COLORADO
Department of Health Care Policy & Financing

Request for Determination of Developmental Disability

This request form should be completed with assistance from your local Community Centered Board (CCB)

View a list of all Community Centered Boards online - www.colorado.gov/hcpf/community-centered-boards

Community Centered Board Information	
Community Centered Board: A&I Avenues	
Address: 1665 Coal Creek Dr., Lafayette, CO 80026	
Phone: 303-439-7011	Fax: 1-866-931-0763
Website: www.aiavenues.org	

Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Address:		County:
Home Phone:	Cell Phone:	Work Phone/Other:
Email Address:		
Preferred Method of Communication:		Marital Status:
Primary Language:	Ethnicity:	
Person Making Referral:	Current Living Arrangements:	

Primary Contact(s) Information *(complete all that apply)*		
Primary Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Additional Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Guardian Information		
Is there a Court Appointed Guardian? ☐ Yes ☐ No		
Guardian Name:	Relationship to Applicant:	

Financial and Medical Benefits Information *(complete all that apply)*		
SSN:	Medicaid State ID:	Medicare ID:
Supplemental Security Income (SSI) Amount:		

Financial and Medical Benefits Information *(complete all that apply)*
Social Security Income (SSDI) Amount:
Other Benefits *(e.g. HCBS-EBD, Children's HCBS, Trusts, etc.):*
Private Medical Insurance:

School Information	
Please list schools beginning with most recent attended:	
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No

Medical Information	
List medical and health needs:	
Name of Medical Provider/Medical Facility:	
Address:	Phone:
Name of Medical Provider/Medical Facility:	
Address:	Phone:

Services and Supports Information

List services and supports received by the applicant such as mental health services, therapies, early intervention, etc.:

Acknowledgements and Signatures *(to be completed in conjunction with Community Centered Board Staff)*

I understand this application is intended to solely determine whether I meet criteria for a Developmental Disability as defined by Colorado Revised Statutes C.R.S. 25.5-10-202.

I understand pursuant to 10 CCR 2505-10 Section 8.607.2 a determination of developmental disability does not constitute a determination of eligibility for services or supports. Eligibility for Health First Colorado (Colorado's Medicaid Program) funded programs specific to persons with developmental disabilities shall be determined pursuant to 10 CCR 2505-10.

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.600 et seq and Sections 25.5-10-202, C.R.S. the following information:

1. a copy of the Confidentiality/Privacy Notice
2. a copy of the Dispute Resolution procedure
3. a copy of the Grievance procedure,
4. a copy of my rights under Colorado Revised Statutes
5. a copy of the current Colorado Developmental Disability Definition

_____ I understand that I have (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.
Initial

_____ I understand that I have the right to request a ninety (90) calendar day extension if necessary.
Initial

Applicant Signature: *(if 18 or older)* Handwritten/Typed Signature: Or Electronic Signature:	Date:
Parent/Guardian Signature: Handwritten/Typed Signature: Or Electronic Signature:	Date:
Authorized Representative Signature: Handwritten/Typed Signature: Or Electronic Signature:	Date:

For CCB Completion Only	
Developmental Disabilities Professional receiving the request:	
Name:	Title:
Date completed and signed request received by CCB (Request Date):	
Date all documents needed for determination received (Determination Date):	

Needed Documents for Determining a Developmental Disability

Any information that documents a disability is needed to make a determination. Examples of the kinds of documents needed that would provide this information are: intellectual functioning assessments, psychological evaluations, medical examinations, mental health assessments and adaptive behavior assessments.

1a. Types of Possible Documentation of an Intellectual Impairment:

- Intelligence/IQ testing, using instruments that are comparable to a Wechsler or Stanford-Binet,

OR

1b. Types of Possible Documentation of Adaptive Behavior Impairments:

- Adaptive Behavior testing, using instruments that are comparable to a Vineland-II

2. Types of Possible Documentation of Neurological Condition:

- Neurological or neuropsychological evaluation
- Psychiatric or psychological evaluations
- Medical examinations/Records
- Professional Medical Information Page

3. Types of Possible Documentation for ruling out physical or sensory impairments or mental illness as sole contributors to a disability:

- School assessments and records
- Records of specialized service provision
- Medical evaluations
- Therapy assessments and provision
- Mental health services and assessments
- Psychiatric or psychological evaluations
- Hospitalizations
- Medication history
- Therapy evaluations

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