

**DEPARTMENT OF HUMAN SERVICES**  
**DIVISION FOR DEVELOPMENTAL DISABILITIES**  
**REQUEST FOR DEVELOPMENTAL DISABILITY DETERMINATION**

Community Centered Board (CCB) : Developmental Pathways

CCB Address: 325 Inverness Drive South Englewood, CO 80112

Phone 303-858-2260

Fax 303-341-0382

Website www.developmentalpathways.org

Contact \_\_\_\_\_

**APPLICANT CONTACT INFORMATION**

Name of Applicant (first, middle and last name)

\_\_\_\_\_

Address \_\_\_\_\_ Alternative Name \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

County \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone/Other \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Social Security number \_\_\_\_\_ Medicaid State ID number \_\_\_\_\_

Primary Language \_\_\_\_\_

Diagnoses or health needs \_\_\_\_\_

\_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Previous Community Centered Board (CCB) \_\_\_\_\_ Date \_\_\_\_\_

**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. Rights of Individuals
4. The Colorado Department of Human Services definition of Developmental Disability (Section 16.120)
5. Explanation of the Developmental Disability determination process
6. Other

\_\_\_\_\_

*I understand that I have ninety (90) calendar days from the date of submission of my completed request for, to submit the documents and information required 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 request \_\_\_\_\_

Date completed and signed request received by CCB (Request Date) \_\_\_\_\_

Date all documents needed for determination received (Determination Date) \_\_\_\_\_

## **Request for Developmental Disability Determination**

### **Documents for Determining a Developmental Disability**

Below is information that documents a developmental disability, used to make a determination.

#### **1. Testing required**

Documentation of an Intellectual Impairment

- Intelligence/IQ testing by a psychologist, using instruments that are comparable to a Wechsler or Stanford-Binet

or

Documentation of Adaptive Behavior Impairments

- Adaptive Behavior testing by a qualified professional, using instruments that are comparable to a Vineland

#### **2. Documentation of a neurological condition**

When both Intelligence/IQ testing and Adaptive Behavior impairments meet criteria for Intellectual Disability, the applicant is considered to have a neurological condition. Other ways to document include the following examples:

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

#### **3. Documentation to show the disability occurred prior to age 22 and for ruling out physical or sensory impairments or mental illness as sole contributors to a disability, examples below**

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