

MAILING DATE

Individual's or Surrogate's Name
Address
Address

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).
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices.
- 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