

ELIGIBILITY FOR INTELLECTUAL DISABILITIES SERVICES

Version: 5/2024
Form: 19C

Applicant's name: _____ Date of birth: _____ Client ID: _____

Assessments:

<p>Yes No Are the required assessments completed?</p> <p>ICAP Social history psychological evaluation; or Developmental assessment (if under 7 years)</p>	<p>Additional documentation (optional)</p> <p>Medical summary/physical Mental health/psychiatric evaluation Educational evaluation Other: _____</p>
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Resident/diagnosis:

Yes No Is the applicant a resident of Utah?
Yes No Does the applicant have a required diagnosis?

Intellectual disabilities:
Meets definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
Related condition:
Meets definition in Utah Administrative Rule (R539-1-3(2)(m))

If "No", comment: _____

Functional limitations:

Yes No Does the applicant have three or more substantial, chronic, functional limitations in the following areas of major life activity? Check all that apply and record the assessment and date used to substantiate the determination:

Self-care: _____
Expressive and/or receptive language: _____
Learning: _____
Mobility: _____
Expressive and/or receptive language: _____
Self-direction: _____
Economic self-sufficiency (not applicable if under 18 years): _____

Yes No Are any functional limitations due to mental illness, hearing impairment and/or visual impairment, learning disability, behavior disorder, substance abuse or personality disorder?

If "yes", list the number of life activity(s), the exclusion, and assessment used to make the determination:

Functional limitations:

Yes No Is the applicant eligible for non-waiver intellectual disabilities services based on information in the DSPD record at this time?

Signed: _____ Date: _____