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 or 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

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) ______________