



Request for Determination of Developmental Disability

This request form should be completed with assistance from your local Case Management Agency

[View a list of all Case Management Agencies \(CMA\)](#)

| Case Management Agency Information | |
|------------------------------------|------|
| Agency Name: | |
| Address: | |
| Phone: | Fax: |
| Website: | |

| Applicant Information | | | |
|------------------------------------|-----------------|------------------------------|-----------------|
| First Name: | Middle Initial: | 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 <i>(complete all that apply)</i> | | | |
|---|-------------|----------------------------|--|
| 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: | |

Medical Information

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 *(to be completed in conjunction with CMA Staff)*

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 understand pursuant to 10 CCR 2505-10 Section 8.7202.D a determination of developmental disability does not constitute a determination of eligibility for services or supports. Eligibility for Health First Colorado (Colorado’s Medicaid Program) funded programs specific to persons with developmental disabilities shall be determined pursuant to 10 CCR 2505-10.

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.7202.D 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 Developmental Disability Definition

_____ I understand that I have (90) calendar days from the date of submission of my completed
Initial application, to 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
Initial necessary.

Applicant Signature: (if 18 or older)

Handwritten/Typed Signature:

Or

Electronic Signature:

Date:

Parent/Guardian Signature:

Handwritten/Typed Signature:

Or

Electronic Signature:

Date:

Authorized Representative Signature:

Handwritten/Typed Signature:

Or

Electronic Signature:

Date:

For CMA Completion Only

Developmental Disabilities Professional receiving the request:

Name:

Title:

Date completed and signed request received by CMA (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-III

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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