



# Medicaid Diaper Program

## Child and Adult Diaper Needs

Ability Insights offers a statewide Illinois Medicaid Diaper program, which provides *AT NO COST* child and adult incontinence supplies to those who meet the following conditions:

- Current Medicaid Insurance from the Illinois Department of Healthcare and Family Services (IDHFS) (ex. AllKids, Medicaid card, SCHIP, SSI, Home and Community-Based Waiver program, AABD Medical Program, Health Benefits for Workers with Disabilities),
- Have a diagnosed Developmental or Physical Disability (Does not include those with speech/language delays),
- Be **four (4)** years of age or older (\*effective 7/1/12)

To make a referral, fax or mail the following information (must be filled out completely):

Date \_\_\_\_\_

Eligible Individual's Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Parent or Guardian Name \_\_\_\_\_  
First Middle Last

Email \_\_\_\_\_

Contact Number (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Please indicate/circle the following if possible:

Diaper size: 3 4 5 6 Youth AdultS AdultM AdultL AdultXL

Pull-up size: 2/3T 3/4T 4/5T NightS/M NightL/XL Youth AdultS AdultM AdultL AdultXL

Incontinence Pads Gloves (only if requesting incontinence supplies)

Medicaid Recipient Number \_\_\_\_\_

Primary Dr.'s Name \_\_\_\_\_

Dr.'s Clinic Name and Address \_\_\_\_\_

Dr.'s Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Eligible Diagnosis \_\_\_\_\_

(\*Effective 7/1/12, IDHFS revised the eligibility requirements and quantity limitations for incontinence supplies.)

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