

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*)

- Developmental delay:
- Motor
 - Communication
 - Adaptive/Self Help
 - Social/Emotional
 - Cognitive

- Established risk: Dx _____
- ICD-9 Codes _____

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

NOT ELIGIBLE

Reasons (*describe*): _____

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

SCHOOLS

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

Reasons (*describe*): _____

_____	Date	_____	Date
Service Coordinator		Administrator or Designee	

NOT ELIGIBLE

Reasons (*describe*): _____

_____	Date	_____	Date
Service Coordinator		Administrator or Designee	