|  |  |  |
| --- | --- | --- |
| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)Inventory for Client and Agency Planning (ICAP) | |
| DATE:  CLIENT / APPLICANT NAME AND ADDRESS REPRESENTATIVE NAME AND ADDRESS | | |
|  | |  |
| FOLD HERE FOR WINDOW ENVELOPE. | |
| Dear :  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 and there is not a current adaptive test score in your records.  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  to schedule an appointment. You will need 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 , 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 TELEPHONE NUMBER E-MAIL ADDRESS  Enclosures  cc: Legal Guardian/Representative | | |