Dear [Name of Individual or Surrogate]:

Thank you for your recent inquiry in regards to registering for services through the [Name of County MH/MR Program]. A letter dated [Date of letter] was sent to you requesting information to determine if [Name of Individual] is eligible for mental retardation services and to continue the intake process. In a review of our records, the following information (checked below) has not been received and is still required to continue the process:

- [ ] Release of Records request (2 copies).
- [ ] The results of a standardized intelligence test conducted by a licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry that shows a full scale I.Q. of approximately 70 or less.
- [ ] The results of an adaptive behavior skills standardized assessment that shows one of the following:
  - Significant limitation in meeting the standards of maturation, learning, personal independence, or social responsibility
  - Substantial functional limitation in two or more of the areas of communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
- [ ] Documentation that substantiates that these conditions of intellectual and adaptive functioning manifested before the individual reached 22 years of age.
- [ ] Documentation that a diagnosis of mental retardation was made or confirmed by a licensed clinician.
A copy of the following checked documents:

- Social Security Card.
- Birth Certificate.
- Medical Assistance Card.
- Third Party Insurance Cards.
- Legal Guardian or Custodial Documents.
- Proof of Citizenship.

The intake process cannot continue unless the requested information is received by our office no later than [Date 10 calendar days from date of letter]. A self-addressed envelope is enclosed for your convenience in mailing the required documents. Or, if you prefer, the results may be faxed to our office at [Telephone Number].

If you have any questions regarding this letter, please contact me at [Telephone Number].

Sincerely,

Name
Intake Officer
County MH/MR Program

Enclosures
Self-Addressed Envelopes

cc: Individual's File
   Individual's Surrogate [if applicable]
   Intake Supervisor