Eligibility Information

Child Name: _____

(Warning: If you choose the child as ineligible for Part C, you will not be able to develop an IFSP)

Established Risk Condition and/or Other Health Conditions: __ Eligible

Child Health Status: _____

Condition: _____

Diagnosis Code: _____

Verified By: _____

Verification Date: ___/___/____ (mm/dd/yyyy)

Note: _____

_____

Developmental Evaluation: __Eligible

Informed Clinical Opinion (Record Review Team Decision): _____

_____

*Part C Eligible Decision: __Eligible __Ineligible * Determination Date: ___/___/____
Ineligible Reason: _____

_____

Comments: _____

_____

Eligibility History: _____

_____

Note: If additional space is needed please attach a separate sheet for reference.