

APPLICATION FOR REDETERMINATION OF ELIGIBILITY AT AGE 18

To consider if you can keep DDD eligibility after you are age 18, the Division must get a completed application from you. To apply to continue eligibility, please complete the following steps:

STEP 1: Complete and sign this application.

STEP 2: Give the signed application and any guardianship orders to your assigned DDD Support Coordinator.

STEP 3: If we ask, after we have received this application, to give us records showing you have a developmental disability, including professional assessments and evaluations and a description of any other conditions you have. We will only ask you for records if we don't already have these records.

Section A (Applicant Information)

Full Legal Name: _____ Date of Birth: _____

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

Section B (Responsible Person's Information)

Check this box if you are the parent/legal guardian applying on behalf of a currently eligible individual.

Check this box if you are an individual over the age of 18 and applying for yourself.

Complete the section below only if you are the parent/legal guardian

Full Legal Name: _____

Home Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Home Telephone Number: _____ Email Address: _____

Mailing Address (if different from home): _____

City: _____ State: _____ ZIP Code: _____

Date of current guardianship (please attach current order to this application): _____

County/State guardianship was obtained, if applicable: _____

*By signing below, I agree that:

- I am a US citizen and an Arizona resident.
- I will give this application to my assigned DDD Support Coordinator.
- I have given DDD all current court orders from a Court documenting legal guardianship.
- I will work with my assigned DDD Support Coordinator and DDD Redetermination Specialist to get any documents I need to continue DDD eligibility. I will ask them to help me collect records if I need their help.
- Everything I have stated in this application is true.

Who can sign the application?

- Parent/legal guardian of the individual under the age of 18
- An individual 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): _____

Responsible Person's Signature: _____

Today's Date: _____

Please submit this application to your assigned DDD Support Coordinator