

**REQUEST FOR DEVELOPMENTAL DISABILITY DETERMINATION**

Community Centered Board (CCB) \_\_\_\_\_

CCB Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Contact \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

Name of Applicant (first, middle and last name) \_\_\_\_\_

Address \_\_\_\_\_

Alternative Name \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone/Other \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Mode of Communication \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_

Marital Status \_\_\_\_\_

Primary Language \_\_\_\_\_

Current Living Arrangement \_\_\_\_\_ Ethnicity \_\_\_\_\_

Person Making Referral \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Primary Contact \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Is There a Court Appointed Guardian? Yes  No

If "Yes" please complete information below if not the primary contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Request for Developmental Disability Determination

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Community Centered Board (CCB) \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL AND MEDICAL BENEFITS INFORMATION**

Social Security number \_\_\_\_\_

Medicaid State ID number \_\_\_\_\_

Medicare ID number \_\_\_\_\_

Supplemental Security Income (SSI) Amount \_\_\_\_\_

Social Security (SSA/SSDI) Amount \_\_\_\_\_

**SCHOOL INFORMATION**

1. School District and School Attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Special Education Program Yes  No

2. School District and School Attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Special Education Program Yes  No

3. School District and School Attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Special Education Program Yes  No

**MEDICAL INFORMATION**

Please list diagnoses and health needs \_\_\_\_\_

\_\_\_\_\_  
Name of Medical Provider/Medical Facility \_\_\_\_\_

City and State \_\_\_\_\_

Phone \_\_\_\_\_

**SERVICES AND SUPPORTS INFORMATION**

Please list services and supports received by the applicant such as mental health services, therapies, or home health

**ACKNOWLEDGMENTS AND SIGNATURES**

*Included with the request form, pursuant to 2 CCR 503-1 Section 16.000 et seq and Sections 27-10.5-107, C.R.S.*

1. Confidentiality/Privacy Notice
2. Dispute Resolution Procedure
3. The Colorado Department definition of Developmental Disability
4. Explanation of the Developmental Disability determination process
5. Other \_\_\_\_\_

*I understand that I have ninety (90) calendar days from the date of submission of my completed application, to submit the necessary documents and information needed to make this determination of a Developmental Disability.*

Applicant signature (if age 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Parent, Guardian or Authorized Representative signature \_\_\_\_\_ Date \_\_\_\_\_

**For CCB completion only**

Name & title of CCB person receiving the application \_\_\_\_\_

Date completed and signed application received by CCB (Request Date) \_\_\_\_\_

Date all documents needed for determination received (Determination Date) \_\_\_\_\_

## **Needed Documents for Determining a Developmental Disability**

Below is information that documents a developmental disability, used to make a determination.

### **1. Testing required**

Documentation of an Intellectual Impairment

- Intelligence/IQ testing by a psychologist, using instruments that are comparable to a Wechsler or Stanford-Binet

or

Documentation of Adaptive Behavior Impairments

- Adaptive Behavior testing by a qualified professional, using instruments that are comparable to a Vineland-II

### **2. Documentation of a neurological condition**

When both Intelligence/IQ testing and Adaptive Behavior impairments meet criteria, the person has a neurological condition. Other ways to document include the following examples

- Neurological or neuropsychological evaluation
- Psychiatric or psychological evaluations
- Medical records

### **3. Documentation to show the disability occurred prior to age 22 and for ruling out physical or sensory impairments or mental illness as sole contributors to a disability, examples below**

- School assessments and records
- Records of specialized services
- Medical records and evaluations
- Therapy assessments and reports
- Mental health services and assessments
- Psychological evaluations or testing
- Psychiatric reports
- Therapy evaluations