

# Checklist for Gathering Documentation/Records

(Keep this checklist for your reference)

Note: Consent forms (enclosed) are to be used by the applicant or his/her legal guardian for obtaining Social Security, psychiatric, and/or counseling records that can only be released directly to the Division – these forms should be completed, signed and sent **BY YOU** to each source of records. Do not send a consent form to the Division. Make copies if more blank consent forms are needed.

**Submit the application to the Developmental Disabilities Division once required documentation has been gathered. Once an application is received by the Division, it will be reviewed. If applicants submit an application without all required documents, it will result in a determination that the applicant is ineligible. Applicants may want to send the application and records to the DD Division by a return receipt method or other method that assures delivery to the address below:**

**Required Documents (Place a check mark or “X” by the items below as you gather document):**

***Section I – The following forms need to be completed and signed by the applicant or legal guardian/representative and returned with other required documents to be submitted with the application.***

- \_\_\_\_\_ Completed application form (enclosed) signed/dated by the applicant or his/her court-appointed guardian
- \_\_\_\_\_ Completed “United States Citizenship Attestation Form” (enclosed)
- \_\_\_\_\_ Enclosed “Rights and Obligations” form signed and dated by applicant (parents if a minor or applicant’s court-appointed guardian)

***Section II – The following documents/records need to be submitted if they apply to the applicant.***

- \_\_\_\_\_ Copy of court-appointed guardianship papers (if applicant is 19 yrs or older and has a court-appointed guardian)
- \_\_\_\_\_ Reports/notifications from the Social Security Administration (SSA) for SSI disability determination and notice of Disability Determination and Transmittal, form SSA 831-C3

***Section III – If the applicant has previously had assessments for intellectual or adaptive behavioral functioning administered, please submit the results or findings:***

- \_\_\_\_\_ **Summary of Results** of IQ tests/Assessment(s) of intellectual functioning. Examples of this type of assessments include, but are not limited to: *Wechsler Scale of Intelligence for Children (WISC); Wechsler Scale of Intelligence for Adults (WAIS); Kaufman Brief Intelligence Test (KBIT); Stanford-Binet; Comprehensive Test of Nonverbal Intelligence (CTONI); Test of Nonverbal Intelligence (TONI)*
- \_\_\_\_\_ **Summary of Results of** Assessment(s) of adaptive behavioral functioning. Examples of this type of assessments include, but are not limited to: *Scales of Independent Behavior – Revised (SIB-R); Vineland Adaptive Behavior Scales; Adaptive Behavior Assessment Scales (ABAS)*

***Section IV – If the applicant’s current or previous medical diagnoses prior to age 22 have affected his/her ability to carry out activities of daily living skills, please submit related physician reports/diagnoses.***

- \_\_\_\_\_ Documentation by a physician of Diagnoses (i.e. medical, genetic syndrome/disorder)
- \_\_\_\_\_ Current medications, including both prescribed and over-the-counter (include purpose of medication, dosage, and frequency of administration)
- \_\_\_\_\_ Hospitalization admission and discharge records if related to significant injuries or conditions limiting the applicant’s ability to carry out activities of daily living skills.
- \_\_\_\_\_ Medical history if there is a medical reason for a decline or a disability (i.e. major illnesses, surgeries/hospitalizations, brain injury, and other pertinent medical history)

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**Section V – If the applicant current or previous psychiatric diagnoses prior to age 22 have affected his/her ability to carry out activities of daily living skills, please submit related psychiatric reports/diagnoses or psychological reports.**

- All Psychiatric evaluations (if a psychiatric diagnosis and when an evaluation rules out a psychiatric diagnosis)
- Records of psychotherapy or counseling (if individual is receiving or has received psychotherapy or counseling)
- Psychiatric hospitalizations (i.e., admission and discharge paperwork, if previous psychiatric hospitalizations)
- Current and previous medications, including both prescribed and over-the-counter (include purpose of medication, dosage, and frequency of administration)

**Section VI – If the applicant has had contact with the legal system, provide documentation (e.g., police contact, formal charges, convictions, and sentencing – include community service, probation, jail time, parole, etc.)**

- Documentation related to legal system

**Section VII – Documents related to the applicant's assistance through the education system.**

- All Multi Disciplinary Team (MDT) reports and most recent Individual Education Plan (IEP)
- Evaluation record completed by the vocational rehabilitation system

**The application with documentation should be submitted to the Developmental Disabilities Division at:**

**Division of Developmental Disabilities  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
P.O. Box 98947  
Lincoln, Nebraska 68509-8947**

**Or fax to:**

**402/471-8792**