



### 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 CFC

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: \_\_\_\_\_

\_\_\_\_\_

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

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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