



DEVELOPMENTAL DISABILITIES AGE THREE RE-DETERMINATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1411 (2-2022)

Re-Determination For

As part of the Early Intervention transition process, parents or legal representatives have a right to request re-determination of eligibility for DD Program Management beyond age three. If desired, a new determination is required and is to be made by the 2 year 9 month transition meeting.

- NO, I do not wish for my child to be evaluated for re-determination of DD Program Management eligibility beyond age three
 - I understand that current DD Program Management services and all other DD funded services will end the day before my child's third birthday.
 - I understand that my child's Medical Assistance without regard to parental income will also end the last day of my child's annual Medicaid re-determination month.
 - I understand that I can change my mind and re-apply my child for DD Program Management services anytime in the future.
 - I understand that I can call my child's previous DD Program Manager with questions or "Information and Referral" even without having an open case at the Human Service Center.

- YES, I do wish to proceed with a re-determination of eligibility for my child to receive ongoing DD Program Management after age three
 - I understand that my child's assessment records will need to be gathered for review.
 - I understand that eligibility for DD Program Management does not mean my child is automatically eligible for all other DD-related services. Availability of funding and other qualifying criteria must be met.

Parent or legal representative signature reflects decision made during the transition process.

Can information regarding parent decision and determination be shared with your child's Early Interventionist and the anticipated preschool program? Yes No

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury, that I am the individual completing this application and that I have provided accurate information.

Parent Signature	Date
DD Program Manager Signature	Date