Dear [Client/Applicant Name]:

The Developmental Disabilities Administration (DDA) has determined that an Inventory for Client and Agency Planning (ICAP) is required to make an eligibility determination or re-determination. The ICAP is a rating scale for adaptive skills.

The following documents are being sent to you to explain the ICAP requirements and assessment procedure:

- WAC 388-823-0910 through 388-823-0940
- Guidelines for Completing the ICAP
- Informed Consent for ICAP Administration (DSHS 10-329)

Please call me at [Telephone Number] to schedule an appointment. You will need to bring someone with you who has known you for at least three (3) months on a day-to-day basis. If I do not hear from you by [Date], your eligibility decision will be based on the information we have received.

A complete copy of the state rules governing eligibility (WAC 388-823) is available upon request or online at https://www.dshs.wa.gov/dda/consumers-and-families/eligibility.

I look forward to hearing from you.

Sincerely,

[Name]

NAME ____________________________ TELEPHONE NUMBER ____________________________ E-MAIL ADDRESS ____________________________

Enclosures

cc: Legal Guardian/Representative