**Assessment and Demographic Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_Prime#: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**File Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Face-to-Face Observation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Guardian name/#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vision:** Adeq\_\_\_\_ M-M\_\_\_\_\_ Sev\_\_\_\_\_ Unable\_\_\_\_\_ **Hearing:** Adeq\_\_\_ M-M\_\_\_\_\_ Sev\_\_\_\_\_ Unable\_\_\_\_

Element #: \_\_\_\_\_\_\_\_ Child CM/#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SC/PA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_

**Individual Participation level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

People who attended and/or contributed:

(name/#/email, relationship, participation, live w/)

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**Communication**

**1(a)** How does the individual Communicate w/others? Verbal English\Verbal Spanish\Other Verbal\Sign Language\Writing/Braille \Gestures\Facial Expressions\Communication Board\Electronic Device\ Texting/Email/Social Media\Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1(b)** How do others Communicate w/the individual? Verbal English\Verbal Spanish\Other Verbal\Sign Language\Writing/Braille \Gestures\Facial Expressions\Communication Board\Electronic Device\ Texting/Email/Social Media\Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2(a)** Clarity of speech (words not messages):

Always Clear \ Occasionally Unclear \ Frequently Unclear\ Never Clear\Does not Speak \ Unable to Assess

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2(b)** Expression (verbal and non-verbal) of ideas w/familiar people:

Expresses Complex messages without difficulty \ Exhibits some difficulty (e.g., some words or finishing thought) \ frequently exhibits difficulty \ Rarely/Never expresses self \ Unable to assess

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2(c)** Expression (verbal and non-verbal) of ideas w/unfamiliar people:

Expresses Complex messages without difficulty \ Exhibits some difficulty (e.g., some words or finishing thoughts) \ frequently difficulty expressing \ Rarely/Never express self \ Unable to assess

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2(d)** Ask for/get Drink or indicate thirst – enough to avoid dehydration: Y/N \_\_\_\_\_\_\_\_\_

**2(e)** Understanding verbal content:

Clear Understanding \ Usually Understands (most of message) \ Sometimes understands (basic conversations, simple direct phrases) \ Rarely/Never Understands \ Unable to assess

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities of Daily Living (ADLs)**

**Coding: Independent \ Setup or Clean-up Assistance \ Supervision or Touching Assistance \ Partial/Moderate Assistance \ Substantial/Maximal Assistance \ Dependent \ Person Refused \ Not Applicable \ Not Attempted**

**3. Dressing-skip under 4yo**:

**(a)** Upper body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Lower body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Footwear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(d)** Preferences:

* Changes clothes multiple times daily
* Choose own clothes  Female support person
* Same clothing daily  Male support person
* Velcro closures Wears loose clothing
* Other

**(e)** Guidance:

* Able to direct support person
* Behavioral health challenges
* Can button clothing ****Can lift arms
* Medical/physical symptoms PPS dress individual’s lower body
* PPS dress individual’s upper body
* Gets dressed with cueing
* PPS help select appropriate, clean, and/or matching clothes
* PPS label/organize clothing by color, style, etc.
* Able to manage his/her own need
* PPS put on/take off footwear
* PPS put on/take off sock/TED hose
* 2-person assist Able to tie Able to zip
* Will attempt to wear dirty clothes
* Other

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| --- |
| #3 Notes: |

**4. Transfer/Position-skip under 3yo**: IND

**(a)** Sit Stand (only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Chair/Bed Chair, etc. standing up & sitting down: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Roll left and right: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(d)** Preferences:

* PPS use a gait belt  ****Someone to assist
* Mechanical/ceiling lifts
* transfer board/pole ****Weight bearing trans
* Other

**(e)** Guidance:

* Asks for assistance  Behavioral hlth chall
* PPS assist with all wheelchair transfers
* Behavioral health challenges
* Can transfer self-using a lift
* PPS cue to use adaptive equipment
* Medical/physical symptoms interfere
* Has good upper body strength
* PPS maintain contact until steady
* Individual able to manage his/her own need
* Regular repositioning required
* PPS should talk individual through each transfer
* Transfer quickly ****Transfer slowly
* Transfers with some support
* 2-person transfer ****Steady during transfer
* **Use mechanical lift for ALL transfers**
* Other

