



Request for Determination of Developmental Disability

This request form should be completed with assistance from your local Community Centered Board (CCB)

[View a list of all Community Centered Boards online - www.colorado.gov/hcpf/community-centered-boards](http://www.colorado.gov/hcpf/community-centered-boards)

Community Centered Board Information	
Community Centered Board: Select one	
Address:	
Phone:	Fax:
Website:	

Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Address:		County:
Home Phone:	Cell Phone:	Work Phone/Other:
Email Address:		
Preferred Method of Communication:		Marital Status:
Primary Language:		Ethnicity:
Person Making Referral:		Current Living Arrangements:

Primary Contact(s) Information		
Primary Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Additional Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Guardian Information		
Is there a Court Appointed Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian Name:	Relationship to Applicant:	

Financial and Medical Benefits Information <i>(complete all that apply)</i>		
SSN:	Medicaid State ID:	Medicare ID:
Supplemental Security Income (SSI) Amount:		

Financial and Medical Benefits Information *(complete all that apply)*

Social Security Income (SSDI) Amount:

Other Benefits *(e.g. HCBS-EBD, Children's HCBS, Trusts, etc.)*:

Private Medical Insurance:

School Information*Please list schools beginning with most recent attended:*

School District:

School Name:

Dates of Attendance:

Special Education Program? Yes No

School District:

School Name:

Dates of Attendance:

Special Education Program? Yes No

School District:

School Name:

Dates of Attendance:

Special Education Program? Yes No**Medical Information**

List medical and health needs:

Name of Medical Provider/Medical Facility:

Address:

Phone:

Name of Medical Provider/Medical Facility:

Address:

Phone:

Services and Supports Information

List services and supports received by the applicant such as mental health services, therapies, early intervention, etc.:

Acknowledgements and Signatures

I understand this application is intended to solely determine whether I meet criteria for a Developmental Disability as defined by Colorado Revised Statutes [C.R.S. 25.5-10-202](#).

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.600 et seq and Sections 25.5-10-202, C.R.S. the following information:

1. a copy of the Confidentiality/Privacy Notice
2. a copy of the Dispute Resolution procedure
3. a copy of the Grievance procedure,
4. a copy of my rights under Colorado Revised Statutes
5. a copy of the current Colorado DD Definition

_____ I understand that I have (90) calendar days from the date of submission of my completed application, to
Initial submit the necessary documents and information needed to make this determination of a Developmental Disability.

_____ I understand that I have the right to request a ninety (90) calendar day extension if necessary.
Initial

Applicant Signature: *(if 18 or older)*

Date:

Parent/Guardian Signature:

Date:

Authorized Representative Signature:

Date:

For CCB Completion Only

Developmental Disabilities Professional receiving the request

Name:

Title:

Date completed and signed request received by CCB (Request Date):

Date all documents needed for determination received (Determination Date):

Needed Documents for Determining a Developmental Disability

Any information that documents a disability is needed to make a determination. Examples of the kinds of documents needed that would provide this information are: intellectual functioning assessments, psychological evaluations, medical examinations, mental health assessments and adaptive behavior assessments.

1a. Types of Possible Documentation of an Intellectual Impairment:

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

OR

1b. Types of Possible Documentation of Adaptive Behavior Impairments:

- Adaptive Behavior testing, using instruments that are comparable to a Vineland-II

2. Types of Possible Documentation of Neurological Condition:

- Neurological or neuropsychological evaluation
- Psychiatric or psychological evaluations
- Medical examinations/Records
- Professional Medical Information Page

3. Types of Possible Documentation for ruling out physical or sensory impairments or mental illness as sole contributors to a disability:

- School assessments and records
- Records of specialized service provision
- Medical evaluations
- Therapy assessments and provision
- Mental health services and assessments
- Psychiatric or psychological evaluations
- Hospitalizations
- Medication history
- Therapy evaluations

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