



Eligibility Determination Form



Child's First Name:	MI:	Child's Last Name:
Child's Date of Birth:	Child's Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Adjusted (corrected) age (for children born under 37 weeks gestation. Up to 2 years of age)		

Eligibility Type:	
<input type="checkbox"/> Initial Comprehensive Multidisciplinary Evaluation	<input type="checkbox"/> Annual Redetermination of Eligibility

Developmental Delay

1. IDA Results		Date IDA Completed:		
Domain:	IDA Results:			
Cognitive Skills	<input type="checkbox"/> Age Appropriate / within Typical Age Range	<input type="checkbox"/> Less than 25% Delay	<input type="checkbox"/> 25% or Greater Delay	<input type="checkbox"/> Percent Delay Not Obtained
Communication Skills	<input type="checkbox"/> Age Appropriate / within Typical Age Range	<input type="checkbox"/> Less than 25% Delay	<input type="checkbox"/> 25% or Greater Delay	<input type="checkbox"/> Percent Delay Not Obtained
Self Help / Adaptive Skills	<input type="checkbox"/> Age Appropriate / within Typical Age Range	<input type="checkbox"/> Less than 25% Delay	<input type="checkbox"/> 25% or Greater Delay	<input type="checkbox"/> Percent Delay Not Obtained
Sensory Motor, Gross & Fine Motor	<input type="checkbox"/> Age Appropriate / within Typical Age Range	<input type="checkbox"/> Less than 25% Delay	<input type="checkbox"/> 25% or Greater Delay	<input type="checkbox"/> Percent Delay Not Obtained
Social / Emotional Skills	<input type="checkbox"/> Age Appropriate / within Typical Age Range	<input type="checkbox"/> Less than 25% Delay	<input type="checkbox"/> 25% or Greater Delay	<input type="checkbox"/> Percent Delay Not Obtained

2. Domain Specific Tool:	
Domain Specific Tool(s) used:	Date Administered:
Domain(s) Addressed:	
Standard Deviation -1.5 or Greater: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Informed Clinical Opinion:
Team agrees that child is eligible based on Significant Atypical Development: <input type="checkbox"/> Yes <input type="checkbox"/> No

Provide a statement of informed clinical opinion documenting eligibility (including the use of any other instruments utilized):

Examples: quality of skills; performance of skills; Scatter of scores (including across domains); behavior significantly different for typical peers.

Child's First Name:	MI:	Child's Last Name:
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<input type="checkbox"/> Established Condition (Diagnosed by Primary Care Provider)		
PCP Name:		Date of Diagnosis:
Primary diagnosis		ICD-9 Code
Secondary diagnosis		ICD-9 Code
Other diagnosis		ICD-9 Code

<input type="checkbox"/> Biological / Medical Risk (Diagnosed by Primary Care Provider)		
PCP Name:		Date of Diagnosis:
Primary diagnosis		ICD-9 Code
Secondary diagnosis		ICD-9 Code
Other diagnosis		ICD-9 Code

<input type="checkbox"/> Environmental Risk	
Date Environmental Risk Assessment (ARA) Tool Completed:	
<input type="checkbox"/> a "high" rating in 6, 7, 8, or 9; or	
<input type="checkbox"/> a "high" rating in a minimum of two risk factors; or	
<input type="checkbox"/> a medium rating in at least four risk factors	

Hearing & Vision:

Hearing Screening / Testing:	
Date Completed:	
<input type="checkbox"/> Pass	
<input type="checkbox"/> Did Not Pass	
<input type="checkbox"/> Unable to Screen	

Vision Screening / Testing:	
Date Completed:	
<input type="checkbox"/> Pass	
<input type="checkbox"/> Did Not Pass	
<input type="checkbox"/> Unable to Screen	

Confirmation of Eligibility:			
Date:	Name:	Position:	Method of Participation / Signature:
		Parent	
		Parent	
		Family Service Coordinator	
		Discipline:	
		Discipline:	
		Other:	

Second Level Review (if Informed Clinical Opinion is used to determine developmental Delay) <i>I have reviewed the above information and the CME report (if this is the initial evaluation to determine eligibility) and concur with the determination that the child is eligible for the FIT Program based on significant atypical development as the result of informed clinical opinion.</i>			
Date:	Name:	Position / Discipline:	Signature: