

*BIG LAKES DEVELOPMENTAL CENTER, INC.,
Community Developmental Disability Organization (CDDO)
for Riley, Geary, Clay and Pottawatomie counties in Kansas*

**APPLICATION FOR ELIGIBILITY DETERMINATION
for Mental Retardation/Developmental Disability (MR/DD) funded services in Kansas**

Applicant must be a Kansas resident to request mental retardation/developmental disability (MR/DD) services funded in Kansas. This application is null and void if applicant is not residing in one of the following Kansas counties: Riley, Geary, Clay or Pottawatomie. The CDDO may request proof of U.S. citizenship.

IDENTIFYING INFORMATION

Name: _____
Address: _____
Phone #: _____
Social Security #: _____ (submit copy of soc. sec. card to CDDO)
Medicaid #: _____ (submit copy of medical card to CDDO)
Sex: _____ Age: _____
Date of Birth: _____ (submit copy of birth certificate to CDDO)
Birthplace (city/county/state): _____
Current county of residence: _____
State issued ID #: _____ (submit copy to CDDO)
(If applicable) Driver's License #: _____ (submit copy to CDDO)

Information Provided by: _____
Relationship to Applicant: _____
Address: _____
Phone: _____ E-mail address: _____

Who referred you to our CDDO? _____

PARENT/ GUARDIAN INFORMATION

Name(s): _____
Relationship to applicant: _____
Phone Number(s): Home: _____
Work: _____ Extension _____
Cell: _____
E-mail address: _____

For adults (age 18+):

Is applicant his/her own guardian? _____
Is legal guardianship currently being pursued? _____

BENEFITS/SERVICES

Receives Supplemental Security Income (SSI)? Yes/No
If yes, provide a copy of applicant's Social Security benefit letter to the CDDO.

How long has applicant been receiving SSI? _____

Receives SSDI? Yes/No

Receives Medicaid? Yes/No If yes, please submit copy of medical card to CDDO.
Kansas Medicaid number: _____

What MR/DD services are you interested in receiving?

Residential Services	Day Services	Wellness Monitoring
Respite Care	Supportive Home Care	Night Support
Case Management	Medical Alert Rental	Home Modifications
Communication Devices	Direct Financial Support (available to children under age 18.)	

What service(s) is/are individual currently receiving, either privately or at (if applicable) school (speech, occupational therapy, physical therapy), mental health, etc.? Frequency?

PSYCHOLOGICAL, MEDICAL & DIAGNOSIS(ES) INFORMATION

Has applicant been diagnosed with any of the following?
Mental Retardation? Yes/No
Autism? Yes/ No Asperger's? Yes/No
Cerebral Palsy? Yes/No
Epilepsy/Seizure Disorder? Yes/No Is this still an accurate diagnosis? Yes/No

List other/additional diagnosis/diagnoses applicant has received from a healthcare professional. A mental health diagnosis only will not qualify an individual for MR/DD services.

Has individual received a psychological evaluation? _____

If so, date of last psychological evaluation: _____

Contact information of where psychological evaluation was completed:

To meet the state's eligibility criteria for mental retardation, an Axis II diagnosis of mental retardation, made by a healthcare professional that is licensed to make a DSM-IV diagnosis, is

required. (DSM-IV is the Diagnostic and Statistical Manual of Mental Disorders, Text Revision, 4th edition.)

Psychological evaluations completed by school psychologists may be unacceptable *unless the psychologist is licensed to make an AXIS II diagnosis.* It is the family's responsibility to contact the school and ascertain this information. The CDDO must be provided with a current psychological evaluation (one that is less than 3 years old) PRIOR TO BEGINNING the eligibility determination process. Medicaid may pay for a portion of the cost of a psychological evaluation. For more information regarding Medicaid, contact your nearest Social & Rehabilitation Services (SRS) service center. It is your responsibility to contact your health insurance provider to determine if your insurance will cover any or partial cost of a non-medical evaluation.

For information regarding the definition for **developmental disability**, please refer to the enclosed HCP/CDDO Policy regarding eligibility determination.

Please list any current prescription medication(s) the applicant is currently taking and reason(s) for medication:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

If needed, list additional prescription medication information on the back of this page.

Does applicant receive any medication by injection? Yes/No

If yes, list medication(s): _____

History of seizures? Yes/No

- If yes, are the seizures epileptic in nature? _____
- Type(s) of seizures: _____
- Frequency: _____ Controlled with medication? Yes/No
- Medication name(s): _____
- Date of last seizure: _____
- Has diagnosis of epilepsy? _____
- Has diagnosis of seizure disorder? _____

Does applicant utilize any of the following:

- Feeding tube? _____
- Wheelchair? _____
- Walker, cane, gait belt, or other assistive devices? _____
- Hearing aide? _____
- Eyeglasses/contacts? _____
- Diapers/briefs? _____
- Communication device? _____
- Other: _____

Requires a special diet planned/supervised by a dietician, nutritionist, nurse, physician, e.g., high fiber, low calories, low sodium, pureed, etc.? Yes/No If yes, specify type of diet.

