

**Aging and Disabilities Services Division**  
**Autism Treatment Assistance Program**

**Application Checklist**

This is a list of the documents you need to send with your Autism Treatment Assistance Program (ATAP) application. These documents help determine if you qualify for services. If any required documents are missing, ATAP will ask you to send them. The program cannot decide if you are eligible until all documents are received. You have **60 days** from the date on your application letter to provide the missing information. If ATAP does not receive the documents within that time, your application will be denied.

(Child's First, Last Name)

**Please complete and sign the items in this section (attached):**

- Application Form (ATAP-EI-04)
- Authorization for Release of Information Form
- Annual Financial Disclosure
- Notice of Privacy Practices
- Voter Registration Form. This is voluntary. If completed, you must sign it using a pen.
- Treatment Priority Worksheet (ATAP-EI-05)

**Provide any of the items in the section below that apply to you. Please contact ATAP Intake staff if you have any questions.**

- Supporting Diagnosis Reports: Report should have the name of the test or assessment and the scores.
- Scholastic Records: Most Current Individualized Education Plan (IEP) and/or Multidisciplinary Team Evaluation Report (MDT) from the school.
- Early Intervention Records: If the child received early intervention services and had an (Individualized Family Service Plan (IFSP).
- Current Medicaid and/or Health Insurance Card (copy of front and back).
- Current Nevada Identification (Driver's License or ID card).
- Proof that you live in Nevada: This can be a current power bill, lease agreement or other documents that show your address. Documents must be dated in the last 30 calendar days.
  - The days count from the date you apply to 30 calendar days back. (Example: if you apply on April 5<sup>th</sup>, you will provide documents for March 4<sup>th</sup> through April 5<sup>th</sup>.)

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- Income Verification: For all family members who live with you and help pay expenses.
  - 1040 forms showing the adjusted gross income and the number of dependents and the page with your signature.
  - The most recent 30 calendar days of paystubs. The days count from the date you apply to 30 calendar days back. (Example: if you apply on April 5<sup>th</sup>, you will provide documents for March 4<sup>th</sup> through April 5<sup>th</sup>.)
  - Income verification is not needed if you have Nevada Medicaid.
- Medicaid FA-11F Form: Medicaid requires this form to be signed by a Physician, Physician's Assistant, Advanced Practice Registered Nurse, or Psychologist who made your diagnosis.
  - If your child was diagnosed in a different state, a Nevada doctor must sign the form.
  - The doctor should give you a copy of the signed form.
  - If you have private insurance, this form is not needed.

**This is program information for you to know and keep:**

- Privacy Practices
- Eligibility Determination Guidelines: A sheet that gives you information on ATAP eligibility. (ATAP-EI-03).