP:

# INTELLECTUAL DISABILITY ELIGIBILITY (Check all applicable)

[ ]  **ELIGIBLE AS A PERSON WITH INTELLECTUAL DISABILITY**

[ ]  IQ pattern established before the 18th birthday

[ ]  IQ of 65 and under

[ ]  IQ 66 – 75 with adaptive impairments directly related to ID

[ ]  IQ 71-75 with a diagnosis of Intellectual Disability by a PhD or PsyD

[ ]  **NOT ELIGIBLE AS A PERSON WITH INTELLECTUAL DISABILITY**

[ ]  No IQ <75 before the 18th birthday

[ ]  IQ over 75

[ ]  No documentation of significant adaptive impairments

[ ]  Adaptive impairments are not directly related to ID

[ ]  IQ 71-75 and no diagnosis of Intellectual Disability

**DEVELOPMENTAL DISABILITY ELIGIBILITY (other than Intellectual Disability) (Check medically or clinically diagnosed disability**)

[ ]  Cerebral Palsy [ ]  Prader Willi Syndrome [ ]  Autism Spectrum Disorder

[ ]  Tourette Syndrome [ ]  Down Syndrome [ ]  Fragile X [ ]  Epilepsy

[ ]  Traumatic/Acquired Brain Injury [ ]  Fetal Alcohol/Drug Affected Disorders

[ ]  Other DD (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **ELIGIBLE AS A PERSON WITH A DEVELOPMENTAL DISABILITY (all of the**

 **following must be verified)**

[ ]  The disability established by the 22nd birthday

[ ]  Documentation of significant adaptive impairments

[ ]  Adaptive impairments are directly related to the disability

[ ]  Requires supports similar to an individual with ID

[ ]  **NOT ELIGIBLE AS A PERSON WITH A DEVELOPMENTAL DISABILITY**

[ ]  Disability not established by the 22nd birthday

[ ]  No documentation of significant adaptive impairments

[ ]  Adaptive impairments are not directly related to the disability

Does not require supports similar to an individual with ID

PROVISIONAL ELIGIBILITY

(Eligibility for all children is provisional; their eligibility could change with new information)

 Eligibility to be re-determined by: *[ ]* 18th birthday *[ ]*  22nd birthday

 Eligibility to be reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(indicate specific date)

Name:        DOB:        AGE:

Eligibility Data

**PSYCHOLOGICAL TESTING**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Test |  Date | Age |  Results |  Practitioner |
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**ADAPTIVE ASSESSMENTS**:

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| --- | --- | --- | --- | --- |
|  |  Test Date  | Age |  Results |  **Practitioner** |
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**MEDICAL ASSESSMENTS**:

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| --- | --- | --- | --- |
| Diagnosis | Date | Age |  Practitioner |
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**Eligibility Specialist:**  **Date:**

**Additional Notes**: