Ventura County Early Start Program
STATEMENT OF ELIGIBILITY FOR EARLY START

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>UCI</th>
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</thead>
</table>

**REGIONAL CENTER**

**ELIGIBLE under California Early Intervention Services Act**

**Reasons** *(mark and describe)*

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

- Established risk: Dx ____________

**ICD-9 Codes**

<table>
<thead>
<tr>
<th>Service Coordinator</th>
<th>Date</th>
<th>Branch Manager or Designee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Date</td>
<td>Psychologist</td>
<td>Date</td>
</tr>
</tbody>
</table>

**NOT ELIGIBLE**

Reasons *(describe)*: ____________

**SCHOOLS**

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

**Reasons** *(describe)*: ____________

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