

Ohio Department of Developmental Disabilities
Form for Eligibility Determination (FED)

Applicant Information

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>SS#</u>
<u>Home Address (city/state/zip)</u>			<u>Home Phone (include area code)</u>
<u>Date of Application</u>	Initial Determination: _____		Redetermination: _____

Prior Enrollment

<input type="checkbox"/> Check here if eligible based on prior enrollment	<p>If, on July 1, 1991, the individual was at least age 18, and eligible for and enrolled in a county board of mr/dd program, STOP! The person is eligible in your county. If, on January 10, 1992, the individual was receiving case management services only due to having mild mental retardation with no SDD, the person is eligible for case management services only. If the person wants other services, complete the FED and OEDI.</p>
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YES NO 1. Does the individual reside in the county where application for services has been made? If ***no***, STOP! The person is not eligible in this county.

2. List all of the person's disabilities and the source of diagnosis (documentation need not be current).

Disability	Source (e.g., Psych Report, Dr. Gibb, 5/31/95)

YES NO 3. Does the person have qualifying physical or mental impairments other than a sole diagnosis of mental illness? If ***no***, STOP! The person is not eligible.

YES NO 4. A. Was the person's disability manifested before age 22? If ***no***, STOP! The person is not eligible.

YES NO B. Is the person's disability likely to continue indefinitely? If ***no***, STOP! The person is not eligible.

5. Completion of the OEDI showed substantial functional limitations in the following areas: (x all applicable):

- MOBILITY
 SELF CARE
 SELF DIRECTION
 CAPACITY FOR INDEPENDENT LIVING
 ECONOMIC SELF-SUFFICIENCY
 LEARNING
 RECEPTIVE AND EXPRESSIVE LANGUAGE

YES NO 6. Does the person have at least **THREE** areas of substantial functional limitation (SFL)? If ***no***, STOP! The person is not eligible. Notify individual of eligibility decision and appeal procedure in writing.

If yes to items 1, 3, 4A, 4B, and 6, the person meets the eligibility requirements for the County Board of DD.

<input type="checkbox"/> Individual meets the above requirements and is eligible for County Board of DD services.			
<input type="checkbox"/> Individual does not meet above requirements and is not eligible for County Board of DD services.			
<hr/> Signature of Authorized County Board of DD Designee	<hr/> Title	<hr/> County	<hr/> Date