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| #4 Notes: |

**5. Mobility**

**(a)** Does Ind Walk, scoot, crawl, shimmy, etc**-skip under 3yo**:  Y  N Walking Goal:  Y  N

**(b)** Walk, scoot, crawl, etc. **-skip under 3yo**: \_\_\_\_\_\_\_\_\_\_­­­

**(c)** On/off curb/1 step**-skip under 3yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(d)** Up/Down steps**-skip under 3yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(e)** Wheelchair/Scooter**-skip under 3yo**:  Y  N, Unmet need  N, Does not use

Type: Man/Motor/Both

**(f)** Wheels **-skip under 3yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(g)** 2+ falls in past year:  Y  N  Unknown

**(h)** Falls cause major injury with ongoing impact on ability to function:  Y  N  Unknown

Type of injury: Fracture \ Head Injury \ other (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(i)** Preferences:

* Can walk, but prefers wheelchair
* Cane **** Crutch
* Contact guard when walking
* Electric wheelchair
* Gait belt ****Walker
* Manual wheelchair Pushed in wheelchair
* Walker w/fold-down seat
* Walker w/permanent seat
* Other:

**(j)** Guidance:

* Access to backup equipment or same day repair necessary
* Individual is afraid of falling
* PPS should assist individual over thresholds
* Can self-propel wheelchair
* Behavioral health challenges
* Medical/physical symptoms interfere with performing task
* Evacuation plan: call neighbor or friend
* Evacuation plan: support person assistance
* Evacuation plan: use personal emergency response system (PERS)
* Has a steady gait
* PPS keep walkways clear
* Individual leans to one side
* PPS leave assistive device within reach
* Individual able to manage his/her own need
* Good navigation
* PPS provide contact guard when walking
* PPS provide physical support with stairs
* PPS remind individual to use assistive device
* Batteries recharged daily by support person
* Sees well enough to navigate independently
* Two-person assist
* Able to exit in emergency
* Able to walk/bear weight
* PPS hold the gait belt to steady the individual
* Other:

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| #5 Notes: |

**6. Eating/Tube Feeding:**

**(a) Nutritional Approaches:** Parenteral/IV \ Feeding Tube \ mechanically altered \ none

**(b)** Eating**-skip under 4yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Tube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(f)** Does the individual have any signs or symptoms of a possible swallowing disorder?

Pain w/swallowing Coughing/choking while eating Holding food in mouth/cheeks Loss of liquids/solids from mouth NPO Other None

**(g)** Does Ind. refuse foods due to preferences or sensory issues, such as texture or taste to point of malnutrition/dehydration:  Y  N

If Yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(h)** Does the ind. drool excessively:  Y  N

**(i)** Does the Ind. c/o chest pain, heartburn, or have small, frequent vomiting or unusual burping:  Y  N

**(j)** Has the Ind. required intravenous (I/V) fluids due to dehydration in the last year:  Y  N

**(d)** Preferences:

* Bland diet Use own recipes
* Cold food  Hot food
* Eat/tube feed alone
* Eat/tube feed with others present
* Finger foods  Snacks
* Large portions  Small portions
* Support person to inject formula slowly
* Tube feeding to be done discretely
* Environmental preferences – likes to be warm, watch TV, etc.
* Other

**(e)** Guidance:

* Behavioral health challenges
* Can cut food
* PPS cut food into small pieces
* Medical/physical symptoms
* Has a good appetite
* Independent with equipment/adaptations
* Food allergies
* PPS monitor liquids
* Mouth pain
* PPS provide cues for eating
* Uses tube feeding pump
* Uses gravity method
* Uses syringe method
* Strategic timing of tube feeding
* Must stop and start tube feeding process frequently - tube clogs easily, person gets up frequently, etc.
* Two-person assist
* Other:

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| #6 Notes: |

**7. Elimination:**

**(a)** Elimination hygiene**-skip under 4yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Toilet transfer**-skip under 4yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(e)** Issues around *constipation in last year*:  Y  N

