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

If 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 (Impacted prior to the age 22)

☐ Self Care ☐ Mobility ☐ Learning
☐ Self Direction ☐ Understanding and use of Language
☐ Capacity for Independent Living ☐ No Functional Limitations

Other Pertinent Information:

Client Name: ______________________________

Completed by: ______________________________

Title: ______________________________

Date: ______________________________