



Region	_____
Rate Code	_____
Date received	_____
Sent to IAC	_____

**ELIGIBILITY APPLICATION FOR ADULTS WITH DEVELOPMENTAL DISABILITIES (DD)**

This application is for Medicaid participants turning 18 years or older who have been determined financially eligible for Medicaid. If you do not currently have Enhanced Medicaid, you are still encouraged to apply as you may be eligible if you meet level of care eligibility for the DD Waiver and financial criteria.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Current Living Arrangement \_\_\_\_\_  
**Enrolled in Medicaid?**     No     Yes    If Yes, Medicaid Number \_\_\_\_\_

What services are you seeking? <u>Choose one:</u> <input type="checkbox"/> DD Waiver- <b>Self Directed Community Supports</b> <input type="checkbox"/> DD Waiver- <b>Traditional</b> (if eligible, includes State Plan services below) <input type="checkbox"/> <b>State Plan Services</b> (Service Coordination, Developmental Therapy) <input type="checkbox"/> <b>A&amp;D/State Plan Services</b> (Currently receiving A&D Waiver services. Applying for State Plan services only)	<input type="checkbox"/> Family Member <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Contact Name _____ Address _____ Phone _____ Email _____
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- Please provide the following documentation with your application:
- A history and physical that has been completed within the last 365 calendar days.  
**AND**
  - Documentation which verifies that your disability was identified before the age of 22,  
**AND**
  - Documentation of your disability:
    - For **Cerebral Palsy, Epilepsy, or Traumatic Brain Injury**: A report from a physician  
**OR**
    - For **Intellectual Disability**: Results of an IQ test using the Wechsler Intelligence Scale for Adults (WAIS); or Stanford Binet Intelligence Scales, for ages two (2) through adult; or Test of Nonverbal Intelligence, Fourth Edition (TONI-4), for ages six (6) years through eighty-nine (89) years, eleven (11) months. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional.  
**OR**
    - For **Autism Spectrum Disorder (ASD)**: Documentation supporting this diagnosis from a professional working within their scope of practice.  
**OR**
    - Other condition found to be closely related to, or similar to, one of these impairments that requires similar treatment or services. Provide documentation that can show the causal relationship between the impairing condition and the developmental disability. (Does not include mental illness)  
**AND**
  - Documentation that guardianship has been transferred to/registered with the state of Idaho (if applicable)

<b>**For Dept. use only**</b>		
<input type="checkbox"/> State Plan Eligibility	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> ICF/ID LOC Eligibility	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reason for Denial: _____		
Signature of Authorized Representative of the Department: _____		Date _____

## Return the completed eligibility application for adults with developmental disabilities via email, mail, or to the office nearest you.

### Region 1

*(Counties served- Benewah, Bonner, Boundary, Kootenai, and Shoshone)*

Location- 1120 Ironwood Drive, Suite 102 Coeur d'Alene, ID 83814	Phone- (208) 769-1567 Fax- (208) 666-6856 Email- BDDSQA1@dhw.idaho.gov
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### Region 2

*(Counties served- Clearwater, Idaho, Latah, Lewis, and Nez Perce)*

Location- 1118 F Street Mailing- PO Drawer B Lewiston, ID 83501	Phone- (208) 799-4430 Fax- (208) 799-5167 Email- BDDSQA2@dhw.idaho.gov
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### Region 3

*(Counties served- Adams, Canyon, Gem, Owyhee, Payette, and Washington)*

Location- <b>please bring to:</b> 1720 Westgate Drive, Suite B Boise, ID 83704	Phone- (208) 334-0940 Option #3 Fax- (208) 334-0953 Email- BDDSQA3@dhw.idaho.gov
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### Region 4

*(Counties served- Ada, Boise, Elmore, and Valley)*

Location- 1720 Westgate Drive, Suite B Boise, ID 83704	Phone- (208) 334-0940 Option #3 Fax- (208) 334-0953 Email- BDDSQA4@dhw.idaho.gov
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### Region 5

*(Counties served- Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls)*

Location- 601 Pole Line Road, Suite 3 Twin Falls, ID 83301	Phone- (208) 736-3024 Fax- (208) 736-2116 Email- BDDSQA5@dhw.idaho.gov
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### Region 6

*(Counties served- Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power)*

Location- 1070 Hiline Road, Suite 260 Pocatello, ID 83201	Phone- (208) 239-6260 Fax- (208) 239-6269 Email- BDDSQA6@dhw.idaho.gov
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### Region 7

*(Counties served- Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton)*

Location- 150 Shoup Avenue, Suite 20 Idaho Falls, ID 83402	Phone- (208) 528-5750 Fax- (208) 528-5756 Email- BDDSQA7@dhw.idaho.gov
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