**(f*)*** *Routine or PRN* medications for constipation 2 or more x’s a month in the last year (not fiber):  Y  N

**(g)** Does Ind. have a *diagnosis* of chronic constipation or *ongoing issues* with constipation:  Y  N

**(h)** Required a suppository or enema in past year:

Y  N

**(i)** Digital impaction removal 5 or more days/week:

Y  N

**(j)** More than 1 painful bowel movement in past year:  Y  N

**(k)** More than 1 episode of hard stool in past year:

Y  N

**(l)** Takes meds that causes constipation and wouldn’t recognize/communicate if constipated:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Preferences:

* Adult protection/absorbent products
* Diapers
* Bed pan only
* Bedside commode
* Female SP  Male SP
* Pads/briefs when going out
* Specific products
* Urinal
* Other

**(d)** Guidance:

* Able to use incontinence products
* Assists support person with transfer
* Aware of need to use toilet
* Behavioral health challenges
* PPS provide assistance finding the bathroom
* Able to change incontinence pads
* Able to complete own perineal care
* Able to empty ostomy/catheter bag
* Does not need assistance at night
* Experiences urgency
* Painful urination **** Will use pads/briefs
* 2-person assist **** Condom catheter w/PPS
* Pads changed by support person, as needed
* Medical/physical symptoms interfere
* Other

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| #7 Notes: |

**8. Showering and Bathing-skip under 5yo:**

**(a)** Shower/bathe self (include transfer): \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Preferences:

* Bath Shower
* Bed bath  Sponge bath
* Female SP  Male SP
* Specific products
* Other

**(c)** Guidance:

* Able to direct PPS  Able to manage own need
* Afraid of bathing
* PPS assist with drying and dressing
* Bathes w/cueing  Behavioral health challenges
* Can be left unattended
* Can judge water temperature
* Can adjust water temperature
* Medical/physical symptoms  Enjoys bathing
* bed/sponge bath  Individual is weight bearing
* Skin checks are completed by support person
* PPS soak the individuals’ feet
* Standby during bathing  2-person assist
* Able to transfer in/out of tub/shower
* Able to shampoo Able to stand alone
* PPS wash the individuals back, legs, feet
* Other

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| #8 Notes: |

**9. Oral Hygiene-skip under 5yo:**

**(a)** Oral Hygiene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(b)** Preferences:

* Assistance after eating
* Assistance during morning routine
* Assistance before bedtime
* Female SP  Male SP
* Electric toothbrush
* Other

**(c)** Guidance:

* Able to manage his/her own need
* PPS cue to brush teeth
* PPS assist to clean teeth/dentures
* Medical/physical symptoms
* Aware of hygiene needs
* Behavioral health challenges
* Other

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| #9 Notes: |

**10. General Hygiene-skip under 5yo:**

**(a)** General Hygiene: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(b)** Preferences:

* Assistance after eating  Electric razor
* Assistance during morning routine
* Assistance before bedtime
* Female SP  Male SP
* Other

**(c)** Guidance:

* Able to manage his/her own need
* PPS applies the individuals’ deodorant
* PPS combs the individuals’ hair as needed
* Able to comb hair
*  Able to wash face/hands
* Medical/physical symptoms interfere with performing task
* Needs reminders to use/change feminine hygiene products
* Individual knows how to use feminine hygiene products
* PPS shave the individual daily or as needed
* PPS trim the individual’s fingernails as needed
* Aware of hygiene needs
* Behavioral health challenges
* Other

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| #10 Notes: |

**11. ADL Equipment:**

Scale:no need, needs doesn’t have, has doesn’t use, uses less than daily, uses daily.

Mechanical lift \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support person assists:  Y  N

Prone Stander\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support person assists:  Y  N

Sidelyer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support person assists:  Y  N

Body Jacket\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support person assists:  Y  N

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| #11 Notes: |

**Instrumental Activities of Daily Living (IADLs)**

**12. Housework- skip under 12yo:**

**(a)** **Housework:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Preferences:

* Likes a neat house
* Wants items left where they are
* Prefers others to complete
* Other:

**(c)** Guidance:

* Able to sweep
* Allergies to dust, pollen, etc.
* Behavioral health challenges
* Ind do dishes
* Individual can instruct support person
* Ind take out garbage
* Individual can wash windows
* Individual can make or change bedding
* Individual can see when surfaces need cleaning
* PPS change/wash linens weekly
* PPS cue the individual to perform tasks
* Medical/physical symptoms
* PPS dust/vacuum as needed
* Individual has chemical sensitivities
* PPS mow lawn PPS shovel snow
* PPS sweep/mop floors PPS take out garbage
* Other:

