



REQUEST FOR DEVELOPMENTAL DISABILITY DETERMINATION

APPLICANT CONTACT INFORMATION

Name of Applicant (Include first, middle and last name) _____ Alternative Name _____

Address _____

City _____ State _____ ZIP _____

County _____ Home Phone _____

Cell Phone _____ Work Phone/Other _____

Email Address _____ Preferred Mode of Communication _____

DOB _____ Age _____ Gender Male Female

Primary Language _____ Ethnicity _____

Social Security Number _____ Medicaid State ID Number _____

Diagnosis or Health Needs _____

Person Making Referral _____ Relationship _____

Name of Primary Contact _____ Relationship _____

Address of Primary Contact Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone/Other _____

Cell Phone _____ Email Address _____



Developmental Disabilities Resource Center
 Resource Coordination * 11177 West 8th Ave. * Lakewood, CO 80215-5503 * Voice or TDD
 303 233-3363 * Toll Free 1-800-649-8815 * RC Fax 303 205-1606 * Website ddrcco.com

Is There a Court Appointed Guardian? Yes No

If "Yes" please complete information below if not the primary contact

Name _____ Relationship _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone/Other _____

Cell Phone _____ Email Address _____

Previous Community Centered Board (CCB) _____ Date _____

ACKNOWLEDGMENTS AND SIGNATURES

I understand this application is to solely determine whether I meet criteria for a Developmental Disability.

I have received the following information

1. Confidentiality/Privacy Notice
2. Dispute Resolution Procedure
3. My Rights
4. The Colorado Definition of Developmental Disability
5. Explanation of the process
6. Other _____

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

Applicants signature (if age 18 or older) _____ Date _____

Parent, Guardian or Authorized Representative signature _____ Date _____

For CCB completion only

Name & title of CCB person receiving the application _____

Date completed and signed application received by CCB (Request Date) _____

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



Needed Documents for Determining a Developmental Disability

Below is information that documents a developmental disability and is needed 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-II

2. Documentation of a neurological condition, examples below

- Intelligence/IQ testing or Adaptive Behavior testing may include this information
- Neurological or neuropsychological evaluation
- 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