



**PRESUMPTIVE ELIGIBILITY FOR DDDS RESPITE SERVICES**  
**For CHILD AGE 3 THROUGH AGE 8 ONLY**

This information will be used to determine presumptive eligibility for DDDS respite services. The child must be age 3 through age 8 only.

Name of Parent or Guardian:
Address:
Phone Number:
Email: (Optional)

Child's Name:	Date of Birth:
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Diagnosis:
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Evaluation/Assessment completed by:
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Date:
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Please attach assessments, evaluations, or testing completed by a professional which supports the DDDS qualifying condition and include birth certificate, proof of DE residency, and citizenship or lawful non-citizen status. Call 302-744-9700 for assistance.

Signature of Parent or Guardian:
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Date:
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