



**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 <b>NOT Eligible</b> .  Community resources discussed:  Referrals made to, if applicable:	<input type="checkbox"/> Child is <b>ELIGIBLE</b> 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 <b>ELIGIBLE</b> based on developmental delay. (check all that apply and enter domain score)  <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