Office of Developmental Disability Services
Request for Eligibility Determination

DHS | Oregon Department of Human Services
INTELLECTUAL/DEVELOPMENTAL DISABILITIES

For CDDP office use only

Date received	CDDP receiving form	☐ Initial application ☐ Reapplication
Title XIX Medicaid (OSIPM or MAGI) ☐ Yes ☐ No	OHP number or OHP referral date	Prime number

Applicant information (*please print*)

Last name	First name	Middle initial	Gender

Social security number	Birthdate	Birthplace	Marital status

Current address	City	State	ZIP

Mailing address (*if different*)	City	State	ZIP

Primary phone number	Email address (*optional*)

Primary contact / Custodial parent / Guardian (*if applicable*)

Name	Relationship (*e.g., custodial parent; guardian*)

Address	City	State	ZIP

Primary phone number	Email address (*optional*)

Does the applicant have a court-appointed guardian? ☐ Yes ☐ No

Appointed guardian's name, address, & phone number (*note if same as above*)

Does the applicant have a health care representative? ORS 127.505 ☐ Yes ☐ No

Health care representative's name, address, & phone number (*note if same as above*)

Referral to CDDP

Name & title of individual who referred applicant	Phone number

Has the applicant ever received, or applied for, services from a disability-related program in Oregon or any State outside of Oregon? ☐ Yes ☐ No

Please list Oregon County or other State(s)

Applicant's preferred communication format (OAR 943-070-0040)	
In what language do you want us to speak with you?	
In what language do you want us to write to you?	
Do you need an interpreter (*including sign language*)?	☐ Yes ☐ No
Other communication needs:	

Applicant's ethnicity (OAR 943-070-0030)

Ethnicity (*Select as many boxes that apply*)

- ☐ Hispanic/Latino
  - ☐ Cuban
  - ☐ Mexican
  - ☐ Puerto Rican
  - ☐ South or Central American
  - ☐ Other
- ☐ Non-Hispanic
- ☐ Unknown
- ☐ Other: _____
- ☐ Decline to answer

Applicant's race (OAR 943-070-0030)

Race (*Select as many boxes that apply*)

- ☐ American Indian or Alaska Native
  - ☐ Alaska Native
  - ☐ American Indian
  - ☐ Canadian Inuit, Metis or First Nation
  - ☐ Indigenous Mexican, Central American, or South American
  - ☐ Other American Indian
- ☐ Asian
  - ☐ Asian Indian
  - ☐ Chinese
  - ☐ Filipino/a
  - ☐ Hmong
  - ☐ Japanese
  - ☐ Korean
  - ☐ Laotian
  - ☐ South Asian
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ White
  - ☐ Eastern European
  - ☐ Middle Eastern
  - ☐ Northern African
  - ☐ Slavic
  - ☐ Western European
  - ☐ Other White
- ☐ African American or Black
  - ☐ African
  - ☐ African American
  - ☐ Caribbean
  - ☐ Other Black
- ☐ Native Hawaiian or Pacific Islander
  - ☐ Guamanian or Chamorro
  - ☐ Native Hawaiian
  - ☐ Samoan
  - ☐ Other Pacific Islander
- ☐ Other: _____
- ☐ Unknown
- ☐ Decline to answer

Developmental disabilities

Describe your disability and the age at which it was first observed

Intellectual disability

Observed or diagnosed conditions	If diagnosed, list provider and date
☐ Intellectual Disability	
☐ Global Developmental Delay	
☐ Delayed milestones	

Other developmental disability

Observed or diagnosed conditions	If diagnosed, list provider and date
☐ Autism Spectrum Disorder	
☐ Cerebral Palsy	
☐ Down Syndrome	
☐ Epilepsy	
☐ Prenatal exposure to drugs, alcohol, or other toxin(s)	
☐ Tourette's Disorder	
☐ Acquired/Traumatic Brain Injury	
☐ _____	

Other conditions

Observed or diagnosed conditions	If diagnosed, list provider and date
☐ Attention-Deficit/Hyperactivity Disorder	
☐ Depressive Disorder	
☐ Language Disorder	
☐ Bipolar or Personality Disorder	
☐ Posttraumatic Stress Disorder	
☐ Specific Learning Disorder	
☐ Substance-Related Disorder	
☐ _____	
☐ _____	
☐ _____	

Medical Providers

Primary care physician or clinic	Location	Phone number
Dentist or clinic	Location	Phone number
Preferred hospital	Location	Phone number

Disability evaluations

Please list professionals who have evaluated your disabilities. Include psychologists, neuropsychologists, psychiatrists, neurologists, developmental pediatricians, geneticists, and mental health providers. For example, list professionals you have seen for an IQ test, psychological evaluation, medical or genetic evaluation of your disability, or mental health assessment.

