



23 Hannover Drive Unit 8, St. Catharines, ON L2W 1A3
Phone (905) 684-3407 Fax: (905) 684-2728

Dear Physician,

RE:

The above named person is seeking services from the developmental services sector. Contact Niagara provides access to this sector on behalf of people with a developmental/intellectual disability. Before we can proceed with our intake and referral process, we require verification of the person's developmental disability.

According to the American Association for Mental Retardation (AAMR), **developmental disability** is defined as:

- An IQ of less than 70;
- Age of onset occurring in the person's formative years (before 18 years) AND is;
- Expressed concurrently with related disabilities in two or more adaptive skill areas:
 - Communication
 - Self Care
 - Home Living
 - Social Skills
 - Community Use
 - Self Direction
 - Health and Safety
 - Functional Academics
 - Leisure and Work

Physician's Authorization:

This person has a developmental disability

Specific Diagnosis: _____

This person does not have a developmental disability

Comments:

Physician Name: _____

Address: _____

Telephone Number: _____

Signature: _____ Date: _____