



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 ☐ OR ☐ TEFRA

Physical address: _____
Street City State

Mailing address: _____
Street 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 line 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