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| North Carolina Infant-Toddler Program |       |

# Eligibility Determination Documentation

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| --- | --- | --- | --- | --- | --- |
| **Child’s Name:**  |       | **Referral Date:** |       | **IFSP Due Date:** |       |
| **Date of Birth:**  |       | **Age:**  |       | **Adjusted Age (if applicable):**  |       |  |
| **Parent’s Name:**  |       | **Service Coordinator:**  |       |
| **Eligibility Determination** (check one): [ ]  Initial [ ]  Continuing (skip to Evaluation section) |
|  |  |  |
| 1. **Eligibility Determination by Review of Records / Documented Evidence**
 |
| **Reported Information at Referral:** |
|  **Diagnosed Condition** | [ ]  No [ ]  Yes  | Reported diagnosis |       |
|  **Developmental Evaluation in last 6 months** | [ ]  No [ ]  Yes | Date: |       | Agency:  |       |
|  | Type of Evaluation: |       |
| **Plan to obtain medical or other records:** |
| [ ]  | Provided by referral source with referral | [ ]  | Parent to provide a copy  |
| [ ]  | Requested from referral source (referral source has consent) | Date Requested |       |
| [ ]  | Requested from other agency or medical provider (CDSA obtains consent) | Date Requested |       |
|  | Name of Agency or Medical Provider: |       |
|  | Describe Records Received: |       |
| **Records Reviewed for Eligibility Determination** |
| **Date of Review & Type of Record** | **Name of Medical Provider or Agency** | **Date & Type of Evaluation or N/A** | **Reviewer(s) / CDSA staff Name & Position** | **Findings from Review (written evidence of diagnosis or developmental delay)** |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |
| 1. **Eligibility Determination by Evaluation**
 |
| **Evaluation Date(s):**  |       |
| **Required Components** | 1. Evaluation instrument(s): [ ]  DAYC-2 [ ]  BDI-3 [ ]  Bayley 4 [ ]  MSEL [ ]  IED-III [ ]  Other (specify) |       |
|  | 2. Child history / parent interview |
|  | 3. Gather information from other sources (as needed) – specify source:  |       |
|  | 4. Identify functioning in all developmental areas:  |
|  | * Cognition
 | * Communication
 | * Adaptive
 | * Social-Emotional
 | * Physical
 | * Vision
 | * Hearing
 |
|  | 5. Review of records (specify): |       |
| **Informed Clinical Opinion (ICO**): Describe the sources of information gathered and interpreted by the multidisciplinary team that resulted in the ICO that the child is eligible in the developmental delay category. A summary can be provided if a more detailed description is available in an evaluation report. |
|       |
| **Multidisciplinary / Qualified Personnel:** (check alldisciplines involved / minimum of two; provide name and agency if other than CDSA): |
| [ ]  | SLP |       | [ ]  | PT |       |
| [ ]  | OT |       | [ ]  | SW |       |
| [ ]  | Special Educator |       | [ ]  | Psychologist |       |
| [ ]  | Medical (specify) |       | [ ]  | Other (specify) |       |
|  |  |  |
| 1. **Eligibility Determination / Signature**
 |
| **Date of Eligibility Determination:** |       |  | **Eligible:** [ ] No [ ]  Yes (check category below) |
| **Category:** [ ]  Developmental Delay [ ]  Established Condition (specify) |       |
| **Signatures:** (signatures of CDSA staff making eligibility determination) |  |
|       |  |       |
| Name and position of CDSA staff |  | Date |
|       |  |       |
| Name and position of CDSA staff |  | Date |
|       |  |       |
| Name and position of CDSA staff |  | Date  |