



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF
DEVELOPMENTAL DISABILITIES SERVICES

OFFICE OF THE DIRECTOR

PRESUMPTIVE ELIGIBILITY FOR DDDS RESPITE SERVICES
For CHILDREN AGES 3 through 12 ONLY

This information will be used to determine presumptive eligibility for DDDS respite services, which is a service provided to children who are likely to apply for DDDS services at some point in the future. The child must be between ages 3 through 12 to apply. If approved the presumptive eligibility expires on the 13th birthday.

Name of Parent or
Guardian: _____

Address: _____

Phone Number: _____

Child's Name: _____

Date of Birth: _____

Diagnosis: _____

Diagnosis made by: _____

Date: _____

Please attach an assessment or evaluation completed by the **child's current school**. The diagnosis must include more than just medical diagnoses.

Signature of parent or
guardian: _____

Date: _____

FOR DDDS USE ONLY

Approved by: _____ Date: _____

Presumptive eligibility respite Rev 12.18.15.PJW

For folks whose last name begins with A-L the contact is Carla.Griffith@state.de.us

For folks whose last name begins with M-Z the contact is Patti.Bratten@state.de.us

The fax number to fax application and supporting documents to the contacts above is 302-744-9711.