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| #12 Notes: |

**13. Meal Preparation- skip under 12yo:**

**(a)** **Make the meals individual consumes:** \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(b)** Preferences:

* Bland diet  Casein free diet
* Foods from my culture
* Fresh fruits and vegetables
* Gluten free diet Halal diet
* Home-cooked meals Home delivered meals
* Kosher diet
* Smaller meals, more than three times per day
* Large portions Small Portions
* Other religious/ethnic foods
* Salt-free foods  Sugar-free foods
* Vegetarian diet Vegan diet
* Other therapeutic diet:
* Other:

**(c)** Guidance:

* Individual assists with meal preparation
* Behavioral health challenges
* Individual can prepare food with cueing
* Individual can use the microwave
* Individual can cut/peel/chop
* Individual can plan meals
* Individual directs PPS to prepare meal
* Individual needs assistance when using kitchen
* Medical/physical symptoms
* Individual knows how to cook
* Individual has food allergies
* Individual has accessible kitchen
* Individual keeps spoiled food
* PPS label/organize food products
* Individual leaves burners on
* Individual makes appropriate meal choices
* PPS make food accessible to the individual
* PPS prepare all meals
* PPS prepare meals for individual to reheat
* Individual has special diet
* Work out a menu with individual
* Other:

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| --- |
| #13 Notes: |

**14. Laundry- skip under 12yo:**

**(a)** **Laundry:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(b)** Preferences:

* Prefers to fold certain items, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefers others to complete
* Wants items left where they are
* Other:

**(c)** Guidance:

* certain detergents or soaps
* Behavioral health challenges
* Individual can fold clothes
* Individual can instruct support person
* Individual can operate washer/dryer
* PPS cue the individual to perform tasks
* Medical/physical symptoms interfere

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| #14 Notes: |

**15. Transportation:**

**(a)** **Use vehicle Transportation including transfer- skip under 12yo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** **Car transfer only**- **skip under 3yo**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Preferences:

* Accessible Bus Bike Taxi
* Ride sharing (e.g., Uber)
* Use own car, individual drives
* Use own car, other person drives
* Other:

**(d)** Guidance:

* PPS accompany person on bus/van
* PPS arrange medical transportation
* Behavioral health challenges
* Individual able to communicate with drivers
* PPS use own car PPS drive to appointments
* Has handicap parking sticker/license
* Knows bus routes
* PPS make arrangements for accessible bus
* PPS take portable oxygen tank
* PPS take wheelchair/walker
* PPS assist with securing wheelchair in accessible vehicle
* Medical/physical symptoms
* Individual needs orientation and mobility training for new routes
* Individual able to arrange own transportation
* PPS use supportive seating
* Support person assists the individual to use vest/harness
* Other: \_\_\_\_\_\_\_

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| #15 Notes: |

**16. Money Management- skip under 12yo:**

**(a)** **Money Management:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Guidance:

* Able to budget  PPS arrange credit counseling
* Support person balances individuals’ checkbook
* Behavioral health challenges
* Can use EBT card Can use debit card
* Can write checks and pay bills
* Can see/read bills and account information
* PPS contact POA  PPS contacts rep payee
* Individual signs own checks  Med/phys symp
* Has a rep payee Has direct deposit
* Has guardian/POA Needs POA
* Support person pays bills for the individual
* Needs automatic payment plan set up
* Needs assistive/adaptive equi to see paperwork
* Needs budget set up  Needs utility pay set up
* Vulnerable to financial exploitation
* Relies on others to understand that $ has value
* Other:

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| #16 Notes: |

**17. Shopping- skip under 12yo:**

**(a)** **Shopping for all groceries and personal items:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Preferences:

* Shop at a specific store
* Shop weekly
* Specialty items
* Use coupons
* Other:

**(c)** Guidance:

* Able to communicate with store personnel
* PPS arrange to have groceries delivered
* Behavioral health challenges
* Can carry small items
* Can navigate within the store
* Can see/identify needed items
* Can carry heavy items
* Can reach items
* Can read labels
* Can shop online
* Medical/physical symptoms interfere with performing task
* PPS assists with comparison shopping
* PPS do all shopping for the individual
* Support person guides individual within store, find/describe items
* PPS help individual make shopping list
* PPS read labels to the individual
* PPS put items away
* PPS take the individual to store
* Other:

