Subject: Eligibility Request Contractor, Region, Zip Code

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Email Cover Sheet for DDD Eligibility Review** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed Initial IFSP Date & Time: | | | | | | | | | | | | | | | | Not Yet Scheduled | | | | | | | | | | | | | | | | |
| **AzEIP Contractor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AzEIP Contractor Name: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Region: |  |
| AzEIP SC: | |  | | | | | | | | | | | | | | | | | | | AzEIP SC Phone: | | | | | | |  | | | | |
| AzEIP SC E-mail: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AzEIP Supervisor or Designee: | | | | | | | |  | | | | | | | | | | | | | | AzEIP Supervisor/ Designee Phone: | | | | | | | |  | | |
| AzEIP Supervisor/ Designee E-mail: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Child Demographics** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: | | | | |  | | | | | | | | | | | | | | | | | | | | Child’s DOB: | | | | |  | | |
| I-TEAMS ID: | | |  | | | | | | | | | | | | | | | | Zip Code: | | | | | | |  | | | | | | |
| AzEIP Eligibility Date: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| AzEIP SC Applied for ALTCS: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **DCS Specialist, if Applicable** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DCS Worker Name: | | | | | | | | |  | | | | | | | | | | | DCS Worker Phone: | | | | | | | | | | |  | |
| DCS Worker E-mail: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **The following information is included with this secure email:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Signed DDD Application (signature from bio family or DCS, not foster parent) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | AzEIP Consent to Share PII/Bill Health Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | AzEIP Developmental Evaluation Report and/or Medical Records | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | CSO-1048A or CSO-1050A Uninterrupted Scholars Act (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Image result for insert stop sign | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To Be Completed by DDD Eligibility Specialist:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Complete Packet Received: | | | | | | |  | | | | | | | | | | | Date Received in Focus: | | | | | | | | | | |  | | | |
| Date Missing Paperwork Requested: | | | | | | | | | | | | |  | | | | | | Date Decision Sent to AzEIP SC: | | | | | | | |  | | | | | |
| DDD Eligible: | | | |  | | | | | | | | | | | | DDD Eligibility Date in Focus: | | | | | | | |  | | | | | | | | |
| DDD Unit Supervisor: | | | | | | | | | | |  | | | | | | | | | | | | Date ALTCS Application Sent: | | | | | | | |  | |
| Name with AHCCCS:, if different than above: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |