

*State of Montana*

**Eligibility Determination Form for  
Developmental Disabilities Services  
(Persons Age 16 and Over)**

Applicant:	Social Security #:
Date of Birth:	Form Completed By:
Date Form Completed: Complete Eligibility Packet Received:	Parent/Family Contact:
Chronological Age:	Assigned Case Manager:

**PART 1: Background Information**

A. Summarize Historical Data (NK = not known, NR = not relevant, give date and all past diagnoses that have been received in each area):

1. Developmental History:
2. Medical History:
3. Educational History:
4. Social History:
5. Mental Health History:
6. Employment History:
7. Previous Services Received:
8. Past Test Results (note if different from current findings):

B. Review of Current Status and Needs:

1. Current residential placement and needs:
2. Current employment placement and needs:
3. Other current needs or special problems (social, emotional, medical, legal, case-management, etc.):



**PART 3: Documentation of Assessment Data for Persons Who are Untestable**

At the bottom of this page, please summarize any of the following kinds of assessment data that are available:

- A. Results of behavior and ability checklists or screening devices to identify skills, strengths, and weaknesses.
- B. Outcome of criterion-referenced assessment procedures.
- C. Measures of receptive or expressive language scales.
- D. Informal assessment by a Case Manager or clinician.
- E. Observation of developmental levels and general functioning (home, school, work).
- F. Review of portfolios of the person's previous work or performance in a variety of settings.
- G. Review of any past records of school achievement (reading, writing, spelling, arithmetic).
- H. Parent interview regarding skills demonstrated at home.
- I. Teacher interview regarding skills demonstrated at school.
- J. Interview with work supervisor regarding skills in a job setting.

**Summary:**

**PART 4: Conclusions From Data**

**A. Criteria #1: Documentation of Substantial Disability.**

<p>1. <u>Intellectual Functioning</u> – Do the person’s intellectual deficits cause a substantial disability in terms of daily functioning? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Summarize Rationale for Decision:</p>
<p>2. <u>Adaptive Behavior</u> – Is this person unable to care for himself/herself (self-care, home living, community use, work skills, etc.) without significant support from caregivers? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Summarize Rationale for Decision:</p>
<p>3. <u>Academic Skills</u> – Is this person unable to perform functional academic skills (e.g., 4<sup>th</sup>-5<sup>th</sup> grade level skills or higher)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Summarize Rationale for Decision:</p>
<p>4. Does the person have a neurological condition related to intellectual disability which requires treatment similar to that required by persons with intellectual disability?</p> <p style="margin-left: 20px;">A. Medical diagnosis of cerebral palsy? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p style="margin-left: 20px;">B. Diagnosis of Level 2 or Level 3 autism spectrum disorder? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p style="margin-left: 20px;">C. Medical diagnosis of uncontrolled seizure? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p style="margin-left: 20px;">D. Other neurological condition similar to intellectual disability and requiring similar treatment? (Please name and describe briefly – attach additional supporting documentation as necessary). <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

**B. Criteria #2: Documentation of Onset of Disability and Prognosis.**

<p>1. Did the disability originate before age 18? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Unable to Verify</p>
<p>2. Has the disability continued or can be expected to continue indefinitely? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>No Conclusion Established</p>

**PART 5: Final Review of Other Data  
(Strengths And Possible Inconsistencies):**

1. Has the individual ever lived independently for one year without substantial support from caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK*		
2. Has the individual ever supported himself/herself on wages earned through employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
3. Are any IQ scores in the low average range or higher (80 or above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
4. Are any adaptive behavior standard scores in the low average range or higher (80 or above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
5. Are any achievement standard scores in the low average range or higher (80 or above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
6. Are several subtest scores (3 or more) within the average range (scaled scores of 8 or higher, standard scores of 90 or higher)? If yes, fill in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
7. If the answer to #6 is yes, list the names and scores for all subtests (cognitive, adaptive behavior, academic achievement) that are within the average range:			
<u>Date</u>	<u>Name of Test</u>	<u>Name of Subtest</u>	<u>Subtest Score</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
8. If the person has a psychiatric disorder (e.g., schizophrenia, major depression), could it have caused lowered IQ and adaptive test scores? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
9. Is the person's preference for services opposed to placement in a program appropriate to persons with developmental disabilities? If yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
10. Does the person show service needs that are different from those provided to persons with a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
11. Are there extenuating circumstances operating in this case which were not adequately addressed above? (If yes, please attach supporting documents.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		
12. Have other program options (besides services for persons with developmental disabilities) been attempted without success? If yes, please give specific information:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK		

\*NK = Not Known

**PART 6: Eligibility Decision**

According to the 6<sup>th</sup> Edition of Determining Eligibility for Services to Persons With Developmental Disabilities in Montana, the review of information in this case indicates that:

<input type="checkbox"/> The person <b>is</b> eligible for services funded by the Developmental Disabilities Program.
<input type="checkbox"/> The person is <b>not</b> eligible for services funded by the Developmental Disabilities Program.
The reasons for this decision are: •

<b>Follow-Up Recommendations:</b> (Please summarize what is being recommended for the individual following this determination of eligibility):
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\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title