

## Application for Eligibility Determination

**Important:** Review and complete the required steps outlined below. Failure to follow these steps may result in your application being delayed or denied.

**Step 1)** Complete the DDD Eligibility Checklist ([DDD-1991A](#)) for a **complete packet** guide

**Step 2)** Complete and hand-sign required pages of this application (DDD-1972A)

**Step 3)** Gather documents that support one of the five qualifying diagnoses and substantial limitations (see [DDD-0640A](#)):

Copy of U.S. birth certificate or citizenship / immigration (ex: refugee, legal status, etc.)  
Written proof of Arizona residency showing the applicant’s or legal guardian/representative name and residential address (ex: applicant’s Arizona driver’s license, Arizona identification card or Arizona motor vehicle registration; utility bill, lease, mortgage or rent receipt; certified copy of a school record; or signed employment statement from applicant’s non-relative employer)

Guardianship / Legal responsibility documents (if applicable)

Copy of all medical insurance cards (front / back)

Medical or Educational Records showing the Qualifying Disability and three significant limitations for the person applying if the person is over age six (6).

**Check all that apply:**

- Autism Spectrum Disorder      Cerebral Palsy      Intellectual (cognitive) Disability
- Epilepsy      At Risk for one of them (if under the age of 6 only)      Down Syndrome

**Step 4)** After reviewing the previous steps and what is required, are you ready to apply now?

Yes      No

If **No**, please apply when you have a **complete packet** or call 1-844-770-9500 option 4 to speak with a DDD Eligibility Specialist.

If **Yes**, continue to submit your application and supporting documents by

- 1) Email to [DDDAPPLY@azdes.gov](mailto:DDDAPPLY@azdes.gov);
- 2) Walk-in drop off and have the office send the completed application to [DDDAPPLY@azdes.gov](mailto:DDDAPPLY@azdes.gov).

### Section A. (Applicant Information)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:      Male      Female

AHCCCS A Number (If applicable): \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other: \_\_\_\_\_

Home Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Race/Ethnicity:	American Indian/Alaska Native	Asian	Black or African American
	Hispanic or Latino	White	Native Hawaiian or Other Pacific Islander
	Other _____		Declined

If you selected “American Indian/Alaska Native” above please select your Tribal Affiliation:

Mailing Address (If applicable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Contact Preference: Phone Email: \_\_\_\_\_  
 Do you want to register to vote? Yes No

**Section A.1**

**Professionals who can provide records for qualifying disabilities:**

- Licensed psychologist    • Psychiatrist    • Neurologist    • Neonatologist    • Licensed Primary
- School psychologist    • Pediatrician    • Early intervention team    • Certified Geneticist    Care Physician

**See page 2 on DDD-0640A for professionals who can provide a diagnosis for each specific qualifying disability.**

*Professionals accepted vary by disability. Ask your eligibility specialist if you have questions.*

Names and Contact Information	Type of Professional	Date of Evaluation

**Section B. (Parent/Foster Parent/Responsible Person, if applicable)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address (If different than applicant): \_\_\_\_\_ Alt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_  
 Legal Guardian Name (If different than above): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 (Legal guardian is a person who is appointed by a judge.)

**Section C. Health Insurance**

Type of Coverage <i>(private, public, etc.)</i>	Name of Health Plan	Policy Holder Name	ID/Group # and Policy #	Effective Date	Policy Holder's Date of Birth

**Section D. (Early Intervention and Educational History, if applicable)**

Early Intervention Program State or School Name and School District	Type of Support <i>(Services or type of plan such as Individual Education Plan or 504 Plan)</i>	Dates Attended

**By signing below, I agree that:**

- I am applying as or for the person named above who is a resident of the State of Arizona.
- I have been informed of the services provided by 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 application process.
- Applicants are required to assign rights to insurance benefits in accordance with R6-6-1303. If I am eligible and assigned to services, I authorize the release of information necessary to file a claim to my insurance company.
- 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 biological or adoptive parent applying for a minor child (*including children in foster care where parental rights have not been terminated*)
- A Child Safety Specialist from the Department of Child Safety, for children in foster care if the biological/adoptive is unavailable (*must have documentation showing reasonable efforts to obtain biological/adoptive parent signature*)
- A legal guardian, appointed by a court (*need to have documents of guardianship*)

Name (Please print): \_\_\_\_\_

Relationship to Applicant (i.e. parent, court-appointed guardian, self): \_\_\_\_\_

Responsible Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Hand-signed signature required)

Eligibility Locations where a completed application can be dropped off:

Office Name	Address	Phone Number
Flagstaff	1701 N 4 <sup>th</sup> St, Flagstaff, AZ 86004	(928) 637-0960
Chandler	125 E Elliot Rd, Chandler, AZ 85225	(480) 831-1009
Phoenix	4000 N Central Ave 2 <sup>nd</sup> Floor, Phoenix, AZ 85012	(602) 771-8888
Peoria	8990 W Peoria Ave, Peoria, AZ 85345	(602) 771-0012
Tucson	1455 S Alvernon Way, Tucson, AZ 85711	(520) 638-2600