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: |       |