Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Request for DDA Eligibility Determination

FOR OFFICE USE ONLY

☐ Initial ☐ Reapplication

DDA NUMBER:

Applicant Information

FIRST NAME | MIDDLE INITIAL | LAST NAME | BIRTHDATE

GENDER
☐ Female
☐ Male
☐ Non-binary
☐ Prefer not to say
☐ Unreported / unknown

MARITAL STATUS
☐ Never Married
☐ Divorced
☐ Married
☐ Separated
☐ Unmarried Partner
☐ Widowed

APPLICANT'S COMMUNICATION NEEDS
Interpreter Required: ☐ Yes ☐ No
Speaks English: ☐ Yes ☐ No ☐ Limited
Translate Documents: ☐ Yes ☐ No
Understands English: ☐ Yes ☐ No ☐ Limited
Primary written language:
Primary spoken language:

TRIBAL ENROLLMENT

SOCIAL SECURITY NUMBER

HIGHEST EDUCATION LEVEL OR TYPE

ETHNIC CODES (CHECK ALL THAT APPLY)
☐ American or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian / Other Pacific Islander ☐ Unreported

HISPANIC
☐ Yes ☐ No

MEDICARE
☐ Yes; type:
☐ No
Other insurance:

APPLICANTS USUAL HOUSING SITUATION
☐ Adult-Licensed Facility ☐ Homeless ☐ Relative's home
☐ Child – foster home ☐ Hospital, medical ☐ Own Home
☐ Correctional Facility / Jail ☐ Hospital, psychiatric ☐ Parent's Home
☐ Nursing Facility ☐ Other, describe:

STREET ADDRESS | CITY | STATE | ZIP CODE | COUNTY OF RESIDENCE

MAILING ADDRESS (IF DIFFERENT) | CITY | STATE | ZIP CODE | WASHINGTON IS MILITARY HOME OF RECORD: ☐ YES ☐ NO

PRIMARY PHONE NUMBER ( ) - ☐ CELL ☐ HOME ☐ WORK ☐ MESSAGE

OTHER PHONE NUMBER ( ) - ☐ CELL ☐ HOME ☐ WORK ☐ MESSAGE

EMAIL ADDRESS

LIST SCHOOL DISTRICTS ATTENDED AND DATES

TELL US WHY YOU ARE APPLYING

DEVELOPMENTAL DISABILITY AND THE AGE FIRST OBSERVED
Age first diagnosed:
☐ Autism ☐ Epilepsy
☐ Cerebral Palsy ☐ Intellectual Disability
☐ Chromosomal Condition ☐ Neurological Condition
☐ Developmental Delay

DISABILITY DETERMINATION SERVICE APPLICATION
Has the applicant applied for Social Security Disability Benefits, Supplemental Security Income, or DSHS Non-Grant Medical Assistance in the last year?
☐ Yes ☐ No

Representative Information

FIRST NAME | MIDDLE INITIAL | LAST NAME | PRIMARY LANGUAGE

MAILING ADDRESS | CITY | STATE | ZIP CODE

Interpreter: ☐ Yes ☐ No
Translation: ☐ Yes ☐ No

PRIMARY PHONE NUMBER ( ) - ☐ CELL ☐ HOME ☐ WORK ☐ MESSAGE

OTHER PHONE NUMBER ( ) - ☐ CELL ☐ HOME ☐ WORK ☐ MESSAGE

EMAIL ADDRESS

RELATIONSHIP TYPE / ROLE | LEGAL RELATIONSHIP (ATTACH DOCUMENTS) | LIVES WITH APPLICANT ☐ Yes ☐ No

NAME OF OTHER REPRESENTATIVE / ROLE / EMAIL

NAME OF OTHER REPRESENTATIVE / ROLE / EMAIL

Signature(s)

SIGNATURE OF ADULT APPLICANT | DATE

SIGNATURE OF PARENT OR LEGAL REPRESENTATIVE | DATE | LEGAL RELATIONSHIP

Request for DDA Eligibility Determination Instructions

List of Required Attachments This application cannot be accepted without the required attachments.

