



ELIGIBILITY DETERMINATION AND TEAM SIGNATURES

SECTION 1: CHILD INFORMATION

Child's First Name:	Child's Last Name:	DOB:	BRIDGES ID #:
Date of Eligibility Determination/Evaluation:		Date of Eligibility Team Meeting: (must match signature)	

SECTION 2: ELIGIBILITY STATUS

Type of Eligibility: Initial Annual Other

<input type="checkbox"/> Child is NOT Eligible . Community resources discussed: Referrals made to: (if applicable)	<input type="checkbox"/> Child is ELIGIBLE based on Established Risk Condition (ERC). Diagnosis: Informed Clinical Opinion? <input type="checkbox"/> Yes Child has a diagnosis not on the ERC list.	<input type="checkbox"/> Child is ELIGIBLE based on developmental delay. (check all that apply and enter domain score) <ul style="list-style-type: none"> <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Physical _____ <input type="checkbox"/> Social-Emotional _____ Informed Clinical Opinion? <input type="checkbox"/> Yes
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Methods and documents used to determine eligibility. (check all that apply)

Medical Records Ongoing Assessments/Developmental Evaluations Parent Report
 Formal/Informal Observation MCHAT/STAT Comprehensive Developmental Screening
 Hearing and Vision Questionnaire Other:

SECTION 3: ELIGIBILITY DETERMINATION TEAM

Signature	Date	Role
		<input type="checkbox"/> Intake Coordinator <input type="checkbox"/> Service Coordinator <input type="checkbox"/> Supervisor <input type="checkbox"/> Other
		<input type="checkbox"/> Intake Coordinator <input type="checkbox"/> Service Coordinator <input type="checkbox"/> Supervisor <input type="checkbox"/> Other
		<input type="checkbox"/> Intake Coordinator <input type="checkbox"/> Service Coordinator <input type="checkbox"/> Supervisor <input type="checkbox"/> Other