

Client Name: _____

Client #: _____

State of Hawaii
Department of Health
Adult Mental Health Division

Mental Retardation (MR) Screening Form

Please complete this form at intake and for all currently enrolled clients for whom an MR screening form has not been completed. **This form only needs to be completed one time unless future documentation emerges which changes a consumer’s MR status.** File this form in chart and indicate the response on the Adult Mental Health Division (AMHD) Utilization Management – Attachment D in the category of MR criteria.

**Please answer the following questions by checking Yes, No
If you are unsure of the answer (lacking documentation) check NO**

| | YES | NO |
|---|-----|----|
| 1. Is the person already determined eligible to receive services from the Developmental Disabilities Division (DDD)? | | |

If question 1 is Yes, stop. Check “Met” on the AMHD U.M. Form – Attachment D in the category of MR criteria.

| | | |
|--|--|--|
| 2. Is the IQ score 70 or below (as determined by an IQ test)? | | |
|--|--|--|

If question 2 is No, then stop. Check “Not Met” on the AMHD U.M. Form - Attachment D in the category of MR criteria.

| | | |
|---|--|--|
| 3. Was the IQ score of 70 or below made before age 18? | | |
|---|--|--|

If question 3 is No, then stop. Check “Not Met” on the AMHD U.M. Form - Attachment D in the category of MR criteria.

| | | |
|--|--|--|
| 4. Does the person have documented evidence of mental retardation diagnosis before the age of 18 (copy in chart)? | | |
|--|--|--|

If question 4 is No, then stop. Check “Not Met” on the AMHD U.M. Form - Attachment D in the category of MR criteria.

If the answer is YES to questions 2, 3, & 4 (all 3 must be YES), then check “Met” on the AMHD U.M. Form – Attachment D in the category of MR criteria.

If you checked NO because of insufficient knowledge then document below how you will go about determining the answers to the above questions if mental retardation is suspected.

Comments (if further follow-up recommended): _____

Staff Signature

Date

**COMPLETE FORM
ONE TIME ONLY**

FILE IN CHART