

Idaho Department of Health and Welfare
**ELIGIBILITY APPLICATION FOR ADULTS
 WITH DEVELOPMENTAL DISABILITIES (DD)**

Region	_____
Office	_____
Rate Code	_____
Date received	_____

***This application is for individuals turning 18 years of age or older who have been determined financially eligible for Medicaid. Applicants who do not meet this criteria will have their application returned.**

Name _____ Date of Birth _____
 Address _____ Telephone _____
 Current Living Arrangement _____
 Referral Source, if other than self _____
Enrolled in Medicaid? No Yes If Yes, Medicaid Number _____
Enrolled in Medicare/Medicaid Coordinated Plan (MMCP)? No Yes
 Name of Physician _____ Enrolled in Healthy Connections? No Yes

What services are you seeking?

- DD/Waiver-Traditional
- DD Waiver- Self Directed Community Supports
- Developmental Disabilities Agencies (DDA)
- Service Coordination
- Other (please specify) _____

Guardian (if applicable) _____ Family Member/Contact _____
 Address _____ Address _____
 Telephone _____ Telephone _____

The following evaluations may be needed to determine eligibility for DD services. If they do not accompany this application, indicate the name and contact information of the individual or agency who may be able to provide the evaluation(s). Please attach any other documentation you feel may be helpful for verifying DD eligibility.

Evaluation Information	Individual/Agency Contact Information
Functional Assessment	
Medical/Social History	
Psychological Evaluation <small>(may be requested)</small>	

**Submit to your local Health and Welfare, Regional Medicaid-Adult Developmental Disabilities office,
 Attn: QA Specialist.**

****For Dept. use only****

<input type="checkbox"/> DD Eligibility	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> ICF/ID LOC Eligibility	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Reason for Denial: _____
 Signature of Authorized Representative of the Department: _____
 _____ Date _____

Return the completed Eligibility Application for Adults with Developmental Disabilities to the office nearest you.

Region 1 (Counties served – Benewah, Bonner, Boundary, Kootenai and Shoshone)

Location – 1120 Ironwood Drive, Suite 102 Coeur d' Alene, ID 83814	Phone – (208) 769-1567 Fax – (208) 666-6856 Email – BDDSQA1@dhw.idaho.gov
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Region 2 (Counties served – Clearwater, Idaho, Latah, Lewis and Nez Perce)

Location – 1118 F Street Mailing – PO Drawer B Lewiston, ID 83501	Phone – (208) 799-4430 Fax – (208) 799-5167 Email – BDDSQA2@dhw.idaho.gov
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Region 3 (Counties served – Adams, Canyon, Gem, Owyhee, Payette and Washington)

Location – 3402 Franklin Rd Caldwell, ID 83605	Phone – (208) 455-7150 Fax – (208) 454-7625 Email – BDDSQA3@dhw.idaho.gov
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Region 4 (Counties served – Ada, Boise, Elmore and Valley)

Location – 1720 Westgate Dr, Suite B Boise, ID 83704	Phone – (208) 334-0940 Fax – (208) 334-0953 Email – BDDSQA4@dhw.idaho.gov
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Region 5 (Counties served – Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls)

Location – 601 Pole Line Rd, Ste 3 Twin Falls, ID 83301	Phone – (208) 736-3024 Fax – (208) 736-2116 Email – BDDSQA5@dhw.idaho.gov
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Region 6 (Counties served – Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida and Power)

Location – 1070 Hiline, Ste 260 Pocatello, ID 83201	Phone – (208) 239-6260 Fax – (208) 239-6269 Email – BDDSQA6@dhw.idaho.gov
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Region 7 (Counties served – Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton)

Location – 150 Shoup Ave, Ste 20 Idaho Falls, ID 83402	Phone – (208) 528-5750 Fax – (208) 528-5756 Email – BDDSQA7@dhw.idaho.gov
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