

Certificate of Eligibility

Educational and Developmental Intervention Services
Early Intervention Services

Location of EDIS Program: _____

1. Child/Family Information

Child's Name:

Date:

Parent/Guardian Name:

2. Eligibility Statement

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

Developmental Evaluations

Hearing Evaluations

Individualized Family Service Plan (IFSP)

Vision Evaluations

Medical records pertaining to the following specific evaluation(s)/diagnosis: _____

3. Enrollment Category (only if eligible)

Child's DoD school enrollment category: _____

This child's enrollment in early intervention is: space-required space-available

Early intervention services for this child are: tuition-free tuition-paying

4. Parent(s) Statement

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

Parent/Guardian Signature

Date

Prepared By (EDIS Professional completing the form with the family) :

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

Certificate of Eligibility

Instructions

In the blank space below the title of the form, enter your EDIS location (e.g., Robins, GA; Lakenheath, UK).

1. Child/Family Information


Child's Name: First, Middle, Last

Date of Birth: YYYYMMDD

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

Sponsor's Name: First and Last

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

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

2. Eligibility Statement

Enter child's first and last name.

Check block that correctly identifies child's eligibility status.

Check block that identifies reason for eligibility. Development Delay or Biological Risk. If Developmental Delay, check all developmental areas that support eligibility determination.

3. Enrollment Category (only if eligible)

Child's DoD school enrollment category :

CONUS: Enrollment category will be "Eligible DDESS"

OCONUS: Refer to DoDea Enrollment Categories in SNPMIS (e.g., Navy, tuition-free, space-required).

Check boxes that reflect child's enrollment and tuition status.

4. Parent(s) Statement

After discussing Procedural Safeguards and Due Process Procedures, providing 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 three statements.

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

Prepared by: Enter the name of the EDIS professional who completed the form, with the family, and the location of the EDIS Clinic.

Original - Child's Medical Record

Copy - EDIS Secondary Medical Record

Copy - Parent