



Report of Eligibility

Educational and Developmental Intervention Services
 Early Intervention Services
 EDIS Location

For use of this form, see MEDCOM Reg 40-53, the proponent agency is MCHO

PRIVACY ACT STATEMENT: In accordance with the Privacy Act of 1994 (Public Law 93-579) 32 CFR Part 310, this notice informs you of the purpose of this form and how the information will be used. Please read it carefully.

AUTHORITY: The Individuals with Disabilities Education Act as amended by Public Law 102-119; DODI 1342.12; Record System Code A0040-66bDASG.

PRINCIPAL PURPOSES: This form collects information which is essential to determine eligibility for Army Educational and Developmental Intervention Services (EDIS). No personal or protected health information contained in EDIS records will be disclosed to any third party without specific written permission of the individual(s), unless required by statute or law.

ROUTINE USES: The information will be used to develop a service plan and deliver appropriate services to eligible families

DISCLOSURE: Voluntary. Failure to provide certain information necessary to determine eligibility may result in denial of services.

1. Child/Family Information

Child's Name:	Date of Birth: <i>DDMMYYYY</i>
Parents/Guardians	FM Prefix & Sponsor's SSN
Date of Referral: <i>DDMMYYYY</i>	Date of Eligibility Meeting: <i>DDMMYYYY</i>

2. Eligibility Statement

(Child's Name) _____ is is not eligible for early intervention services.

If Eligible: This child's eligibility is based on the following:

Developmental Delay: (Specify standard deviation or percentage of delay under areas of delay)

An Informed Opinion Form was completed to estimate the developmental delay Yes No

<input type="checkbox"/> Communication	<input type="checkbox"/> Social - Emotional	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Adaptive	<input type="checkbox"/> Physical - Motor

Biological Risk (specify) _____

• Family does does not want early intervention services.

Tracking no yes _____

3. Meeting Participants

Attendee's Name	Specialty/Relationship to Child	Signature

4. Parent(s) Statement

Yes No I have received a copy of Procedural Safeguards and Due Process Procedures.

Yes No This information has been explained to me and I understand it.

Yes No I participated as a team member in determining eligibility for my child.

Yes No I am in agreement with the team decision.

Parent/Sponsor Signature

Parent/Sponsor Signature

Date

Report of Eligibility Instructions

In the blank space below the title of the form enter your EDIS location (e.g., Fort Knox, Kentucky; Bamberg, Germany).

1. Child/Family Information

Child's Name: First, Middle, Last

Date of Birth: DDMMYYYY

Parents/Guardians: First and Last

FM prefix & Sponsor's SSN: Family Member (FM) prefix is the DEERS assigned number (e.g., 01, 02...) placed in front of the Sponsor's social security number (SSN).

Date of Referral: Date referral was accepted/received by program (DDMMYYYY). Date corresponds to date in SNPMIS on Referral Screen.

Date of Eligibility Meeting: Date team determines child eligible for early intervention services (DDMMYYYY). Date corresponds to Eligibility Meeting Date in SNPMIS.

2. Eligibility Statement

Enter child's first name before the is is not statement.

Specify if the child and family are eligible for early intervention by marking the appropriate box (is is not)

Eligibility: If the family is eligible indicate the basis of eligibility by marking the appropriate box developmental delay or biological risk.

If eligible under **developmental delay**, specify the standard deviation or percentage of delay under the identified areas of delay. Standard deviations should be given for those assessments which provide standard deviations and in accordance with the test manual.

Indicate if informed opinion was used to estimate the developmental delay. If yes, be certain that a informed opinion form is completed.

If eligible under **biological risk** indicate the basis of the biological risk on the line provided. If known, include the ICD 9 code.

If eligible for services indicate if the family does or does not want early intervention by marking the appropriate box.

Tracking: Specify if tracking is to occur by marking the appropriate no or yes box. On the line following the tracking statement specify the initial agreed upon frequency and duration for tracking (remember that tracking should not be initiated by EDIS more than once every 2 months).

Tracking is an option for families who are *not* eligible for early intervention *or* families that are eligible but not interested in full services. If the family is not eligible specify if tracking is to occur. If the family is eligible, *but not* interested in early intervention services specify the basis of eligibility in the "If Eligible" section and indicate below that the family *does not* want early intervention services.

This information is also entered in SNPMIS

3. Meeting Participants

Have each meeting participant print their name, specify their relationship to the child, and sign in the space provided. Include the parent/s in this section as well.

4. Parent(s) Statement

After discussing Procedural Safeguards and Due Process Procedures, offering parent(s) with written information on their Procedural Safeguards and Due Process Procedures and answering questions, ask parent(s) to mark

Yes or No by each of the four statements.

Parent/Guardian Signature: Parent(s) sign and date the completed form.

**Original - EDIS Record
Copy - Parents**