



DIVISION OF DEVELOPMENTAL ADMINISTRATION (DDA)

Epilepsy Verification Request

TO:

FROM:

RE: _____
NAME DATE OF BIRTH

The Developmental Disabilities Administration (DDA) is making an eligibility determination for the above person. In order to make a determination under the condition of Epilepsy, we need the following information. Your cooperation is much appreciated.

Please answer these questions, sign and date, and return to DDA in the enclosed envelope.

If you have questions, please call me at:

Diagnosis: Epilepsy Seizure Disorder

Yes No

A diagnosis of Epilepsy or Seizure Disorder by a Board Certified Neurologist.

This diagnosis originated before the individual reached eighteen years of age.

Seizures are currently uncontrolled, ongoing and cannot be controlled by medication.

During or following seizures, the person is physically incapacitated, requiring direct physical assistance in toileting, bathing, eating, dressing, mobility, or communication.

How did you determine the existence of epilepsy prior to 18 years of age for this individual? What evidence was used for this determination?

PHYSICIAN'S SIGNATURE

DATE

Enclosure: Business Reply Envelope
Consent Form