

Idaho Department of Health and Welfare  
**ELIGIBILITY APPLICATION FOR ADULTS  
 WITH DEVELOPMENTAL DISABILITIES**

Region _____ Field Office _____
Date Received _____

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ SSN \_\_\_\_\_  
 \_\_\_\_\_ Telephone \_\_\_\_\_

Current Living Arrangement \_\_\_\_\_  
 Referral Source, if other than self \_\_\_\_\_  
 Enrolled in Medicaid?  No  Yes      If Yes, Medicaid Number \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Enrolled in Healthy Connections?  No  Yes

What services are you seeking?

- DD/ISSH Waiver (Traditional or Self-Directed Community Supports)
- Developmental Disabilities Agencies (DDA)
- ICF/MR
- Service Coordination
- Other (please specify) \_\_\_\_\_

Guardian (if any) \_\_\_\_\_ Family (or unpaid advocate) \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

The following information is needed to determine eligibility. If it does not accompany this application, indicate any existing source(s). You may be asked for written authorization to release information.

Evaluation Information	Source or Address of Information
Functional Assessment	
Medical/Social History	
Psychological Evaluation <small>(may be requested)</small>	

Please attach any other information you feel may be helpful in making a determination of developmental disability.

<input type="checkbox"/> DD Eligibility	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> DD/ISSH Waiver Services Eligibility	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Family Support	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason for Denial: _____		
_____		
Signature of Authorized Representative of the Department: _____		
Date _____		

If you are eligible for and will receive Service Coordination and/or DD/ISSH Waiver services, a Plan Developer will assist you to develop a plan of services. If you participate in the Self Directed Community Supports program you will select a Support Broker to assist you to develop a plan of services.