Developmental Disabilities (DD) Application

Tips to make the application simpler

List all School districts attended. List all doctors, therapists, counselors, specialists, hospitals, clinics that have medical information for the person applying. *ALL means ALL.* Keep this list updated with contact phone/fax numbers. Add new information to the list, don't eliminate any older information. It is all necessary and it will serve for several different applications and resources.

For the list of medications that is requested – ask the pharmacist for a printout of all medications for the past year or two. This is easier than writing out all medications on the application. This is also useful for other applications needing medication information.

Instructions:

Questions are answered for the person applying for the program. This is <u>not</u> a family application.

1. Check YES in response to the person having Intellectual Disability (ID) or Developmental Disability (DD)
2. Check YES in response to ID or DD occurring before the age of 22. (If the person is older, the developmental disability occurred before age 22.)
3. Check one of the options or leave blank. (This tells them that your child/student has some information in the State records already and this can help process the application.)

Section 1: Applicant Name:

- Complete this section with the person's name, address, Social Security Number (SSN), and other information. Mailing address can be "SAME". Your email can be used in this space or information may sent directly to your child/student and you might not see it.

Section 2, 3 & 4: Authorized Representative: Complete one section as it applies to your relationship to your child/student

- First option: are you helping someone who is 19 or older? Fill out this part. If using this option, the person will need to sign the Application and Release of Information themselves as adults without guardianship.
- Second option: are you the child/student's Guardian or Power of Attorney (usually for child/student who is 19 or older). If you are Power of Attorney, the person will need to sign the Application and Release of Information themselves as adults. Only as a Guardian can you sign on behalf of the adult person.
- Third option: Parent of a minor – are you the person's parent or have authority as a parent of a student who is 19 or younger.

Section 5: Foster Care

- Has your child/student ever been in foster care? Again, they are looking for information in the State records for the person. IF you have or remember case worker's name or phone number it can be helpful, but it is not required.

Section 6: Citizenship/Residency

- Check each as appropriate, provide city, state and country
- Indicate legal residency in the state of Nebraska

Section 7: Additional information

- *Recommended to wait until the end of the application and then come back here to add anything of importance the reviewers may need to know that was not addressed in other parts of the application.*

Section 8: All US citizens who are 18 or will be 18 by the time of the next election may register to vote. Reply as appropriate for the person.

Section 9: Records

- Check to agree to allow the State to look for records for the purpose of the application. This will let them look for and retrieve data that will help the application.
- There is a large space available for other information – *leave this space for after the completion of the rest of the document*.
- Complete the section for educational documents. If the child/student has attended one school district through their life, put information about the school district here. If your child/student has attended more than one school district – list all districts attended in the space provided or write on a separate sheet to be included with the application.

Physician Reports/Diagnoses:

Write your child/student's specific diagnoses in this space. Write the medical, genetic or congenital diagnoses first, then add the educational issues. Include all medical from birth.

Example: Cerebral Palsy, Epilepsy, Intellectual Disability, Severe food allergies, Asthma, ADHD, ODD, Behavior.

The first ones are Medical diagnoses, the last ones are educational. IF you have questions give PTI Nebraska a call for assistance.

- Fill in information about your child/student's doctors, psychologists, psychiatrists and therapists OR state: "See extra page" and include the list you have created (see above).
- Question 5 asks for reports from the psychiatrist and therapist/counselor for the last 5 years. If you have reports, make them available to Developmental Disability Services. If you don't have any or none have been done – check "None Available". DDS can ask the person's doctors and schools for these reports.

If you are the student's legal guardian – make a copy of the Guardianship and send with the application.

The address is provided on this page to mail, fax or email when complete. But WAIT, you're not done yet.

Authorization of the Disclosure of Protected Health Information

Signature on this document gives the State permission to ask the schools, doctors, hospitals or clinics for the child/student's protected information.

Write the child/student's: Name, Date of Birth, SSN on this page. Don't write anything in "Case/Chart #" space.

Period covered is the life of the child/student.

In the square called "Reason for Disclosure", DDS has already checked the requested information.

Specific Information to be disclosed: Check most if not all the items listed. Do check other non-medical information – this allows them to contact the schools.

Authorization Termination: A Release of Information is generally valid for one year. Write today's date next year, minus a day, in the blank. Example: today's date is 3-4-2021, so write 3-3-2022.

Client's Signature: The person who is 19 or older will sign here. This is required if there is no guardianship in place. The person is recognized as an adult with all rights therein. If the person is 18 years old or younger, parent signs on the Guardianship line. Date signatures.

It is good for child/student to learn to sign documents for themselves as is appropriate. This is self-advocacy. If your child/student is physically unable to sign their name, then state on the line: "Physically Unable to sign".

Rights and Obligations – tiny box on next page. You might miss it. It needs to be checked.

Review the Rights and Obligations.

Clarifying a couple of the obligations as to their purpose:

Apply for all benefits . . . DD Services need to have a payment source when funding is available for the child/student. This is usually Medicaid. At that time (not now) the child/student is required to have Medicaid or apply for Medicaid or have another resource to pay for DD Services. This can be private pay. Due to waitlists, by the time DD Services are funded, for most people they will be on Medicaid. If they are not, the DD Services Coordinator will work to find what applications are available to assist with getting Medicaid in place. The obligation is to complete any and all applications offered.

Pay Medicaid share of cost – In some cases, if a person is over income for Medicaid but will still receive Medicaid by paying a share of cost. In order to have Medicaid in place the share of cost needs to be paid monthly. Talk to the DD Services Coordinator for more information or call PTI Nebraska.

If you have questions about the obligations talk with the DD Services Coordinator or call PTI Nebraska.

NOW, check the tiny box at the top of this page that you understand all Rights and Obligation listed below. The application is not complete without this mark.

Review the document. Did you leave anything blank and need to get information? Get it and add it to the application. Is there more information about your child/student DDS needs to know? Write it in the large blank space on the second page. Are there more schools, medications, medical personnel, or specialists than spaces in the document? Add them to the large space on the 3rd page. Or use the tip provided at the top of the document and add those extra pages with the application. Be sure to write your child/student's name and SSN to extra pages included.

When you are sure the application is complete, MAKE A COPY TO KEEP IN YOUR RECORDS, write the DATE it was sent at the top and keep for your records.

Send the application by US Mail, Fax or email it to:

Division of Developmental Disabilities

Nebraska Dept of Health and Human Services

301 Centennial Mall South

PO Box 98947

Lincoln, NE 68509-8947

Or Fax: (402) 742-8347

Or Email: DHHS.DDEligibility@nebraska.gov