

Eligibility for Developmental Disabilities Services

Form 19
 Form 19C

Applicant's Name: _____ Date of Birth: _____ Client ID: _____

Assessments

- Yes No Are the required assessments completed?
- ICAP
- Social History
- Psychological Evaluation or
- Developmental Assessment (if under 7 years)

- Additional Documentation (optional):
- Medical Summary/Physical
 - Mental Health /Psychiatric Evaluation
 - Educational Evaluation
 - Other: _____

Resident/Diagnosis

Yes No Is the applicant a resident of Utah?

Yes No Does the applicant have a required diagnosis?

- Mental Retardation: MR Level: _____ by _____ date _____
- Meets definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Related Condition: Diagnosis: _____ by _____ date _____
- 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:

- 1. Self-Care. _____
- 2. Expressive and/or Receptive Language. _____
- 3. Learning. _____
- 4. Mobility. _____
- 5. Capacity for Independent Living. _____
- 6. Self-Direction. _____
- 7. Economic Self-Sufficiency (not applicable if under 18 years). _____

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

If "Yes", indicate the number of the life activity(s), the exclusion, and the assessment used to substantiate the determination:

Eligibility Determination

Yes No Is the applicant eligible for non-waiver developmental disabilities services based on information in the Division of Services for People with Disabilities record at this time?

Signed: _____, QMRP Date: _____

