



**ELIGIBILITY DETERMINATION AND
TEAM SIGNATURES**

SECTION 1: CHILD INFORMATION

Child's Last Name:	Child's First Name:	DOB:	BRIDGES ID #:
Date of Eligibility Determination:		Date Signed (if different from date of eligibility):	

SECTION 2: ELIGIBILITY STATUS

Type of Eligibility: Initial Annual Other

Child is: Eligible Ineligible

If Eligible, list Diagnosis or Area(s) of Qualifying Delay below:

Diagnosis:

Area(s) of Significant Developmental Delay:

ICO (Initial Eligibility Only):

SECTION 3: ELIGIBILITY DETERMINATION TEAM IC: INTAKE COORDINATOR SC: SERVICE COORDINATOR

Name (please print)	Signature	Role (check one)		
		IC	SC	Supervisor