

LIKELY ELIGIBILITY TOOL (LET)

Background and Instructions

The Likely Eligibility Tool (LET) is to be used by the Department of Child Safety (DCS) to screen children and youth in the care of DCS for signs of possible intellectual or developmental disabilities (ID/DD). The tool screens for potential eligibility only and does not make a child DDD eligible. To become eligible, a child must still be referred and enrolled through the Division's eligibility process.

This tool is used for children under age 6 who have signs of being at risk for one of the DDD qualifying diagnoses; Cerebral Palsy, Autism Spectrum Disorder, Cognitive/ Intellectual Disability, Down Syndrome, and Epilepsy. If more than one sibling is displaying observable signs that could indicate a qualifying diagnosis, a separate LET must be completed for each sibling. The Liaison or Placement Coordinator must observe the child to utilize the LET. A Completed LET must be submitted and approved by a DCS supervisor, or designee, and be accompanied by a completed *Authorization for Disclosure of Protected Health Information*.

For children under six (6), at least two (2) of the "Things to be Concerned About" must be observed and documented on the LET with a detailed narrative describing the behaviors, concerns, and functional limitations observed. For children aged six (6) and above, observations of substantial functional limitations attributable to a suspected DDD eligible condition, in at least three of seven functional limitation categories, must be documented with a detailed narrative. The child's age and any environmental deprivation issues must be considered when documenting substantial functional limitations.

Substantial functional limitations are defined in A.R.S. § 36-551(41), as "...A limitation so severe that extraordinary assistance from other people, programs, services, or mechanical devices is required to assist the person in performing appropriate major life activities."

Receptive and Expressive Language (*using the child's primary language*)

- Cannot communicate with others
- Cannot communicate effectively without the assistance of others or a mechanical device

Learning

- Requires special education supports and services
- Cannot participate in age-appropriate learning without assistance

Self-Direction

- Poor self control-impulse control due to a DD diagnosis
- Needs assistance with making decisions that affect their wellbeing
- Does not have safety awareness skills
- Needs help with personal finances

Self-Care

- Needs significant help with bathing, toileting, tooth brushing, dressing and grooming (taking care of themselves) due to inability to complete or not desire to complete the task(s).
- The time to complete self-care activities takes so long it affects attendance or success in school, employment or other activities of daily living.

Mobility

- Fine and gross motor skills are significantly impaired due to a likely diagnosis of Cerebral Palsy or Epilepsy
- Needs assistance from a mechanical device like a wheelchair or a walker to move from place to place. The time it takes for the person to complete a task affects keeping a job or completing activities in daily living

Capacity for Daily Living

- Needs daily supervision to help with health and safety. This includes completing household chores, preparing simple meals, using microwaves or other household equipment, using public transportation and shopping for food and clothing

Economic Self-Sufficiency

- Does not understand the concept of money earning/spending
- Can't perform tasks to keep a job
- Is limited in what they can earn
- Considering all expenses and the disability, the person earns below federal poverty level

Child's Name (*Last, First, M.I.*): _____

Child's Date of Birth: _____ DCS Case ID: _____

Name of person completing the form: _____

Supervisor/PM Signature approving LET: _____

Recommended DDD Residential Service Setting

Choose one:

Group Home

Nursing Supported Group Home

Child Developmental Home (CDH)

Child Developmental Home (CDH) with siblings

If Child developmental Home (CDH) with siblings

Name of Sibling: _____

Name of Sibling: _____

Name of Sibling: _____

Authorization for Disclosure of Protected Health Information completed?

Yes No

Children Under Six (6)

Look for evidence that a child either has one of the following developmental disabilities: Autism Spectrum Disorder, Cerebral Palsy, Intellectual (Cognitive) Disability, Epilepsy, or the child is At-Risk of developing one of these disabilities. At Risk is a child who shows a 50% delay in one of the following five developmental domains, or a 25% delay in two or more of the following five developmental domains:

Things to be concerned about (Check all that apply but no less than two observable signs):

Reference: [CDC Milestone Checklist](#)

