

TO:

FROM: Division of Developmental Disabilities (DDD)

SUBJECT: Application Procedure

This is the application packet you requested which includes:

1. Request for DDD Eligibility Determination
2. Consent Form
3. Notice of Privacy Practices for Client Confidential Information
4. Table of: Eligible Conditions Specific to Age and Evidence Required to Determine Disability
5. Additional forms as required.

Please complete, sign and/or return the following “List of Required Attachments:”

- Signed Application with all parts completed.
 - Copies of any medical, or psychological assessments that indicate the Applicant's disability.
 - Signed *Consent to Exchange Confidential Information* – be certain to include addresses and telephone numbers for all providers.
 - Photocopy proof of Applicant's Residency in Washington State (utility bill, voter registration, etc.). If the Applicant is a child, proof of custodial parent's residency.
 - Signed HIPAA form (*Notice of Privacy Practices*).
 - Copy of Social Security card or documentation of SSN, if one exists.
 - Copy of Court Ordered Parenting Plan (if applicable).
 - Copy of Guardianship papers (if applicable).
 - Copy of Birth Certificate or Legal Adoption papers.
- If you need DDD to send for documentation and evidence, you must return a signed and completed Consent form.
 - DDD refers all children under age 3 to the local Lead Agency for early childhood services.

You will find additional information online at.

<http://www1.dshs.wa.gov/ddd/index.shtml>

Call one of the toll free numbers listed in the instructions included with the Request for Eligibility Determination (DSHS 14-151) if you have questions about completing the application or need special assistance.