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| #17 Notes: |

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| Behavior Notes: |

**BEHAVIORS**

**Scale:** no history, has history no concern, has history has concern,  no history has concern,  yes-present (Pro-active here)

**Describe presenting behaviors**

**18.** Injurious to self: chemical abuse / cutting self / head banging / suicide attempts / fascination with fire / pulling out hair / self-biting / self-burning / self-hitting / self-stabbing-picking / self restricts eating / other

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**19.** Aggressive or Combative: bites / hits-punches / kicks / pulls other’s hair / pushes / scratches / throws objects at others / unwanted touching / tripping / uses objects to hurt others / other

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**20.** Injurious to Animals: rough pulling on limbs / attempts to maim or kill / sexual abuse against animals / other

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**21.** Verbal Aggression towards Others: aggressive gestures w no physical contact / goads / intimidates-stares / manipulates / resists care / swears at others / taunts/teases / verbal threats / writes threatening notes / yells-screams / other

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**22.** Socially Unacceptable Behavior: disrupts others activities / no personal boundaries / spits / throws food / voids in inapprop places / vocalizes loudly-not aggressive / exposes private body areas / inappropriately touches others / masturbates in public / unwanted touching of others / other

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**23.** Sexual Aggression/Assault (lead to legal issues): gropes others / unwanted touching of others / forcible attempts / pedophilia / targets vulnerable population / other

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**24.** Property Destruction: breaks things / punches holes in walls / sets fires / uses object to damage / target’s other property / breaks small objects / cuts cords / tears clothing / other

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**25.** Leaving Supervised Area: wanders / leaves without telling people / runs away / jumps out of vehicle / other

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**26.** Pica/put inedible in mouth with risk: dirt / glass / stones / paper / hair / urine / feces / wood / toxic substances (cleaning fluids) / cigarettes / other

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**27.** Difficulties Regulating Emotions: cries / argumentative / impulsive / overly excitable / screams / shouts angrily / overzealous social exchanges / refuses to move / self-injury / throws self on floor / inappropriate tone for conversation / other

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**28.** Refusing ADL/IADL and Medical Care: physically combative / verbally combative / resistant to ADL/IADLs / resistant to medical care / resistant to taking meds / full sedation for medical apts / full sedation for dental apts / other

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**29.** Rapid Ingestion of Foods/Liquids w/health and safety risk: liquids / foods / behavior present with specific foods-liquids / other

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**30.** Withdrawal: avoidance / isolation / lack of interest in life events / other

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**31.** Intrusiveness: inappropriate boundaries / physical / verbal / extended eye contact / unaware if interpersonal space / other

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**32.** Behaviors that increase victimization risk: hitchhiking / inviting strangers home / panhandling / promiscuity / puts self in harm’s way / shared personal identifying information / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**33.** Legal Involvement/criminal behavior: assault / burglary / arson / issues related to homelessness / drug crimes / financial crimes / prostitution / public nuisance / sex crimes / shoplifting / terroristic threats / theft / trespassing / other

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**34.** Other Behavior: fecal smearing / hoarding / false reporting / calls 911 inappropriately / gambling / other

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**36. Intervention frequency:**

Scale: None <1xmo 1xmo >1xmo 1-3xwk 4+xwk, but <daily <5xday >5xday

**(a)** Cueing (physical & verbal; proactive & reactive): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Proactive Strategies/Physical Prompts (specific to the individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Safeguarding interventions (AKA PPIs): \_\_\_\_\_\_\_\_\_\_

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**37. Other behavior items:**

**(a)** Is a court mandated restriction currently in place against the individual (includes more than restraining orders):  Y  N

Type/Reason/Order date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Does the individual have a current court mandated restriction in place against anyone:  Y  N

Type/Reason/Order date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**38.** Substance Abuse Issues:

**(a)** Is there a concern about abuse of substances, including alcohol, marijuana, prescription medication, or illegal drugs:  Y  N Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**39.** **Positive Behavior Support Plan:**

