

State of Montana

**Eligibility Determination Form for
Developmental Disabilities Services
(Children Age 6-15)**

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. Previous Services Received:
7. Past Test Results (note if different from current findings):

B. Review of Current Status and Needs:

1. Current residential placement and needs:
2. Current school 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:

Date	Instrument	Ability Area	Standard Score	95% Confidence Interval

B. Adaptive Behavior

Date	Instrument	Ability Area	Standard Score	90% Confidence Interval
	Vineland-II	Communication		
		Daily Living Skills		
		Socialization		
		Adaptive Composite		

C. Academic Skills

Date	Instrument	Ability Area	Standard Score	95% Confidence Interval

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

PART 3: Documentation of Assessment Data for Children 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. Results of informal assessment of play skills.
- C. Outcome of criterion-referenced assessment procedures.
- D. Measures of receptive or expressive language scales.
- E. Informal assessment by a teacher, Family Support Specialist, Case manager, or clinician.
- F. Observation of developmental levels and general functioning (home, school, work).
- G. Review of portfolios of the person's previous work or performance in a variety of settings.
- H. Review of any past records of school achievement (reading, writing, spelling, arithmetic).
- I. Parent interview regarding skills demonstrated at home.
- J. Teacher interview regarding skills demonstrated at school.
- K. 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 child’s intellectual deficits cause a substantial disability in terms of daily functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Summarize Rationale for Decision:</p>								
<p>2. <u>Adaptive Behavior</u> – Is this child 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 Summarize Rationale for Decision:</p>								
<p>3. <u>Academic Skills</u> – Is this child unable to perform functional academic skills commensurate with his/her age? <input type="checkbox"/> Yes <input type="checkbox"/> No 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> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">A. Medical diagnosis of cerebral palsy?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">B. Diagnosis of Level 2 or Level 3 autism spectrum disorder?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-left: 20px;">C. Medical diagnosis of uncontrolled seizure?</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding-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).</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Medical diagnosis of cerebral palsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	B. Diagnosis of Level 2 or Level 3 autism spectrum disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	C. Medical diagnosis of uncontrolled seizure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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
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B. Criteria #2: Documentation of Onset of Disability and Prognosis.

<p>1. When was the disability first identified (approximate date): _____ If unable to verify, please explain:</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. Does the child show a significant number of age-appropriate behaviors and abilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK*
2. 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
3. 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
4. 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
5. 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 #6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK
6. If the answer to #5 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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
7. If the child 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
8. Does the person show service needs that are different from those provided to children with developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK
9. 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

*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 child is eligible for services funded by the Developmental Disabilities Program.
<input type="checkbox"/> The child is not 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 child/family following this determination of eligibility):
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Signature of Person Completing Form

Date

Print Name and Title