Date	Name of professional or clinic	Type of evaluation
Location (*provide address if known*)		Phone number
Date	Name of professional or clinic	Type of evaluation
Location (*provide address if known*)		Phone number
Date	Name of professional or clinic	Type of evaluation
Location (*provide address if known*)		Phone number
Date	Name of professional or clinic	Type of evaluation
Location (*provide address if known*)		Phone number

Have you ever been admitted to a treatment center or hospital for psychiatric or medical treatment?	☐ Yes ☐ No

Date	Name and location of facility or hospital name

Other service agencies (*examples include: Child Welfare, Self-Sufficiency, Vocational Rehabilitation, Mental Health*)

Start/end date	Agency/provider location	Contact's name
Start/end date	Agency/provider location	Contact's name
Start/end date	Agency/provider location	Contact's name

Medical insurance

Applicant's health insurance

☐ Private Health Insurance Carrier _____	☐ Oregon Health Plan OHP/Medicaid # _____	☐ Medicare Plan # _____

☐ I do not currently have health insurance.

Eligibility for certain developmental disability services is dependent on your eligibility for Medicaid. If you have not yet applied, talk with the CDDP about how to apply.

Have you applied for medical assistance?	☐ Yes ☐ No

Sources of applicant's personal income

Applicant's personal income (check all that apply; do not include other household income)

☐ Employment	☐ Temporary Assistance for Needy Families (TANF)
☐ Trust fund(s)	☐ Private disability benefits
☐ Child support for applicant	☐ Adoption or guardianship assistance
☐ Veteran's benefits	☐ No income
☐ Other: _____	☐ Other: _____

Social security

Individuals with disabilities may qualify for one of two federal disability programs: Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). The Social Security Administration (SSA) manages these programs.

Have you applied for Social Security benefits?	☐ Yes ☐ No	Date of application
Do you currently receive Social Security benefits?	☐ Yes ☐ No	Start date
☐ Supplemental Security Income (SSI)	Amount	
☐ Social Security Disability Insurance (SSDI)	Amount	

Have you ever lost SSI due to earnings, receiving a Social Security benefit from a parent or a Cost of Living Allowance increase?	☐ Yes ☐ No

If you have not applied for SSI/SSDI benefits, you can learn more about social security benefits on the Social Security Website. Contact your local SSA office to apply.

These resources may be helpful:

- Understanding SSI: http://www.socialsecurity.gov/ssi/text-income-ussi.htm
- SSI Payment Amounts: http://www.ssa.gov/oact/cola/SSI.html

Educational history

Name of current school or last school attended	Start date	End date

City and state

Name of former school	Start date	End date

City and state

Have you ever received special education services at any school (*e.g., early intervention, IEP, or 504 plan*)?	☐ Yes ____
Did you graduate from high school?	☐ Yes ☐ No
If yes, what type of diploma did you receive (*or do you expect to receive*)?	☐ Regular ☐ GED ☐ Unknown ☐ Modified ☐ Certificate

Legal history

Do you have a criminal record or juvenile court record?	☐ Yes ☐ No

State and county of offense	Nature of offense

Parole/Probation officer	Phone number

Other information

Citizenship / non-citizen status

Applicants are required to provide satisfactory documentary evidence of citizenship, non-citizen national status, or non-qualified citizen status, as required by 42 CFR § 435.406, ORS 411.402 and 411.404, and OAR 411-320-0080.

