



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
EARLY SUPPORT FOR INFANTS AND TODDLERS (ESIT)

Documentation of ESIT Eligibility for DDA

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|---|------------------|------------------------|
| CHILD'S NAME: FIRST MIDDLE INITIAL LAST | CHILD'S BIRTHDAY | CHILD'S ESIT ID NUMBER |
|---|------------------|------------------------|

Eligibility Information

The child is eligible for ESIT / Part C Services because he/she has (check one):

- A 1.5 standard deviation or 25% delay in development in one or more areas.
- A diagnosed condition that is likely to result in a delay in development.
- Informed Clinical Opinion was used as the primary source of eligibility determination.

Eligibility Decision Date: _____

My signature below certifies that I have:

- Reviewed the child's eligibility documentation.
- Verified that the child meets all eligibility criteria for the Washington State Early Support for Infants and Toddlers (ESIT) program as outlined in WAC 170-300-01030.
- Ensured that evidence documenting eligibility is available for review in both the ESIT data management system and the child's file.

| | | |
|-----------|--------------------------------------|-----------------|
| SIGNATURE | DATE | PRINT NAME HERE |
| TITLE | TELEPHONE NUMBER (INCLUDE AREA CODE) | |

PART C EARLY INTERVENTION PROVIDER / FRC AGENCY

Enclosures: DDA Application, Signed Consent