

Department of Health and Social Services; Senior and Disabilities Services

# APPLICATION INTAKE INSTRUCTIONS for DEVELOPMENTAL DISABILITIES ELIGIBILITY DETERMINATION and REQUEST FOR SERVICES

This booklet is designed to provide step by step through the application process of requesting services for individuals with intellectual and developmental disabilities through Senior and Disabilities Services (SDS).

The application is divided into five sections (A-E).

## **Section A: INFORMATION ON THE PERSON NEEDING SERVICES**

Enter the name, address, and pertinent client and guardian information.

## **Section B: SERVICE INFORMATION**

Who is currently assisting the applicant, what additional services are needed, who might provide the assistance, in what town or village the assistance is needed, and what changes have occurred that make services necessary at this time?

## **Section C: FUNCTIONAL ASSESSMENT**

Describe the applicant's abilities and supports needed in seven areas of life tasks.

## **Section D: ELIGIBILITY FOR SERVICES**

Include documentation necessary to establish that the applicant has a developmental disability as defined by Alaska state statute.

## **Section E: INFORMATION RELEASE AND ASSURANCES**

A signed "release of information" (found on the SDS web at <http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx#idd> ) authorizes Senior and Disabilities Services to contact the reference source listed on the information release. If you have questions regarding the intake application form, call the Health Program Manager listed below.

Anchorage Office  
(Anchorage and Mat-Su)  
550 W. 8th Ave  
Anchorage, AK 99501  
(907) 269-3666 1-800-478-9996  
TTY: (907) 269-3624

Fairbanks Office  
(All other areas)  
751 Old Richardson Highway, Suite 100A  
Fairbanks, AK 99701  
(907) 451-5045 1-800-770-1672  
TTY: (907) 451-5093

Collect calls will be accepted, or leave a message and a Health Program Manager will return your call.

## **SECTION A: INFORMATION ON THE PERSON NEEDING SERVICES**

1. **Name:** The applicant is the person experiencing the disability who is applying for services, *not* the parent, guardian, or other legal representative who may be completing the form on the applicant's behalf.
2. **Address:** List the current address where you receive correspondence.
3. **Telephone Number:** List the number where the applicant is physically located if different from the number of the legal guardian. Please state if this is a message, home or work number.
4. **Sex:** Check the correct box.
5. **Marital Status:** Check the correct box.
6. **Date/Place of Birth:** Please state in numbers (xx/xx/xxxx). Specify the city and state of birth.
7. **Ethnicity:** Identify the ethnicity with which the applicant most closely identifies.
8. **Name of Legal Guardian:** If the applicant is not his or her own guardian, please name the court appointed person responsible for making legal decisions for the applicant, even if only partial guardian *or* conservator.
9. **Guardian's Address:** List all information, even if the person completing the form is not the guardian.
10. **Guardian's Telephone:** Please include both home and work telephone numbers.
11. **Self-Designated Support (optional):** If you do not have a legal representative, please provide the contact information of anyone who assists you. We will copy your eligibility and Registry mail to the person indicated. **Please ensure this name is also listed on the Release of Information and that the Release of Information is updated annually.**  
Forms can be found at <http://dhss.alaska.gov/dsds/Pages/info/approvedforms.aspx#idd> .

## **SECTION B: SERVICE INFORMATION**

1. **What services or supports do you need?**  
The person applying for services should, if at all possible, be involved in filling out this section of the intake form. List the kinds of activities, housing arrangements, additional caregivers, or other type of supports needed.
2. **How soon do you need these services?**  
Some people need assistance immediately because life circumstances have changed. Others need temporary or short-term assistance while waiting for a place to live or work. Please let us know how far in the future or by what date you need the supports listed in number 1.

3. **What agencies or people in your community are helping you now?**

People who experience a disability usually have a network of family, friends, and agencies that assist them. Please list the people who assist you in your community. This helps us determine if there is a support that you should be getting but currently are not.

4. **Why are you requesting services at this time?**

Is there something that has changed in the life of the individual who is seeking services, or the helping network that causes this application to be filed? In many cases, requests for services are part of a future planning effort rather than a reaction to a significant change.

5. **5. In what community will you need the services and supports you are requesting?**

One of the most basic issues associated with freedom of choice is choosing a place to live. What city or village you would like to live in and receive the supports listed in question 1.

6. **6. Are there particular agencies or individuals that you would like to provide your services and supports? Are there any special conditions you would like to place in these services?**

In some Alaskan communities specific services exist for people who experience a developmental disability. In most places the State does not have a grant available to provide services. In many communities there are people who have been assisting the individual who is requesting services. It is possible, in some cases, to utilize these natural helpers by providing them training, income, and other professional supports. The only restriction is that the person helping cannot live in the natural family home with the person needing help. Because a service is in a community that has a State grant it does not necessarily mean that one has to settle for what is available from that program. We will attempt to provide you with the supports you want and need through changing existing services or creating new ones. Individuals do not have to accept a service just because it is one that exists at the current time. Many individuals have values and preferences that are important to their culture or family. Whenever possible we would like to be made aware of these values so they can be made a part of the delivery of services to the individual.

7. **7. Please check if the person needing services has received any of the following in the past six months.**

The information being requested in this question is to determine if the person needing services is getting all of the benefits they may be entitled to receive. Information as to the amount of income received from the programs is utilized by Regional Program Specialists when assisting families in planning for services. The dollar amount received from each program is not required information and you may leave it blank if you wish.

**SECTION C: FUNCTIONAL ASSESSMENT**

Eligibility requires that an individual be substantially limited in three of the seven activities of daily living. Carefully describe how much assistance or what supports must be provided for the individual, to successfully complete each activity area. If you are assisting an applicant who cannot sign the form, list your relationship to the applicant.

The boxes to the left of the questions are used by the Regional Program Specialist to indicate if the life area, in their judgment, is substantially impaired.

**1. What kind of assistance do you need, if any, in eating, dressing, and toileting?**

This question is looking for the types of adaptive devices or specialized procedures necessary for the person to accomplish everyday life activities. An example of assistance in eating might be someone has to cut up food because the individual cannot do it or the individual must have a special cup to enable him or her to drink liquids.

Assistance in dressing may be someone other than the person experiencing the disability dressing the individual or the person may need to be told to put on a coat in cold weather. Toileting assistance may be reminding the individual who experiences a disability to remember to toilet or it may require taking the individual to the toilet to help with hygiene procedures.

**2. What is your primary means of communicating with others? Describe any special supports or assistance you use for communicating with other people.**

Is the individual experiencing the disability able to speak, write, and read? Can they follow spoken or written directions? In order to communicate does the individual need to have the assistance of a special communication board or someone who can use sign language or some other form of special support?

**3. What is the easiest way for you to learn new information and skills? Do you need any extra help or support to make learning easier?**

People learn new information or skills by reading about, seeing, listening, or practicing the new skill or pieces of information. If you were to teach the individual a new skill, such as learning their address, or putting on a shirt, what would be the best way to teach that skill from your past experience with the person? In teaching the skill, what would you do differently that you would not do when teaching a person who does not experience a disability?

**4. Describe any special equipment or assistance you need to move from one place to another at home, work, or in the community.**

The information sought in this question is descriptive of the equipment such as a wheelchair or a brace or a specialized service such as car with a lift or adaptations to a building such as a ramp that make it possible for the individual to move from one location to another.

**5. What kinds of decisions are you able to make on your own? Describe any support or assistance you rely on to make decisions, or to get through your daily routine.**

Does the individual make decisions about paying bills, what to prepare for dinner, who should be their friends or housemates? Does the individual need a conservator or payee to help with paying bills?

Has the court appointed a guardian or a conservator? Does the individual have a representative payee? What kinds of decisions does the person who experiences a disability need support or assistance in making?

**6. What supports do you need to live independently in your home; do your own shopping, meal preparation, home maintenance, scheduling and keeping appointments, etc.?**

List the services or individuals that come into the home to assist in accomplishing tasks that would ordinarily be done by the person living in the home if they did not experience a disability. Examples of such services would be homemakers, home health care, or someone that takes the person who experiences a disability shopping.)

**7. What assistance is necessary for you to support yourself with income from a job, or through subsistence activities?**

People who experience developmental disabilities sometimes require a variety of supports to maintain employment. Examples of supports would be job coach, a supervisor that is specially trained to supervise people who experience a developmental disability. List jobs or tasks that the individual does in part and another person completes. The individual who experiences a disability may never have had a job and their only income is from a federal or state check.

**SECTION D: ELIGIBILITY FOR SERVICES**

Once a completed application form has been provided to the Division, a Health Program Manager/Qualified Intellectual disability Professional (QIDP) will determine eligibility for services based upon the following definition and interpretation of AS 47.80.900:

A “person with a developmental disability” means a person who is experiencing a severe, chronic disability that:

- 1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- 2) Is manifested before the person attains age 22;
- 3) Is likely to continue indefinitely;
- 4) Results in substantial functional limitations in three or more of the following areas of major life activity:
  - a. Self-care,
  - b. Receptive and expressive language,
  - c. Learning,
  - d. Mobility,
  - e. Self-direction,
  - f. Capacity for independent living,
  - g. Economic self-sufficiency; and
- 5) Reflects the individual’s need for a combination and sequence of special interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Often the applicant may have other diagnoses, whether associated with the disability or not, which are helpful in determining the scope of supports required. The division may be able to refer the individual to other resources, which may be of assistance.

Mental or physical impairments caused by mental illness are not considered a developmental disability. This would include all mental illness diagnosis that is coded on Axis I using the Diagnostic and Statistical Manual of Mental Disorders III-R.

Documentation of the applicant's disability is necessary to allow Senior & Disabilities Services to complete the eligibility assessments. Medical records are only one source of verifying a disability. School district records, public health records, or any responsible, professional assessment will be utilized in determining eligibility for services. Please send any evaluation you already have, rather than getting a new one if it is at all possible.

For older children and adults, measurable and objective evaluations are usually easy to obtain. A pediatrician, infant learning specialist, or public health nurse can rate the percentage of developmental delay in chronological terms that will show comparisons in a child's fine motor, gross motor, learning and communication development.

For children, who because of multiple health impairments standardized testing is not valid, a medical review/description of the child's health impairments with a statement of their life long nature will be necessary to determine the child's developmental delay.

**Documentation will be necessary to determine eligibility.** Please ignore the information below the double line on page seven of the application, as this section will be used by State personnel.

**SECTION E: INFORMATION RELEASE AND ASSURANCES**

Signing the release form will allow the Health Program Manager/Qualified Intellectual Disability Professional to contact the agency you have listed on the release form so that information may be obtained to complete the eligibility determination.

The bottom of page seven under STATE USE ONLY on the application is used to document the eligibility decision