- ☐ Signed Application with all parts completed.
- ☐ Signed HIPAA form (Notice of Privacy Practices).
- ☐ Signed Consent to Exchange Confidential Information – include phone numbers for all contacts. Applicants 13 or older must sign.
- ☐ If there is a legal representative, copies of guardianship papers or other court documents showing authority.

Applicant Information The applicant is the person for whom DDA Eligibility is being requested.

Applicant Name: Enter the legal name of the applicant. Do not enter nicknames.

Birthdate: Enter the month, day and year of the applicant's date of birth.

Gender: Choose the answer that is most applicable or unknown / unreported if the applicant prefers not to answer this question.

Applicant's Marital Status: Indicate the applicant's current marital status.

Communication: Indicate the applicant's communication method(s).
If the applicant requires an interpreter or translation of written correspondence check the box to indicate YES.
Indicate whether the applicant speaks, understands or has limited English.
Write in the applicant's primary spoken and written language or communication method, including American Sign Language (ASL) or other sign language, Braille, or if the applicant uses a TDD or other communication device.

Tribal Enrollment: Write in the applicant's tribal enrollment, if any. Otherwise, write "N/A."

Social Security Number: Write in the applicant's Social Security Number, if one exists.

Education: Write in the highest level or type of education attained by the applicant.

Ethnic Codes: Indicate the answer(s) that best describe the applicant's ethnicity. **Hispanic**: If the applicant is Hispanic indicate YES.

Medicare: If the applicant receives Medicare indicate YES. Write in the type(s) of Medicare: A, B, C, D.

Other Insurance: Enter the name of any other health insurance plan (government or private), if applicable.

Applicant's Usual Housing Situation: Check the box that best describes the applicant's current housing arrangement.

Contact Information: Write in the applicant's current residence address, mailing address and phone number(s).

School Districts: Write in the school districts attended by the applicant – include a phone number for each district. If you want us to request records the school districts must also be listed on the Consent.

Reason for applying: Write in the reason(s) for applying and list services the applicant or applicant's family are interested in.

Developmental Disability: Indicate one or more diagnosis for the applicant and the age of the applicant when they were first diagnosed. Feel free to use another sheet of paper to tell us more.

Disability Applications: Indicate whether the applicant has applied for a determination of disability in the last year. This could have been for Social Security, Supplemental Security Income or Non-Grant Medical Assistance. This information can assist us in locating records.

Representative Information: Name and contact information of someone who will be able to contact the applicant or give us contact information if we are unable to reach the applicant. **Primary Language:** List language and indicate if interpretation / translation is needed.

Relationship Type / Role: Write in how the representative knows or is related to the applicant.

Legal Representative: Write in the legal relationship if one exists. A Legal Representative is a parent of a child under eighteen with legal decision making authority; a person's legal guardian; a person's limited guardian when the limited guardian has authority over health care decisions; a person's attorney at law; a person's attorney in fact (someone with power of attorney who has been authorized to make health care decisions); or any other person who is authorized by law to act for the person in question. Documentation of legal relationship must be included with application.

Applicant and/or Legal Representative Signature If the applicant is under age 18, his or her parent or legal representative must sign and date the application. If the applicant is age 18 or over, either the applicant or his or her legal representative must sign and date the application.

Return the application and required attachments to the corresponding office below.

Region 1 Headquarters (**Counties served:** Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima)
1611 W INDIANA AVE
SPOKANE WA 99205-4221
Toll Free: 1-800-462-0624

Region 2 Headquarters (**Counties served:** Island, King, San Juan, Skagit, Snohomish, Whatcom)
20311 52ND AVE W STE 302
LYNNWOOD WA 98036-3901
Toll Free: 1-800-788-2053

Region 3 Headquarters (**Counties served:** Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum)
1305 TACOMA AVE S STE 300
TACOMA WA 98402-1903
Toll Free: 1-800-248-0949

For more information about DDA Eligibility, go to https://www.dshs.wa.gov/dda/consumers-and-families/eligibility.