

Intellectual Disability and Developmental Disabilities

(This information is list on the back of the DA 124 C form, Guide #7)

Please answer ALL of the following questions and send to COMRU

Does the individual have a diagnosis which affects intellectual or adaptive functioning?

- No Yes

Specify:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Epilepsy/Convulsion/Seizures |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spinal Bifida | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Closed Head Injury/TBI | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Quadriplegia/Paraplegia/Spinal Cord Injury | <input type="checkbox"/> Severe Hearing and Visual Impairment | |

Was the onset prior/before the age of 22?

- No Yes

Date/age of Onset: _____

Is likely to continue indefinitely?

- No Yes

Results in substantial functional limitations in 3 or more major life activities

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Self Care | <input type="checkbox"/> Learning | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Self Direction | <input type="checkbox"/> Understanding and use of Language | |
| <input type="checkbox"/> Capacity for Independent Living | | |

Other Pertinent Information:

Completed by: _____

Title: _____

Client Name: _____

Date: _____