**(a)** Has a PBSP been created for the individual:  Y  N

**(b)** Is the PBSP currently implemented by PPS:  Y  N

**(c)** Does PBSP require doc incidence of beh:  Y  N

**(d)** Does the PBSP include SI/PPIs:  Y  N

**(e)** Does the PBSP include complex behavior support tools that must be altered by a support person one or more times per month:  Y  N

**(f)** Has the individual required emergency, crisis intervention, protective or restraints (not in PBSP) services to address a dangerous behavior 2 or more times in the past 12 months:  Y  N

**SAFETY**

**40.** Safety Awareness and Support**- skip under 5 yo**:

**(a)** Does the individual have the judgment and/or physical ability to cope, make appropriate decisions, and take action in a changing environment or a potentially harmful situation (general personal safety awareness and protection):  Y  N

Judgement/Decision making: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Ability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(b)** Does the ind. need support to remain safe around traffic:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(c)** Does the ind. need support to evacuate when a fire or smoke alarm sounds:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**41. Environmental Safety:**

**(a)** Is the individual at risk of serious injury from household chemicals if the chemicals are not secured:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Are there currently conditions in the residence that may lead to injury or illness:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(c)** Is the individual at risk of eviction/lose housing because of conditions in residence/other:  Y  N

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**42.** Assessor’s Judgement about the Potential for Abuse, Neglect, and Exploitation:

**(a)** Evidence of historic or current abuse, neglect or exploitation:  Y  N

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Evidence of historic or current self-neglect - **skip under 18yo**:  Y  N

Check all that apply: \*alcohol/drugs \*beh to self and harm/to others \*dehydration/malnutrition \*hygiene compromised \*impairment: orient/judge/reason \*Unable to manage funds. \*unable to manage meds/med treatment \*unsafe living conditions. \*other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(c)** Has child welfare been involved on behalf of the individual -**skip over 17yo**:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Safety Notes: |

**Medical**

**43.** **General Medical Supports:**

**(a)** In the past 6 months, how many times has another person recommended that the individual seek medical attention for an issue that the individual was unaware of or unwilling to seek attention for- **skip under 18yo: \***None, \*one, \*two or three, \*more than 3 \_\_\_\_\_\_\_\_\_\_

and why: \*Ind. unaware of issue, \*Ind. unwilling to seek attention for issue, \*Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Does the individual currently experience a lack of access to medical care because of transportation, geographical, financial, cultural, or other non-behavioral reasons:  Y  N

\*Transportation, \*Geographical, \*Financial, \*Cultural, Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c)** Does the individual require documented daily monitoring of – ALL 4 – temperature, respiration, heart rate, and/or blood pressure according to a documented physician’s order:  Y  N

**(d)** Is the individual able to report or describe pain and /or signs of illness and where it’s located:  Y  N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(e)** Does the individual need assistance to make and/or keep medical appointments**- skip under 18yo**:  Y  N

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**44. Conditions and Diagnoses:**

Health conditions/Specific Diagnoses:

(HC – has condition, AF – affects functioning, RT – Receiving treatment, F/U – f/u needed )

HC AF RT F/U

**(a)** Chronic Chest Congestion:

**(b)** Dysphagia:

**(c)** GERD:

**(d)** Persistent cough:

**(e)** Pneumonia:

**(f)** Rattling when breathing:

Additional Feedback: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**45.** Seizure and Diabetes

**(a)** Does the individual have a diagnosis of seizures or epilepsy or has the individual had a seizure within the past five (5) years:  Y  N

**(b)** Indicate all items that apply to the individual:

Currently takes medication to control seizures:

Y  N

Required a PRN medication (such as Ativan or Diastat) **two or more times per month**, at the time of the seizure **to stop** a seizure in the past year:  Y  N

Has taken medication to control seizures in the past year:  Y  N

Has had a seizure in the past year:  Y  N

Has had seizures that required emergency medical attention in the last three years:  Y  N

Uses a vagus nerve stimulator (**VNS**) two or more times per month:  Y  N

**(c)** Does the individual require support to prevent injury during or prior to a seizure episode:  Y  N

Describe support needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(d)** Does the individual have a diagnosis of diabetes or pre-diabetes:  Y  N

