

Ventura County Early Start Program STATEMENT OF ELIGIBILITY FOR EARLY START

Name _____ DOB _____ UCI _____

REGIONAL CENTER

ELIGIBLE under California Early Intervention Services Act

Reasons (*mark and describe*)

High risk: _____

Developmental delay:

<input type="checkbox"/> Motor	<input type="checkbox"/> Communication	<input type="checkbox"/> Adaptive/Self Help
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Cognitive	

Established risk: Dx _____
ICD-9 Codes _____

_____ Service Coordinator	_____ Date	_____ Branch Manager or Designee	_____ Date
_____ Physician	_____ Date	_____ Psychologist	_____ Date

NOT ELIGIBLE

Reasons (*describe*): _____

_____ Service Coordinator	_____ Date	_____ Branch Manager or Designee	_____ Date
_____ Physician	_____ Date	_____ Psychologist	_____ Date

SCHOOLS

ELIGIBLE under California Code of Regulations, Title 5, Sections 3030 and/or 3031

Reasons (*describe*): _____

_____ Service Coordinator	_____ Date	_____ Administrator or Designee	_____ Date
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NOT ELIGIBLE

Reasons (*describe*): _____

_____ Service Coordinator	_____ Date	_____ Administrator or Designee	_____ Date
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