Request for Determination of Developmental Delay

Community Centered Board Information	
Community Centered Board: The Resource Exchange	
Address: 6385 Corporate Drive, Suite 301, Colorado Springs, Colorado 80919	
Phone: (719) 380-1100	Fax:
Website: www.tre.org	

Child Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Address:		County:
Primary Language:	Ethnicity:	
Person Making Referral:		
Current Living Arrangements:		

Primary Contact(s) Information *(complete all that apply)*		
Parent/Guardian Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Additional Contact (Example: family member, DHS Caseworker, foster parent, etc.)		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Guardian Information		
Is there a Court Appointed Guardian (not GAL)? ☐ Yes ☐ No		
Guardian Name:	Relationship to Applicant:	

Financial and Medical Benefits Information *(complete all that apply)*		
SSN:	Medicaid State ID:	
Supplemental Security Income (SSI) Amount:		

Medical Information

List medical and health needs:

Name of Primary Care Physician:

Address: Phone:

Name of Medical Specialist:

Address: Phone:

Services and Supports Information

List services and supports received by the applicant such as mental health services, therapies, early intervention, etc.:

Acknowledgements and Signatures

I understand this application is intended to solely determine whether my/our child meets criteria for a Developmental Delay as defined by Colorado Revised Statutes C.R.S 25.5-10.202.

I understand pursuant to 10 CCR 2505-10 Section 8.503 and 8.600.4 a determination of developmental delay does not constitute a determination of eligibility for services or supports. Eligibility for Health First Colorado (Colorado's Medicaid Program) funded programs specific to persons with developmental disabilities shall be determined pursuant to 10 CCR 2505-10.

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.600 et seq and Sections 25.5-10-202, C.R.S. the following information:

1. A copy of the Confidentiality/Privacy Notice (HIPPA);
2. A copy of the Dispute Resolution procedure;
3. A copy of the Grievance procedure; and,
4. A copy of the current Colorado Developmental Delay Definition.

Parent/Guardian Signature: Typed/Handwritten Signature: Or Electronic Signature:	Date:
Parent/Guardian Signature: Typed/Handwritten Signature: Or Electronic Signature:	Date:
Authorized Representative Signature: Typed/Handwritten Signature: Or Electronic Signature:	Date:

For CCB Completion Only	
Developmental Disabilities Professional receiving the request:	
Name:	Title:
Date completed and signed request received by CCB (Request Date):	
Date all documents needed for determination received (Determination Date):	