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:

☐ Cerebral Palsy  ☐ Multiple Sclerosis  ☐ Epilepsy/Convulsion/Seizures
☐ Muscular Dystrophy  ☐ Spinal Bifida  ☐ Autism
☐ Closed Head Injury/TBI  ☐ Orthopedic Impairment  ☐ Other: __________________________
☐ Quadriplegia/Paraplegia/Spinal Cord Injury  ☐ 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

☐ Self Care  ☐ Learning  ☐ Mobility
☐ Self Direction  ☐ Understanding and use of Language
☐ Capacity for Independent Living

Other Pertinent Information:

Completed by: __________________________
Title: __________________________
Client Name: __________________________  Date: __________________________