FASD NETWORK of NORTHERN CALIFORNIA

LANTERMAN ACT FUNCTIONAL IMPACT DECLARATION
Regional Center Eligibility Checklist

California Welfare and Institutions Code §4512 defines a developmental disability as a disability that originates before age 18, continues or can be expected to continue indefinitely, and constitutes a substantial disability - which is defined as significant functional limitations in three or more major life activities.

For purposes of determining substantial disability, California evaluates limitations in the following major life activities:

- Self-Care
- Receptive and Expressive Language
- Learning
- Mobility
- Self-Direction
- Capacity for Independent Living
- Economic Self-Sufficiency

This declaration is intended to describe how the individual's disability affects functioning within these life activities.

INDIVIDUAL INFORMATION
Name: _____
Date of Birth: _____
Diagnosis(es): _____
Prepared By: _____
Relationship to Individual: _____
Date: _____

DISABILITY HISTORY
Describe evidence that the disability originated before age 18:
_____
_____

Describe why the disability is expected to continue indefinitely:
_____
_____

SELF-CARE
Definition: The ability to manage personal hygiene, health, nutrition, clothing, medication, and daily routines appropriate for age.

Describe functional limitations:

_____
_____
_____
_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____
_____
_____
_____

What typically happens when these supports are unavailable or removed?

_____
_____
_____
_____

RECEPTIVE AND EXPRESSIVE LANGUAGE
Definition:The ability to understand, process, and communicate information.

Describe functional limitations:

_____
_____
_____
_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____
_____
_____
_____

What typically happens when these supports are unavailable or removed?

_____
_____
_____
_____

LEARNING

Definition: The ability to acquire, retain, generalize, and apply information to everyday situations.

Describe functional limitations:

_____

_____

_____

_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____

_____

_____

_____

What typically happens when these supports are unavailable or removed?

_____

_____

_____

_____

MOBILITY (IF APPLICABLE)

Definition: The ability to move about safely and independently within home, school, work, and community environments.

Describe functional limitations:

_____

_____

_____

_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____

_____

_____

_____

What typically happens when these supports are unavailable or removed?

_____

_____

_____

_____

SELF-DIRECTION

Definition: The ability to exercise judgment, make decisions, plan, organize, solve problems, regulate behavior, and function safely and independently.

Describe functional limitations:

_____
_____
_____
_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____
_____
_____
_____

What typically happens when these supports are unavailable or removed?

_____
_____
_____
_____

CAPACITY FOR INDEPENDENT LIVING

Definition: The ability to safely and successfully manage daily life without ongoing assistance.
Describe functional limitations:

Describe functional limitations:

_____
_____
_____
_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____
_____
_____
_____

What typically happens when these supports are unavailable or removed?

_____
_____
_____

ECONOMIC SELF-SUFFICIENCY
Definition: The ability to obtain, maintain, and manage employment and financial responsibilities independently.

Describe functional limitations:

_____
_____
_____
_____

What support, supervision, prompting, accommodation, or environmental modification is currently required?

_____
_____
_____
_____

What typically happens when these supports are unavailable or removed?

_____
_____
_____
_____

STRENGTHS AND ABILITIES
Describe strengths, talents, interests, and areas of success:

_____
_____
_____
_____

Explain why these strengths do not eliminate the functional limitations described above:

_____
_____
_____
_____

SUMMARY

Based upon the information provided above, the disability:

□ Originated before age 18
□ Is expected to continue indefinitely
□ Results in substantial limitations in major life activities identified in Welfare and Institutions Code §4512 (3 or more categories)

Additional comments:

Signature: _____ Date: _____