State of Connecticut, Department of Developmental Services Application Checklist

Application packets received with <u>all</u> required documents listed below will be processed upon receipt.					
Name: _			Town of Residence:	[Date of Birth:
Step 1-	Complete the	e two page eligibility application.			
	Please sign	pages one and two of the app	lication.		
Step 2-	Include the fo	ollowing in your application packe	et:		
	Psychological and Educational Testing performed through the age of seventeen (17): This testing can use obtained from schools, agencies, or private psychologists upon your request. For individuals applying for service intellectually disabled, psychological evaluations including cognitive and adaptive scores must be done prior to the eighteen (18), per Connecticut General State Statute 1-1g. For individuals applying for Autism Spectrum Disorder prestandardized test of Autism must be done prior to the age of twenty-one (21).				applying for services for the be done prior to the age of
	•	Intelligence/Cognitive tests: intellectual/cognitive ability and			
	•	Adaptive skills tests: Tests evaluate the applicant's ability all adaptive tests performed thr	with daily activities such as dre		, ,
	•	Autism diagnostic testing (if Autism Rating Scale (CARS), a Autism Spectrum Disorder.			
	Medical History and Most Recent Physical Examination: This can usually be obtained from your primary care physician upon request. Please include any psychiatric evaluations. If the applicant has been diagnosed with Prader-Willi Syndrome please include a copy of the physician's report diagnosing this disorder.				
	HIPAA Acknowledgement Form: The form must be complete and signed by the applicant if the applicant is 18 years of a or older, or the applicant's legal guardian if the applicant is 18 years or older and has a court appointed legal guardian.				
	Guardianship or Conservatorship Forms: Provide a Probate Court decree of appointment of guardianship or conservatorship if applicable. If appointed from out of state, a Probate Court decree in the state of CT must be provided; otherwise applicant (age 18+) must sign the application and HIPAA form.				
	Proof of CT Residence: This can include the applicant's CT driver's license or CT non-driver photo ID, DSS Connect card, tax form, IEP, etc.				
	Copy of the following: Birth certificate, Social Security card, health insurance card, and Medicaid card (if applicable).				
	Educational Information: Include the last three (3) years of Individualized Education Programs (IEPs), standardized to scores, and triennial evaluations. For applicants under 3 years of age, please submit a copy of the Individual Family Supplemental (IFSP).				
your do	ctor, psychol	SSING any of the above docume ogist, school or clinic and reque documents for you.			
	orresponden <u>mail</u> : DDS Eli	ce via: igibility Unit, 460 Capitol Aven	ue, Hartford, CT 06106; <u>Fax</u> : (860) 622-2797; <u>Ema</u> i	i <u>l</u> : DDS.Eligibility@ct.gov

Please **do not staple** the documents you submit because staples interfere with our electronic scanning process. Please use paper clips if needed.

Record Retention Policy: Pursuant to Connecticut General Statute §11-8 and §11-8a, DDS retains records used in the eligibility determination process for 10 (ten) years from the date of application. Please **keep a copy** of all documents submitted for your own records.