Circle current medical conditions below:

- **Respiratory:** asthma, emphysema, cystic fibrosis, chronic obstructive pulmonary disease (COPD), bronchiectasis, chronic bronchitis, fibrosis
- **Cardiovascular:** heart disease, high blood pressure, arteriosclerosis, Raynaud's Disease
- **Gastro-intestinal:** ulcers, colitis, liver and bowel difficulties, celiac disease, irritable bowel syndrome, diverticular disease, cirrhosis, hepatitis, gallstones
- **Genito-urinary:** kidney problems, diabetes, neurogenic bladder (incomplete emptying of the bladder), dysmenorrhea (painful menstrual periods)
- **Neoplastic Disease:** cancer, tumors, carcinomas
- **Neurological Disease:** Multiple Sclerosis, ALS (Lou Gehrig's Disease), Huntington's Disease, narcolepsy, Parkinson's Disease, Muscular Dystrophy

Additional medical problems or comments pertaining to:

Is applicant currently receiving Severely Emotionally Disturbed (SED) Waiver services?
Yes/No If yes, list case worker's contact information and how long waiver services have been received:

Can individual read? _____
Can individual write? _____
Sign his/her name? _____
Current/highest level of education: _____

What is/are the biggest challenge(s) your family faces with regard to caring for a special needs individual?

Behavioral concerns/needs:

EDUCATIONAL INFORMATION (for individuals under age 22)

School: _____
Grade & teacher's name: _____
Does your child receive Special Education services? _____
Date of last IEP meeting: _____
Primary exceptionality as listed on IEP: _____
*If mental retardation is listed, do you have documentation showing that the applicant has an AXIS II diagnosis of mental retardation? The CDDO requires verification of an AXIS II diagnosis, as required by state policy.
Does your child have a behavior intervention plan at school? _____
% of time spent in regular classroom setting: _____
% of time spent in special education classroom: _____
Level of para support: _____
Does applicant plan to attend high school through age 21? _____
Proposed graduation date: _____

****Please forward a copy of your child's current IEP to the CDDO****

FOSTER CARE (if applicable)

How long has child been in foster care? _____
Is child currently in SRS custody? _____
Have parental rights been severed? _____
Kansas county of birth: _____
Medicaid case was opened in what Kansas county? _____
Child's current county of residence: _____
Name, phone number and address of Child Placement Agency (CPA):

Name and contact information of Foster Care Social Worker (include e-mail address):

SRS Caseworker's name and contact information (include e-mail address):

Child's current placement (name, address, phone number):

****Please forward a copy of child's permanency/transition plan to the CDDO****

MILITARY FAMILIES (if applicable)

Tentative ETS date: _____

How long have you been stationed at Fort Riley? _____

Are you receiving assistance from EFMP? _____
If yes, what services are they providing? _____

Have you contacted the Exceptional Family Member Program (EFMP) to inquire about assistance? If not, call (785) 239-9435 for more information. Address: EFMP, Soldier & Family Support Center, Building 7264 (Custer Hill), Fort Riley, KS 66442. E-mail: site2665@riley.army.mil. Short-term services may be available.

Documentation to provide to the CDDO

- Current psychological and/or psychiatric evaluation(s), preferably less than 3 years old, and must include full-scale IQ score. As per current state policy, to verify mental retardation, an AXIS II diagnosis is required.
- Medical documentation that verifies medical and/or psychological diagnosis(es), adaptive skill deficits, etc.
- Current Individual Education Plan (IEP), including most recent re-evaluation results and school psychologist's IQ testing results.
- For adult applicants, if possible, submit copy of old IEPs to verify participation in special education programs.
- Letters from specialists/physicians regarding special needs.
- Occupational therapy, physical therapy, speech, and/or auditory evaluations.
- Infant and Toddler Services records.
- Copy of Social Security (SSI) benefits letter.
- Copy of social security card.
- Copy of Kansas Medicaid card.
- Copy of birth certificate.
- For foster children, copy of current permanency/transition plan.
- Copy of guardianship papers.
- Copy of state ID card.
- Current mental health treatment plans.
- Admissions/discharge summaries regarding previous mental health treatment(s).
- Competency evaluations.
- Adults: Vocational Rehabilitation denial letter.
- Other documents not outlined in this section may be requested.

Failure to provide the CDDO with eligibility determination information will result in case closure!

I have read the information that the CDDO has provided, not only in this application for eligibility determination, but also the various handouts and brochures I have been given. I have been provided the opportunity to contact the CDDO for more information or clarification regarding Mental Retardation/Developmental Disability (MR/DD) services.

I understand that if I fail to provide the CDDO with diagnosis/medical documentation needed for eligibility determination purposes, my file/my child's file will be closed. Closed files may be reopened at any time upon request. The answers I have provided on this application are true to the best of my knowledge and ability.

SIGNATURE

DATE

****Parent/guardian signature is required if applicant is not age 18***

****Individual's signature is required if applicant is age 18+ (legal guardian may sign on behalf of applicant)***

Big Lakes Developmental Center, Inc. CDDO will not reimburse individuals, families, and/or agencies for psychological evaluation fees, postage, faxes, long-distance phone calls, photocopying, travel costs, and/or any other expenses involved with providing the CDDO with eligibility determination documentation.

Return application for eligibility determination and documentation to:

Big Lakes Developmental Center, Inc.
Community Developmental Disability Organization (CDDO)
Teresa Still, CDDO Quality Assurance/Eligibility Specialist
1416 Hayes Drive, Manhattan, Kansas 66502
Phone: (785) 776-9201 Voice mail available. Fax: (785) 776-9830
E-mail: tstill@biglakes.org
Business hours: Monday through Friday, 8:00 a.m. – 4:30 p.m.