

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:	Parent/Family Contact:
Complete Eligibility Packet Received:	
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 2: Most Recent Assessment Data*

A. Intellectual Functioning:

B. Adaptive Behavior

Date	Instrument	Ability Area	Standard Score	95% Confidence Interval
	Vineland-II	Communication		
		Daily Living Skills		
		Socialization		
		Adaptive Composite		

C. Academic Skills

*If person is untestable according to the guidelines of Appendix K, note this here: Yes
Please document why the person cannot be evaluated using a standardized testing format. Then go to part 3.

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.**

1. Intellectual Functioning – Do the person's intellectual deficits cause a substantial disability in terms of daily functioning? Yes No

Summarize Rationale for Decision:

2. Adaptive Behavior – Is this person unable to care for himself/herself (self-care, home living, community use, work skills, etc.) without significant support from caregivers?

Yes No

Summarize Rationale for Decision:

3. Academic Skills – Is this person unable to perform functional academic skills (e.g., 4th-5th grade level skills or higher)? Yes No

Summarize Rationale for Decision:

4. Does the person have a neurological condition related to intellectual disability which requires treatment similar to that required by persons with intellectual disability?

A. Medical diagnosis of cerebral palsy? Yes No

B. Diagnosis of Level 2 or Level 3 autism spectrum disorder? Yes No

C. Medical diagnosis of uncontrolled seizure? Yes No

D. Other neurological condition similar to intellectual disability and

requiring similar treatment? (Please name and describe briefly – attach additional supporting documentation as necessary).

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

1. Did the disability originate before age 18?

Yes No Unable to Verify

2. Has the disability continued or can be expected to continue indefinitely?

Yes No No Conclusion Established

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

*NK = Not Known

PART 6: Eligibility Decision

According to the 6th 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 <u>is</u> eligible for services funded by the Developmental Disabilities Program. |
| <input type="checkbox"/> | The person is <u>not</u> eligible for services funded by the Developmental Disabilities Program. |

The reasons for this decision are:

-

Follow-Up Recommendations: (Please summarize what is being recommended for the individual following this determination of eligibility):

Signature of Person Completing Form

Date

Print Name and Title