## Request for DDA Eligibility Determination

**DDA** is an acronym for Developmental Disabilities Administration. It is a government agency that provides services to individuals with developmental disabilities. The form is used to request eligibility determination for these services.

### Fields
- **Name:**
- **Date of Birth:**
- **Address:**
- **Phone Number:**
- **Email Address:**
- **Emergency Contact:**

### Questions
- Are you a U.S. citizen?
- Have you ever been married?
- Have you ever lived in Alaska?
- Have you ever lived in Hawaii?

### Additional Information
- **Current Living Situation:**
- **Previous Living Situation:**
- **Education:**
- **Employment:**
- **Health Insurance:**

### Signed by Parent/Guardian
- **Parent/Guardian:**
- **Relationship:**
- **Signature:**
- **Date:**

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**FOR OFFICE USE ONLY**

- **Initial:**
- **Reapplication:**

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**REQUEST FOR DDA ELIGIBILITY DETERMINATION**

**DSHS 14-151 P.J. (REV. 06/2017) Punjabi**