

IDAHO INFANT TODDLER PROGRAM ELIGIBILITY CHECKLIST

Name: _____ Date of Birth or Date of Expected Birth: _____

Service Coordinator: _____ Date of Determination: _____

Meets ITP Eligibility: Yes No

Infant Toddler Program participants must meet one of three eligibility categories listed below, as defined in the *Idaho Infant Toddler Program eManual*, "Eligibility" section. Documentation must be obtained to support eligibility.

ELIGIBILITY CATEGORY	DUE TO... (must select one for the category identified)
<input type="checkbox"/> DEVELOPMENTAL DELAY <i>Children with or without an established diagnosis who by assessment measurements have fallen significantly behind developmental norms in one or more of the five functional areas.</i> <p style="text-align: center;">OR</p>	<input type="checkbox"/> 30% below age norm, or <input type="checkbox"/> exhibits a six-month delay, whichever is less, adjusted for prematurity up to 24 months in one (1) or more of the functional areas as indicated below: OR <input type="checkbox"/> Demonstrates at least two (2) standard deviations below the mean in one (1) of the functional areas as indicated below: OR <input type="checkbox"/> Demonstrates at least one and a half (1.5) standard deviations below the mean in two (2) or more of the functional areas as indicated below: FUNCTIONAL AREAS - Check to indicate area(s) of delay as defined above: <input type="checkbox"/> Cognitive <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Adaptive <input type="checkbox"/> Physical (<input type="checkbox"/> fine and/or <input type="checkbox"/> gross motor and/or <input type="checkbox"/> sensory) <input type="checkbox"/> Communication (<input type="checkbox"/> receptive and/or <input type="checkbox"/> expressive)
<input type="checkbox"/> ESTABLISHED MEDICAL CONDITION <i>Refer to "Idaho Infant Toddler Eligibility Criteria" in the ITP eManual</i> <p style="text-align: center;">OR</p>	<input type="checkbox"/> Confirmed sensory impairment must document that child has <u>at least one</u> of these conditions: <div style="margin-left: 20px;"> <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Hearing Impaired: must document that child has <u>at least one</u> of these conditions: Hard of Hearing, Deaf, Hearing Loss, Hearing Impairment, Chronic Otitis Media, chronic allergies, and/or eardrum perforations <input type="checkbox"/> Visually Impaired </div> <input type="checkbox"/> Physical Impairment (Orthopedic) <input type="checkbox"/> Neurological/Physiological Impairments/Developmental Disabilities <input type="checkbox"/> Interactive Disorders <input type="checkbox"/> Medically Fragile Infant <input type="checkbox"/> Prematurity Plus Significant Environmental Risk <input type="checkbox"/> Other Health Impairments _____
<input type="checkbox"/> INFORMED CLINICAL OPINION <i>Refer to "Idaho Infant Toddler Eligibility Criteria" in the ITP eManual</i>	Multidisciplinary team members: <hr/> Factors influencing the decision:
Sources and dates of Information (include developmental or other current evaluations, and medical records): <hr/>	
Recommended ICD-10 Diagnosis Code(s): <hr/>	