

AZEIP COVER SHEET**DDD APPLICATION FOR ELIGIBILITY DETERMINATION****AZEIP CONTRACTOR INFORMATION*****Required Fields**

1. Region*: _____ 2. Child ZIP Code*: _____
 3. AzEIP Contractor*: _____ 4. Child is in ACP: Yes No
 5. AzEIP SC*: _____ 6. Phone*: _____ 7. Email*: _____
 8. AzEIP Supervisor*: _____ 9. Phone*: _____ 10. Email*: _____

CHILD DEMOGRAPHICS

11. Child's Name (Last, First, M.I.):* _____
 12. AKA: _____ 13. Date of Birth*: _____
 14. I-TEAMS ID*: _____ 15. CIF/Assist*: _____
 16. Please close DDD referral: _____
 17. Reason family declined: _____
 18. AzEIP Eligibility Date*: _____ 19. Initial IFSP: _____ 20. Date of IFSP: _____
 21. ALTCS Application Submitted*: _____ 22. Submitted by: _____
 23. Child is in the care of DCS*: _____ 24. DCS CM Name: _____
 25. DCS Office Address: _____
 26. DCS CM Phone: _____ 27. DCS CM Email: _____

COMPLETE APPLICATION PACKET

28. In an encrypted email to DDDEIUIntakes@azdes.gov, submit this Cover Sheet with the complete documents below:

Application for Eligibility Determination ([DDD-0525A](#)) AzEIP Consent to Bill Health Insurance ([GCI-1041A](#))
 AzEIP Developmental Evaluation Report ([GCI-1043A](#)) Medical Records

As applicable:

Guardianship/Legal Responsibility Documents/Court Minutes (*required if child is not in custody of biological parent(s)*)
 Assessment Protocol (as applicable) Individualized Family Service Plan ([GCI-1021A](#)) (if completed)
 Other: _____

29. Additional Information for DDD Eligibility Team:

30. Date Packet Submitted: _____

TO BE COMPLETED BY DDD ELIGIBILITY SPECIALIST

31. Date Received in Focus: _____ 32. Date DDD Eligibility Packet Identified Complete: _____
 33. Date Missing Information Requested: _____ 34. Date Requested Information Received: _____
 35. Date of DDD Eligibility Determination: _____ 36. Date Response Sent to SC: _____
 37. DDD Eligibility Determination: _____
 38. If sent, date of ALTCS application submittal by DDD Eligibility Specialist: _____
 39. If DDD eligible, service coordination held by: _____
 40. DDD Unit Supervisor: _____
 41. Child Name in AHCCCS (*if different from above*): _____

Completed AzEIP DDD Eligibility Application Cover Sheet must be retained in the child's AzEIP Record.

See page 3 for EOE/ADA disclosures

Instructions for Completing the AzEIP DDD Eligibility Application Cover Sheet

AZEIP CONTRACTOR INFORMATION Section Questions

1. Region: Select Region
2. Child Zip Code: Enter zip code in which child resides
3. AzEIP Contractor: Select AzEIP Contractor
4. Child is in ACP (Address Confidentiality Program):
 - a. Mark Yes box if the child/family is enrolled in ACP**
 - b. Mark No box if the child/family is not enrolled in ACP
5. AzEIP SC (Service Coordinator): Enter SC name
6. Phone: Enter AzEIP SC phone number
7. Email: Enter AzEIP SC email address
8. AzEIP Supervisor: Enter AzEIP Supervisor name
9. Phone: Enter AzEIP Supervisor phone number
10. Email: Enter AzEIP Supervisor email address

