

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

Community Centered Board (CCB) Horizons Specialized Services

CCB Address P.O. Box 774867, Steamboat Springs, CO 80477

Phone (970) 879-4466 Fax (970) 870-0334

Website www.horizonsnwc.org Contact Amy Ibarra or Phyllis Harrelson

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 _____

<p>For CCB completion only</p> <p>Name & title of CCB person receiving the request _____</p> <p>Date completed and signed request received by CCB (Request Date) _____</p> <p>Date all documents needed for determination received (Determination Date) _____</p>
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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