

ELIGIBILITY FOR INTELLECTUAL DISABILTIES SERVICES

Form: 19C Privacy	Notice: See the end of this form t	to learn why DHHS collects this personal data
Applicant's name:	Date of birth:	Client ID:
Assessments:		
	quired assessments completed?	Additional documentation (optional)
ICAP Social history psychological evaluation Developmental assessm		Medical summary/physical Mental health/physchiatric evaluation Educational evaluation Other:
Resident/diagnosis:		
	ant a resident of Utah? plicant have a required diagnosis?	
Related condition: Meets definition in U	es: ne Diagnostic and Statistical Manu tah Administrative Rule (R539-1-3	(2)(m)
Functional limitations:		
following are		ntial, chronic, functional limitations in the that apply and record the assessment and
Self-care:		
Expressive and/or	receptive language:	
Mobility:		
5		
Self-direction:		
Economic self-suff	iciency (not applicable if under 18	years):
		ness, hearing impairment and/or visual im- r, substance abuse or personality disorder?
If "yes", list the number of	life activity(s), the exclusion, and a	ssessment used to make the determination:
Functional limitations:		
	ant eligible for non-waiver intellect record at this time?	tual disabilities services based on information
Signed:	Date:	

Privacy Notice:

The information you provide will be used to determine eligibility for division services. It will only be used by DHHS and, if needed, by a person or party contracted with DHHS. Without this data, we cannot make a determination. This data is part of record series: 15376.