



Inventory for Client and Agency Planning (ICAP) Assessment Information and Consent

Please refer to the *Guidelines for the ICAP Process* for assistance in providing the required information

Applicant/participant:

New OR Renewal IDD TEFRA ISW

Physical address: _____ City _____ State _____

Mailing address: _____ City _____ State _____ Zip _____

Phone: _____ Medicaid number: _____

Agencies serving applicant/participant: _____

Residential facility (if applicable):

Care Coordinator: _____ Agency: _____ Phone: _____

Legal Guardian Parent Name: _____ Phone: _____

Current medications: _____ Purpose: _____

Respondents:

Name: _____ Phone: _____

Relationship: _____ Needed accommodation: _____

Name: _____ Phone: _____

Relationship: _____ Needed accommodation: _____

Name: _____ Phone: _____

Relationship: _____ Needed accommodation: _____

- Attachments:**
- Current release of information for each respondent
 - Supportive diagnostic information (if not attached, date of future evaluation)
 - Police reports/legal information
 - Interdisciplinary Team *Evaluation Report*
 - Current behavior management plan
 - Other: _____

Comments/or alternate respondents: _____

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Consent for Administration of the Inventory for Client and Agency Planning (ICAP)

Applicant/participant:

Initial each box and sign below

My care coordinator has explained, and I understand the information provided in the *Guidelines for the ICAP Process*.

I have received the *Guidelines for the ICAP Process*

I understand that the responses provided by my ICAP Respondents must be accurate and will be used in assessing eligibility for a Medicaid waiver.

I understand that the applicant listed above may or may not meet the eligibility criteria for a Medicaid waiver.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

I consent to a Senior and Disabilities Services representative conducting the ICAP assessment for the applicant/participant listed above.

Signature of applicant/participant or Representative

Date

Printed name of applicant/participant or Representative