

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: _____