



## Student State Disability Questionnaire 2019-20

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Does Student have a Disability? YES  NO

If NO, please sign and date form below.

If YES, please continue to answer the following questions regarding your student's disability benefits.

- Does your child receive services from Arizona Department of Economic Security, Division of Developmental Disabilities (DDD)?

YES  NO

- Does your child receive Arizona Long Term Care System (ALTCS), which typically covers Habilitation, Respite and Speech/ OT Therapies?

YES  NO

- Does your child have insurance through Arizona Health Care Cost Containment System (AHCCCS), due to his/her developmental disability?

YES  NO

If YES, please provide name of health plan and ID number below:

Health Plan: \_\_\_\_\_ ID# \_\_\_\_\_

**SIGN HERE**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date