

Individual Information Form (IIF)
 _____ County Board of MRDD

Item #	Question	Reviewer Guidelines	ID#	ID#	ID#	ID#	S/P/N/NA
1.	Was the individual enrolled with the county board during the first full week of October? [ORC 5126.12 (B)(1)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
2.	Does the IIF accurately reflect the services received during the first full week of October? [ORC 5126.12 (B)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	If there have been changes to the individual's service system after the IIF data was submitted, does the county board have a mechanism to issue updates to ODMR/DD on a routine basis? <i>No Rule Cite-Reference as a recommendation and provide technical assistance</i>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

Reviewer's Name _____ **Date** _____

Legend: S=Substantial Compliance ~ P= Partial Compliance ~ N= Non-Compliance ~ NA= Not Applicable ~Level 1=Level One Waiver
 ~I.O.=Individual Options

ACC 12/07

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