

State of Montana**Eligibility Determination Form for
Developmental Disabilities Services
(Persons Age 16 and Over)**

Applicant:	Social Security #:
Date of Birth:	Form Completed By:
Date Form Completed: Complete Eligibility Packet Received:	Parent/Family Contact:
Chronological Age:	Assigned Case Manager:

PART 1: Background Information

A. Summarize Historical Data (NK = not known, NR = not relevant, give date and all past diagnoses that have been received in each area):

1. Developmental History:
2. Medical History:
3. Educational History:
4. Social History:
5. Mental Health History:
6. Employment History:
7. Previous Services Received:
8. Past Test Results (note if different from current findings):

B. Review of Current Status and Needs:

1. Current residential placement and needs:
2. Current employment placement and needs:
3. Other current needs or special problems (social, emotional, medical, legal, case-management, etc.):

PART 2: Most Recent Assessment Data***A. Intellectual Functioning:**

Date	Instrument	Ability Area	Standard Score	95% Confidence Interval

B. Adaptive Behavior

Date	Instrument	Ability Area	Standard Score	95% Confidence Interval
	Vineland-II	Communication		
		Daily Living Skills		
		Socialization		
		Adaptive Composite		

C. Academic Skills

Date	Instrument	Ability Area	Standard Score	95% Confidence Interval

*If person is untestable according to the guidelines of Appendix K, note this here: ☐ Yes
Please document why the person cannot be evaluated using a standardized testing format. Then go to part 3.

PART 3: Documentation of Assessment Data for Persons Who are Untestable

At the bottom of this page, please summarize any of the following kinds of assessment data that are available:

- A. Results of behavior and ability checklists or screening devices to identify skills, strengths, and weaknesses.
- B. Outcome of criterion-referenced assessment procedures.
- C. Measures of receptive or expressive language scales.
- D. Informal assessment by a Case Manager or clinician.
- E. Observation of developmental levels and general functioning (home, school, work).
- F. Review of portfolios of the person's previous work or performance in a variety of settings.
- G. Review of any past records of school achievement (reading, writing, spelling, arithmetic).
- H. Parent interview regarding skills demonstrated at home.
- I. Teacher interview regarding skills demonstrated at school.
- J. Interview with work supervisor regarding skills in a job setting.

Summary:

PART 4: Conclusions From Data

A. Criteria #1: Documentation of Substantial Disability.

1. <u>Intellectual Functioning</u> – Do the person's intellectual deficits cause a substantial disability in terms of daily functioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Summarize Rationale for Decision:
2. <u>Adaptive Behavior</u> – Is this person unable to care for himself/herself (self-care, home living, community use, work skills, etc.) without significant support from caregivers? <input type="checkbox"/> Yes <input type="checkbox"/> No Summarize Rationale for Decision:
3. <u>Academic Skills</u> – Is this person unable to perform functional academic skills (e.g., 4 th -5 th grade level skills or higher)? <input type="checkbox"/> Yes <input type="checkbox"/> No Summarize Rationale for Decision:
4. Does the person have a neurological condition related to intellectual disability which requires treatment similar to that required by persons with intellectual disability? <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> A. Medical diagnosis of cerebral palsy? B. Diagnosis of Level 2 or Level 3 autism spectrum disorder? C. Medical diagnosis of uncontrolled seizure? D. Other neurological condition similar to intellectual disability and requiring similar treatment? (Please name and describe briefly – attach additional supporting documentation as necessary). </div> <div style="width: 25%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>

B. Criteria #2: Documentation of Onset of Disability and Prognosis.

1. Did the disability originate before age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Verify
2. Has the disability continued or can be expected to continue indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Conclusion Established

**PART 5: Final Review of Other Data
(Strengths And Possible Inconsistencies):**

1. Has the individual ever lived independently for one year without substantial support from caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK*																																												
2. Has the individual ever supported himself/herself on wages earned through employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
3. Are any IQ scores in the low average range or higher (80 or above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
4. Are any adaptive behavior standard scores in the low average range or higher (80 or above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
5. Are any achievement standard scores in the low average range or higher (80 or above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
6. Are several subtest scores (3 or more) within the average range (scaled scores of 8 or higher, standard scores of 90 or higher)? If yes, fill in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
<p>7. If the answer to #6 is yes, list the names and scores for all subtests (cognitive, adaptive behavior, academic achievement) that are within the average range:</p> <table border="1"> <thead> <tr> <th><u>Date</u></th> <th><u>Name of Test</u></th> <th><u>Name of Subtest</u></th> <th><u>Subtest Score</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		<u>Date</u>	<u>Name of Test</u>	<u>Name of Subtest</u>	<u>Subtest Score</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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8. If the person has a psychiatric disorder (e.g., schizophrenia, major depression), could it have caused lowered IQ and adaptive test scores? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
9. Is the person's preference for services opposed to placement in a program appropriate to persons with developmental disabilities? If yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
10. Does the person show service needs that are different from those provided to persons with a developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
11. Are there extenuating circumstances operating in this case which were not adequately addressed above? (If yes, please attach supporting documents.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												
12. Have other program options (besides services for persons with developmental disabilities) been attempted without success? If yes, please give specific information:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK																																												

*NK = Not Known

Applicant's Initials: _____

PART 6: Eligibility Decision

According to the 6th Edition of Determining Eligibility for Services to Persons With Developmental Disabilities in Montana, the review of information in this case indicates that:

- | | |
|--------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | The person is eligible for services funded by the Developmental Disabilities Program. |
| <input type="checkbox"/> | The person is not eligible for services funded by the Developmental Disabilities Program. |

The reasons for this decision are:

•

Follow-Up Recommendations: (Please summarize what is being recommended for the individual following this determination of eligibility):

Signature of Person Completing Form

Date

Print Name and Title