CHILD DEMOGRAPHICS Section Questions

11. Child's Name: Enter child's name
12. AKA (Also Known As): If child is called by another name or nickname, enter that name; if no other name, enter N/A
13. Date of Birth: Enter date child was born
14. I-TEAMS ID: Enter child's assigned I-TEAMS six (6) digit ID number
15. CIF/Assist: Enter child's assigned CIF/Assist ID ten (10) digit number
16. Please close DDD referral: Select the reason for closing the referral from the drop down menu.
 - a. If Guardianship/Legal Documents/Court Minutes have not been obtained, no need to complete the remainder of the Cover Sheet
 - b. Stop here and submit the Cover Sheet in an encrypted email to DDDEIUIntakes@azdes.gov
 - c. Once required Guardianship/Legal Documents/Court Minutes have been obtained, complete a new AzEIP DDD Eligibility Application Cover Sheet and submit DDD Application Packet to DDDEIUIntakes@azdes.gov
17. Reason family declined: If "Family has declined to sign the DDD Application" is selected in 16, enter the reason the family does not want to apply for DDD.
 - a. No need to complete the remainder of this Cover Sheet
 - b. Stop here and submit the Cover Sheet in an encrypted email to DDDEIUIntakes@azdes.gov
18. AzEIP Eligibility Date: Enter the date AzEIP eligibility was determined
19. Initial IFSP: Select the child's current IFSP status from the drop down menu
20. Date of IFSP: Enter date of IFSP if one is scheduled or has been completed
21. ALTCS (Arizona Long Term Care System) Application submitted: Select yes or no from the drop down menu to indicate if an ALTCS Application is currently pending
22. Submitted by: Select the individual who applied for ALTCS from the drop down menu
23. Child is in the care of DCS (Department of Child Safety): Select yes or no from the drop down menu (If yes, complete questions 24-27 before proceeding; if no, proceed to question 28)
24. DCS CM (Case Manager) Name: Enter name of DCS CM assigned to the child
25. DCS Office Address: Enter address of DCS CM
26. DCS CM Phone: Enter DCS CM phone number
27. DCS CM Email: Enter DCS CM email address

COMPLETE APPLICATION PACKET Section Questions

28. In an encrypted email to DDDEIUIntakes@azdes.gov, submit the complete documents below with applicable signatures and this cover sheet to:
- Mark the box of each document that is submitted with the Cover Sheet
 - Every DDD Application Packet must include the following:
 - Application for Eligibility Determination ([DDD-0525A](#))
 - AzEIP Consent to Bill Health Insurance ([GCI-1041A](#))
 - AzEIP Developmental Evaluation Report ([GCI-1043A](#)) and/or Medical Records
 - As applicable, a DDD Application Packet also includes:
 - Guardianship/Legal Responsibility Documents/Court Minutes (required if child is not in custody of biological parent(s))
 - Assessment Protocol
 - Individualized Family Service Plan ([GCI-1021A](#)) (if completed prior to DDD application)
 - Other (include title(s) of additional document(s), as applicable)
29. Additional information for DDD Eligibility Team: Enter any information that would be helpful to the DDD Eligibility Team
- Examples:
 - Child is in the hospital, pending placement in a medical group home
 - Family at Ronald McDonald House until child is discharged from PCH and can return home to Yuma
 - Family in process of moving to a different region, will provide updated address to DDD Eligibility Team when move occurs
 - Previous DDD application was denied, new information now available and being provided
 - Family previously declined for insurance to be billed, now family consents to bill insurance, updated Consent to Bill Health Insurance form included with packet
 - Team identified the following concerns that may assist the DDD eligibility team in their decision
30. Date Packet Submitted

TO BE COMPLETED BY DDD ELIGIBILITY SPECIALIST Section Questions

31. Date Received in Focus
32. Date DDD Eligibility Packet Identified Complete
33. Date Missing Information Requested
34. Date Requested Information Received
35. Date of DDD Eligibility Determination
36. Date Response Sent to SC
37. DDD Eligibility Determination
38. If sent, date of ALTCS Application submittal by DDD Eligibility Specialist
39. If DDD eligible, service coordination held by
40. DDD Unit Supervisor
41. Child Name in AHCCCS portal (if different from above)

*This is a required field. The form will not be able to be saved without the completion of the field.

**ACP: Address identified on application is an ACP substitute address, not the child's actual residential address. Child zip code may not be zip code in which child resides. Contact AzEIP SC prior to assigning staff based on zip code.

For further guidance, please refer to the AzEIP Cover Sheet for DDD Application for Eligibility Determination Technical Assistance Bulletin ([AzEIP-TAB-04042024](#)).