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 |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |
|  |  | |  |  |  | |

**ADAPTIVE ASSESSMENTS**:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Test Date | | Age | | | Results | | **Practitioner** | |
|  | | |  | |  |  | |  | |
|  | | |  | |  |  | |  | |
|  | | |  | |  |  | |  | |
|  | | |  | |  |  | |  | |
|  | | |  | |  |  | |  | |
|  | | |  | |  |  | |  | |

**MEDICAL ASSESSMENTS**:

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Date | Age | Practitioner |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Eligibility Specialist:**  **Date:**

**Additional Notes**: