

APPLICATION FOR REDETERMINATION OF ELIGIBILITY AT AGE 18

- This application must be completed and filed with the Division of Developmental Disabilities (DDD) prior to the age of 18 in order to continue to receive services. Failure to submit this application prior to the age of 18 shall result in the termination of DDD services.
- Upon completion of this application, please submit it to your assigned DDD Support Coordinator.

Section A (Applicant Information)

Name: _____ DOB: _____

Place of Birth: _____ Gender: _____

Race/Ethnicity: _____ Primary Language: _____

Home Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Email Address: _____

Mailing Address (if different from home): _____

City: _____ State: _____ ZIP Code: _____

Contact Preference:

Telephone Email US Mail

Do you want to register to vote:

Yes No

Section B (Legal Guardian Information, if applicable)

Legal Guardian Name (Legal Guardian is a person who is appointed by a probate judge):

Relationship to Applicant: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Phone: _____

Date of Current Guardianship (please attached current order to this application): _____

County/State Guardianship was obtained: _____

*By signing below, I agree that:

- I have been informed of the services provided by this agency.
- I consent to continue to receive services from this agency.
- I understand that if I am referred to AHCCCS for an ALTCS eligibility determination, I must cooperate in this determination process.
- As part of my application to this division, I have been informed of the DDD eligibility criteria and of my rights relevant to the redetermination process.
- I am a US citizen and an Arizona resident.
- I will submit this application to my assigned DDD Support Coordinator by my 18th birthday.
- If I have a legal guardian, I will submit with this application all current court orders from a Probate Court stating legal guardianship.
- I will work with my assigned DDD Support Coordinator and/or DDD Eligibility Specialist to obtain needed documents to continue DDD eligibility.
- I attest that everything I have stated in this application is true.

Who can sign the application?

- An applicant over 18 years of age without a court appointed legal guardian
- A legal guardian, appointed by a court (need to provide proof of guardianship)

Name (please print): _____

Relationship to Applicant

Self Court Appointed Legal Guardian

Responsible Person's Signature: _____

Today's Date: _____