2 months

- Doesn't pay attention to things as they move
- Doesn't smile at people
- Doesn't bring hand to mouth
- Can't hold head up when pushing from tummy
- Doesn't calm down when spoken to or picked up
- Can't make sounds other than crying
- Doesn't look at your face
- Doesn't seem happy to see you when you walk up to them
- Doesn't look at a toy for several seconds
- Doesn't move both arms and legs
- Doesn't open hands briefly

4 months

- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't hold head steady
- Doesn't coo or make sounds
- Doesn't chuckle when you try to make them laugh
- Doesn't look at you, move or make sounds to get or keep your attention
- Doesn't make sounds back when you talk to them
- If hungry doesn't open their mouth when they see a breast or bottle
- Doesn't look at their hands with interest
- Doesn't hold a toy when you put it in their hand
- Doesn't use their arm to swing at toys
- Doesn't bring hands to mouth
- Doesn't push up to elbows/forearms when on their tummy

6 months

- Doesn't try to get things that are in reach
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Doesn't know familiar people
- Doesn't like to look at themselves in the mirror
- Doesn't take turns making sounds with you
- Doesn't blow raspberries
- Doesn't put things in the mouth to explore them
- Doesn't close lips to show they don't want more food
- Doesn't push up with straight arms when on tummy
- Doesn't lean on hands to support themselves when sitting

9 months

- Doesn't sit with help from caregiver
- Doesn't babble (mama, baba, dada)
- Doesn't respond to own name
- Doesn't transfer toys from one hand to the other
- Isn't shy, clingy or fearful around strangers
- Doesn't show several facial expressions like happy, sad, angry or surprised
- Doesn't react when you leave (looks, reaches for you or cries)
- Doesn't smile or laugh when you play peek a boo
- Doesn't lift arms to be picked up
- Doesn't look for objects when dropped out of sight
- Doesn't bang two things together
- Doesn't use fingers to "rake" food towards themselves

12 months

- Doesn't search for things he or she sees a caregiver hide
- Doesn't say single words ("mama" or "dada")
- Doesn't use gestures (waving or shaking head for "yes" or "no")
- Doesn't play games with you like pat-a-cake
- Doesn't understand "no" (pauses briefly or stops when you say no)
- Doesn't put something in a container like a block or a cup
- Doesn't pull up to stand
- Doesn't walk holding onto furniture
- Doesn't drink from a cup without a lid as you hold it
- Doesn't pick up things between the thumb and index finger such as food

15 months

- Doesn't copy other children while playing, like taking toys out of a container when another child does
- Doesn't take a few steps of their own
- Doesn't look for familiar objects when you name them
- Doesn't say one or two words besides "mama", "dada,", "ba" for a ball or "da" for dog
- Doesn't clap when excited
- Doesn't show you affection (hugs, cuddles, or kisses you)
- Doesn't stack at least two small objects
- Doesn't show you an object that they like
- Doesn't hug a stuffed animal or other toys
- Doesn't follow directions given with both a gesture and a word
- Doesn't point to ask for something or to get help
- Doesn't try to use things the right way like a phone or cup
- Doesn't use fingers to feed themselves some food

18 months

- Doesn't point to show you something interesting
- Doesn't walk without holding on to anyone or anything
- Doesn't copy you doing chores like sweeping with a broom
- Doesn't try to say three or more words besides "mama" or "dada"
- Doesn't move away from you but makes sure you are close by
- Doesn't put hands out for you to wash them
- Doesn't look at a few pages in a book with you
- Doesn't help you dress them by pushing arm through a sleeve or lifting up foot
- Doesn't follow one-step directions without gestures
- Doesn't play with toys in a simple way like pushing a car
- Doesn't scribble
- Doesn't drink from a cup without a lid
- Doesn't feed themselves with fingers
- Doesn't try to use a spoon
- Doesn't climb on and off a couch or chair without help

24 months

- Doesn't say at least two word together (for example, "more milk")
- Doesn't walk up stairs with or without help (does not include climbing)
- Doesn't notice when others are hurt or upset like pausing or looking sad when someone is crying
- Doesn't look at your face to see how to react in a new situation
- Doesn't point to things in a book when you ask "where's the bear?"

