Request for Developmental Disability Determination

Colorado State Rules: Applicants/Contacts/Referring Entities submitting an application for Imagine! Services are required to obtain and submit the records/assessments upon which an eligibility determination can be made in order to receive Imagine! Services.

Documents for Determining a Developmental Disability:

1. **Testing Required**

Documentation of an Intellectual Impairment

- Intelligence/IQ testing by a psychologist, using instruments that are comparable to a Wechsler or Stanfor-Binet: Composite score-must be 70 or below.

Or

Documentation of Adaptive Behavior Impairments

- Adaptive Behavior testing by a qualified professional, using instruments that are comparable to a Vineland-II: Composite score- must be 70 or below. (Imagine! can provide a Vineland Assessment once an application and diagnosis and/or IQ score of 70 or below is received.)

2. **Documentation of a neurological condition**

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

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

3. **Documentation to show the disability occurred prior to age 22 and for ruling out physical or sensory impairment or mental illness as sole contributors to a disability. Some examples follow.**

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

REQUEST FOR DEVELOPMENTAL DISABILITY DETERMINATION

1400 Dixon Ave. Lafayette CO 80026-2790 *303-665-7789 * Fax 303-665-2648 * www.imaginecolorado.org

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 _____

_____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email Address** _____

REQUEST FOR DEVELOPMENTAL DISABILITY DETERMINATION

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 _____

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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) _____