



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Inventory for Client and Agency Planning (ICAP)

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.

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 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 _____, your eligibility decision will be based on available information.

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