- Doesn't to at least 2 body parts when you ask them to show you
- Doesn't use more gestures than waving and pointing like blowing a kiss or nodding yes
- Doesn't hold something in one hand while using the other hand (e.g hold a container and take the lid off
- Doesn't try to use switches, knobs or buttons on a toy
- Doesn't play with more than one toy at the same time like putting toy food on a toy plate
- Doesn't kick a ball or run
- Doesn't eat with a spoon

30 months

- Doesn't jump off the ground with both feet
- Doesn't say words like "I", "me", or "we"
- Doesn't follow two-step instructions like "Put the toy down and close the door."
- Doesn't say two or more words with one action word, like "Doggie Run"
- Doesn't follow simple routines when told
- Doesn't play next to other children
- Doesn't turn the pages of a book one at a time when you read to them
- Doesn't show you what they can do by saying "look at me"
- Doesn't say about 50 words
- Doesn't name things in a book when you point and ask "what is this?"
- Doesn't show simple problem-solving skills like standing on a small stool to reach something
- Doesn't show they know at least one color such as pointing to a red crayon when you ask "which one is red?"
- Doesn't use hands to twist things like turning door knobs and unscrewing lids
- Doesn't take some clothes by themselves like loose pants or an open jacket

3 years

- Doesn't calm down within 10 minutes after you leave him/her, like at a child care drop off.
- Cannot draw a circle, when you show him/her how
- Doesn't say their first name when asked
- Doesn't talk to you in a conversation using at least two back-and-forth exchanges
- Doesn't ask who, what, where, or why questions like "Where is mommy/daddy?"
- Doesn't use a fork
- Doesn't put on some clothes by themselves, like loose pants or a jacket
- Doesn't string item together, like large beads or macaroni
- Doesn't notice other children and joins them to play
- Doesn't say what action is happening in a picture or book when asked like running, eating or playing
- Doesn't talk well enough for others to understand most of the time
- Doesn't avoid touching hot objects like a stove when you warn them

4 years

- Doesn't pretend to be something else during play (a teacher, super hero or dog)
- Doesn't ask to go play with children if none are around
- Doesn't comfort others who are sad or hurt like hugging a crying friend
- Doesn't avoid danger like not jumping from tall heights
- Doesn't like to be a helper
- Doesn't change behavior based on where they are
- Doesn't say sentences with four or more words
- Doesn't say some words from a song, story or nursery rhyme
- Doesn't talk about at least one thing that happened during their day
- Doesn't answer simple questions like "what is a coat for or a crayon"
- Doesn't name a few colors of items
- Doesn't tell what comes next in a well-known story
- Doesn't draw a person with 3 or more body parts
- Doesn't catch a large ball most of the time
- Doesn't serve himself food or pour water with adult supervision
- Doesn't unbutton some buttons
- Doesn't hold crayons or pencil between finger and thumb (not a fist)

5 years

- Doesn't follow rules or take turns when playing games with other children
- Doesn't sing, dance, or act for you
- Doesn't do simple chores like clearing the table after eating
- Doesn't tell a story with at least 2 events. For example, a cat caught in a tree and a firefighter saved it
- Doesn't answer simple questions about a book or story after you read or told it to them
- Doesn't keep a conversation going with more than 3 back and forth exchanges
- Doesn't use or recognize simple rhymes (bat-cat and ball-tall)
- Doesn't count to ten
- Doesn't name some numbers between 1 and 5 when you point to them
- Doesn't use words about time like "yesterday, tomorrow, morning or night"
- Doesn't pay attention for 5 to 10 minutes during activities
- Doesn't write some letters in their name
- Doesn't name some letters when you point to them
- Doesn't show you what they can do by saying "look at me"
- Doesn't button some buttons
- Doesn't hop on one foot

Children Age Six (6) and Above

Look for evidence that a child either has one of the following developmental disabilities: Autism Spectrum Disorder, Cerebral Palsy, Intellectual (Cognitive) Disability, Epilepsy, or the child is At-Risk of developing one of these disabilities.