Your application is not complete until you provide satisfactory documentary evidence as defined in 42 CFR § 435.407. Individuals declaring U.S. citizenship and in one of the following groups are exempt from providing evidence: individuals enrolled in Medicare; individuals receiving Supplemental Security Income, individuals receiving Social Security Disability Insurance, and individuals who are in foster care and assisted under Title IV-B or Title IV-E of the Social Security Act.

Are you a citizen or national of the United States? If yes, skip to next section.	☐ Yes ☐ No
If not a citizen, what date did you enter the United States?	
Are you a lawful permanent resident of the United States?	☐ Yes ☐ No
If not a citizen or LPR, what is your immigration status?	

Why we need your social security number

Federal laws, 42 USC 1320b-7(a)&(b), 42 CFR 435.910, 42 CFR 435.920, and 42 CFR 457.340(b), as well as OAR 461-120-0210, require applicants to provide DHS/OHA a SSN on applications for medical benefits, except as provided in OAR 461-120-0210.

DHS and OHA will use your SSN to help decide if you are eligible for benefits. DHS and OHA may use your SSN to match the information on your application with records provided to, or created by, other state and federal programs and agencies, such as the IRS, Medicaid, Social Security and Employment Department.

DHS and OHA may also use your SSN, at the request of funding agencies, to prepare aggregate data or reports about the programs you apply for and receive benefits from. Specifically, DHS and OHA may use or disclose your SSN to: operate the program you apply for or receive benefits from; conduct quality assessment and improvement activities; verify the correct amount of payments and conduct business with providers; and recover overpaid benefits.

Notification of eligibility decision

If you would like a copy of the CDDP's eligibility decision notice sent to anyone besides yourself, you must provide the name and address of the person. The CDDP must have a written authorization in order to release information and to send a notice to anyone other than the applicant or legal guardian.

Name	Relationship to applicant (*e.g., guardian, representative*)		
Address	**City**	**State**	**ZIP**

Signature

By signing below, I agree that the information contained in this application is true and correct, whether given by me or a representative. I also confirm that I have received and reviewed the notice of rights on the following page.

Signature	Date

Print name

Relationship

☐ Self (*adult applicant*)	☐ Adult's court-appointed guardian
☐ Minor's custodial parent or legal guardian	☐ _____

Notice of rights

- You are requesting services from the Oregon developmental disability system. Participation is voluntary; you may withdraw this request at any time.
- The Department of Human Services (DHS) does not discriminate. DHS serves every applicant that qualifies for services, and DHS will not treat any applicant differently because of age, race, gender, color, national origin, religion, political beliefs, disability or sexual orientation. If you believe DHS treated you unfairly, you may file a complaint with the Governor's Advocacy Office (1-800-442-5238).
- The CDDP and DHS will protect your information and records in accordance with the privacy and security polices of DHS, ORS 179.505 and ORS 179.507. The CDDP needs your authorization to request and release records related to your disability.
- Intake is complete when you sign and submit this form to the CDDP *and* sign authorizations for the CDDP to obtain the records that you do not provide. The CDDP will collaborate with you to assemble a complete application for services within 90 days. The CDDP may contact you to request an extension of the decision timeline beyond 90 days, if the CDDP needs more documents to make an eligibility decision. If the CDDP needs more information to determine the existence of a developmental disability, the CDDP may ask you to attend a diagnostic evaluation, in accordance with ORS 410.060 and 427.105.
- The CDDP must receive a completed application before making an eligibility decision. A completed application includes this form, as well as documents and records necessary to make an eligibility decision. When the CDDP receives all the documents related to your disability (as described in OAR 411-320-0080(1)), the CDDP will send you a written decision notice. Intake and complete application are defined in OAR 411-320-0020.
- The CDDP's written decision notice will contain a notice of hearing rights. If you disagree with the CDDP's decision, you may request a contested case hearing, as described in ORS Chapter 183 and OAR 411-318-0025.
- You may request a contested case hearing by filling out an Administrative Hearing Request Form (SDS 0443DD), or by making a verbal request for a hearing to a CDDP or DHS employee. DHS must receive a hearing request within 90 days of the notice of eligibility decision.
- You may appoint another person to represent you or request a hearing on your behalf, including legal counsel or a relative, friend, or other spokesman. You may identify your representative when you request a hearing.

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