**(e)** Does the individual use a diabetic insulin pump:

Y  N

**(f)** Does the individual’s diabetes management include administration of sliding scale insulin:  Y  N

\_\_\_Administered by the individual without in-person assistance

\_\_\_Administered by the individual with in-person assistance

\_\_\_Administered by support person

**(g)** Mechanisms to manage diabetes:

Current need help decline

Therapeutic Diet: \_\_\_\_ \_\_\_\_ \_\_\_\_

Exercise: \_\_\_\_ \_\_\_\_ \_\_\_\_

CBG: \_\_\_\_ \_\_\_\_ \_\_\_\_

Insulin admin: \_\_\_\_ \_\_\_\_ \_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**46.** **Treatments and Therapies:**

**(a)** Is the individual currently receiving or currently needs any special treatments, such as pacemaker, bowel program, ostomy care, oxygen therapy, feeding tube, or dialysis:  Y  N

**(b) Treatments and Monitoring:**

**Indicate current need:**

Has never needed

Does not currently need, has needed in the past

Needs but does not receive

Receives less than weekly

Receives weekly, <5 days per week

Receives weekly, 5 or more days per week

Receives daily

Receives 5 or more times per day

**(SP) Indicate if the Support Person performs the treatment**

**(NO) Indicate if the Support Person requires training and oversight from a medical professional** (such as nursing delegated tasks)

**Treatments/Monitoring/Therapy Type**

**Need SP NO**

\_\_\_\_\_\_\_\_\_   Respiratory therapy

\_\_\_\_\_\_\_\_\_   Chest percussion (including percussion vest)

\_\_\_\_\_\_\_\_\_   Postural drainage

\_\_\_\_\_\_\_\_\_   Nebulizer

\_\_\_\_\_\_\_\_\_   Tracheal aerosol therapy

\_\_\_\_\_\_\_\_\_   Oral suctioning that does not extend beyond the oral cavity

\_\_\_\_\_\_\_\_\_   Airway suctioning

\_\_\_\_\_\_\_\_\_   Tracheal suctioning

\_\_\_\_\_\_\_\_\_   nasopharyngeal suctioning

\_\_\_\_\_\_\_\_\_   Other suctioning

\_\_\_\_\_\_\_\_\_   Tracheostomy care

\_\_\_\_\_\_\_\_\_   Care for central line

\_\_\_\_\_\_\_\_\_   Intravenous (IV) injections/infusions

\_\_\_\_\_\_\_\_\_   Subcutaneous injections

\_\_\_\_\_\_\_\_\_   Jejunostomy tube

\_\_\_\_\_\_\_\_\_   Nasogastric or abdominal feeding tube (e.g., g-tube, NG tube)

\_\_\_\_\_\_\_\_\_   Indwelling or suprapubic catheter monitoring

\_\_\_\_\_\_\_\_\_   Insertion of catheter (intermittent catheterization)

\_\_\_\_\_\_\_\_\_   CPAP/BiPAP

\_\_\_\_\_\_\_\_\_   Mechanical ventilator other than CPAP/BiPAP

\_\_\_\_\_\_\_\_\_   Oxygen therapy

\_\_\_\_\_\_\_\_\_   Colostomy, urostomy, and/or other ostomy

\_\_\_\_\_\_\_\_\_   Peritoneal dialysis

\_\_\_\_\_\_\_\_\_   Hemodialysis

\_\_\_\_\_\_\_\_\_   Active Cerebral shunt monitoring

\_\_\_\_\_\_\_\_\_   Baclofen pump

\_\_\_\_\_\_\_\_\_   Wound car, excluding stage III or IV ulcers

\_\_\_\_\_\_\_\_\_   Treatment for stage III or IV ulcers (full loss of skin and tissue, may extend into muscle or bone)

\_\_\_\_\_\_\_\_\_   Behavioral health therapies,

including mental health

\_\_\_\_\_\_\_\_\_   Psychiatric therapies/services

\_\_\_\_\_\_\_\_\_   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**47.** **Medication Management:**

**(a)** Individual currently takes prescription medications or routine over-the-counter medications recommended by a medical professional:  Y  N

(b) Does the individual take medication known to cause dehydration:  Y  N

**Skip meds for under 18yo**

**(c)** Oral meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(d)** Inhalant/Mist meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(e)** Injectable meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(f)** Topical meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(g)** Suppository meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(h)** Meds thru tube: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Medical Notes: |