Cerebral Palsy	
<p>What to Look For:</p> <ul style="list-style-type: none"> Likely Diagnosis of Cerebral Palsy Delay in physical/motor skills Tone (hypotonia, hypertonia) Lower/upper trunk issues Using one side more than the other Stiff muscles, Spasticity, Contractures Tremors Difficulty controlling muscles used for speech such as lips and tongue Uses adaptive equipment such as ankle foot orthosis (AFO) Unsteady gait 	<p>Other issues, but not likely eligible:</p> <ul style="list-style-type: none"> • Club foot • Torticollis • Muscular Dystrophy • Multiple Sclerosis • Orthopedic disorders • Polio • Arthrogyrosis • Spina Bifida • Muscular or skeletal conditions • Mobility concerns from atrophy due to environmental concerns • Delays related to environmental issues

Observation:

Describe two or more observable signs and any other developmental concerns, and identify and describe the substantial functional limitations in daily life skills in 3 of the following 7 areas.

Receptive and Expressive Language

Learning

Self-Direction

Self-Care

Mobility

Capacity for Daily Living *(as age appropriate)*

Economic Self-Sufficiency *(as age appropriate)*

Autism Spectrum Disorder	
<p>What to Look For:</p> <ul style="list-style-type: none"> Likely diagnosis of Autism Spectrum Disorder Delays in social/emotional and communication skills Limited or no use of words Lack of sustained eye contact Does not respond to their name Repetitive words: echolalia (repeats what another person says or words heard on TV, radio, etc.) Repetitive actions: flapping hands or arms, clicking of fingers, blinking, rocking, lining up toys, insistence on routine or sameness, toe walking, fixations on items or parts of items, limited interests in things others their age are interested in Meltdowns/extreme outbursts as a response to being overwhelmed by environmental expectations Extreme difficulties with routines and changes Sensory concerns, abnormal response to sensory, sensory impairment (light, Texture, etc.) Doesn't play with other children Lacks pretend play 	<p>Other issues, but not likely eligible:</p> <ul style="list-style-type: none"> • Diagnosis of Apraxia • Pica • Reactive Attachment Disorder (RAD) • Schizophrenia or other psychiatric diagnoses • Environmental Factors child was removed from (e.g extremely traumatic/abusive situation) • Age-appropriate tantrums due to being angry or frustrated.

Observation:

Describe two or more observable signs and any other developmental concerns, and identify and describe the substantial functional limitations in daily life skills in 3 of the following 7 areas.

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Cognitive/Intellectual Disability and Down Syndrome	
<p>What to Look For:</p> <ul style="list-style-type: none"> Likely diagnosis of an Intellectual Disability IQ of 70 or below Appears to have Down Syndrome Does not know first and last name Has experienced Traumatic Brain Injury (more than two years since the event) Does not know numbers past 50 Does not know left and right Does not speak in short sentences Isn't able to dress or undress themselves Has difficulty communicating or understanding others Dependent on others for all aspects of physical care, health and safety 	<p>Other issues, but not likely eligible:</p> <ul style="list-style-type: none"> • Expressive speech delay only • Hearing or vision deficit • Cleft palate • Heart conditions • Psychiatric/behavioral issues • Inconsistent attendance or no attendance in public school • Emotional Disability • Specific learning disabilities • Borderline intellectual Disability • Defiance vs ability (can't do or won't do)

Observation:

Describe two or more observable signs and any other developmental concerns, and identify and describe the substantial functional limitations in daily life skills in 3 of the following 7 areas.

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Learning

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Mobility

Capacity for Daily Living *(as age appropriate)*

Economic Self-Sufficiency *(as age appropriate)*

Epilepsy	
<p>What to Look For:</p> <ul style="list-style-type: none"> Likely diagnosis of a seizure disorder Takes seizure medications for seizures and not behavioral health diagnosis Does not know first and last name Has experienced Traumatic Brain Injury (more than two years since the event) 	<p>Other issues, but not likely eligible:</p> <ul style="list-style-type: none"> • Febrile seizures (due to fevers) • Pseudoseizures • Food allergies • Diabetes • Non-epileptic seizures • Behaviors due to shock or trauma

Observation:

Describe two or more observable signs and any other developmental concerns, and identify and describe the substantial functional limitations in daily life skills in 3 of the following 7 areas.

Receptive and Expressive Language

Learning

Self-Direction

Self-Care

Mobility

Capacity for Daily Living *(as age appropriate)*

Economic Self-Sufficiency *(as age appropriate)*