



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
EARLY SUPPORT FOR INFANTS AND TODDLERS (ESIT)

Documentation of ESIT Eligibility for DDA

CHILD'S NAME: FIRST MIDDLE INITIAL LAST		CHILD'S BIRTHDAY	CHILD'S ESIT ID NUMBER
Eligibility Information <p>The child is eligible for ESIT / Part C Services because he/she has (check one):</p> <input type="checkbox"/> A 1.5 standard deviation or 25% delay in development in one or more areas. <input type="checkbox"/> A diagnosed condition that is likely to result in a delay in development. <input type="checkbox"/> Informed Clinical Opinion was used as the primary source of eligibility determination. Eligibility Decision Date: _____			
My signature below certifies that I have: <ul style="list-style-type: none"> Reviewed the child's eligibility documentation. Verified that the child meets all eligibility criteria for the Washington State Early Support for Infants and Toddlers (ESIT) program as outlined in Chapter 110-400 WAC. Ensured that evidence documenting eligibility is available for review in both the ESIT data management system and the child's file. 			
SIGNATURE		DATE	PRINT NAME HERE
TITLE		TELEPHONE NUMBER (INCLUDE AREA CODE)	
PART C EARLY INTERVENTION PROVIDER / FRC AGENCY			

Enclosures: DDA Application, Signed Consent