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**  The child is eligible for ESIT / Part C Services because he/she has (check one): A 1.5 standard deviation or 25% delay in development in one or more areas.  A diagnosed condition that is likely to result in a delay in development.  Informed Clinical Opinion was used as the primary source of eligibility determination.  Eligibility Decision Date: | | | | | | |
| My signature below certifies that I have:   * 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

**DOCUMENTATION OF ESIT ELIGIBILITY FOR DDA DSHS 15-435 (REV. 11/2019)**