	<u>Ambulation</u>					
פ	Need Level:	Assist Types:	Frequency:	Duration:	Required:	
	Ind.	Hands-on	None	Mins.	Inside	
	Min. Assist	Confined to	x's per day	each time	Outside	
	Sub. Assist	bed	x's per week			
/lok	Full Assist		x's per month			
Mobility			Always			
K	Ambulation Not	es:	, 			
	<u>Transfer</u>					
	Need Level:	Assist Types:	Frequency:	Duration:		
	Ind.	Hands-on	None	Min	s. each time	
	Assist		x's per day			
IZ	Full Assist		x's per week			
10k			x's per month			
Mobility			Always			
×	Transfer Notes:					
	<u>Eating</u>					
	<u>Need Level:</u>	Assist Types:	Frequency:	Duration:		
	<u> </u> Ind.	Hands-on	│	Min	s. each time	
	Min. Assist	Set-up	x's per day			
ım	Sub. Assist	Cueing	x's per week			
Eating	Full Assist		x's per month			
ng			Always			
	Eating Notes:					

	<u>Bladder</u>					
	Need Level:	Assist Types:	Frequency:	Duration:	Required:	
	Ind.	Hands-on	None	Mins.	Catheter care	
	Assist		x's per day	each time	Ostomy care	
Elir	Full Assist		x's per week			
nin			x's per month			
Elimination			Always			
<u>0</u> 0	Bladder Notes:					
	Bowel	T –	_	I	T	
	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>	Required:	
	Ind.	Hands-on	None .	Mins.	Digital Stim.	
ım	Assist		x's per day	each time	Suppository	
lim	Full Assist		x's per week		insertion	
Elimination			x's per month		Ostomy care	
tio	Daniel Materi		Always		Enemas	
D	Bowel Notes:					
	Toileting					
	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>	Required:	
	Ind.	Hands-on	None	Mins.	Cleansing	
	Assist	Cueing	x's per day	each time	Changing	
Eli	Full Assist		x's per week		Removing	
mi			x's per month			
Elimination			Always			
ion	Toileting Notes	•	-		1	
	_					

	Self-Preservation			
	Need Level:	Assist Types:	Frequency:	Duration:
	Ind.	Hands-on	None	Mins. each
	Min. Assist	Cueing	x's per day	time
<u> </u> C	Sub. Assist	Reassurance x's per week		
ogn	Full Assist	Redirection	x's per month	
Cognition		Support	Always	
<u>D</u> n		Monitoring		
	Self-Preservation Not	tes:		
	Decision Making			
	Need Level:	Assist Types:	Frequency:	Duration:
	Ind.	Hands-on	None	Mins. each
	Min. Assist	Cueing	x's per day	time
<u>C</u>	Sub. Assist	Redirection	x's per week	
ogn	Full Assist	Support	x's per month	
Cognition		Monitoring	Always	
ľ	Decision Making Not	es:		
	Ability to Make Self-	<u>Understood</u>		
	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>
	Ind.	Hands-on	None	Mins. each
	Min. Assist	Reassurance	x's per day	time
i_	Sub. Assist	Redirection	x's per week	
ဥဝဋ္ဌ	Full Assist	Support	x's per month	
Cognition		Monitoring	Always	
ion	Ability to Make Self-L	Inderstood Notes:		
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	<u>Challenging Behaviors</u>					
	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>		
	Ind.	Hands-on	None	Mins. each		
	Min. Assist	Cueing	x's per day	time		
IC	Sub. Assist	Redirection	x's per week			
ogr	Full Assist	Monitoring	x's per month			
Cognition			Always			
<u>on</u>	Challenging Behavior	s Notes:				
	Bathing					
B	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>		
Bathing & Personal Hygiene	Ind.	Hands-on	None	Mins. each		
ing	Assist	Cueing	x's per day	time		
20	Full Assist	Stand-by	x's per week			
Per			x's per month			
10S			Always			
<u>ıal</u>	Bathing Notes:					
HV						
gie						
<u>ne</u>						
	Personal Hygiene					
Ba	Need Level:	Assist Types:	<u>Frequency:</u>	<u>Duration:</u>		
athing & Personal Hygiene	Ind.	Hands-on	None	Mins. each		
ng	Assist	Cueing	x's per day	time		
%	Full Assist	Stand-by	x's per week			
<u>Per</u>			x's per month			
sor			Always			
<u>ıa</u>	Personal Hygiene No	Personal Hygiene Notes:				
\\X						
gie						
<u>1e</u>						

	<u>Dressing</u>				
	Need Level:	Assist Types:	Frequency:	Duration:	
ID	Ind.	Hands-on	None	Mins. each	
res	Assist	Cueing	x's per day	time	
sin	Full Assist	Stand-by	x's per week		
g		,	x's per month		
G			Always		
Dressing & Grooming	Dressing Notes:				
B	2 . 666 8 6 . 665.				
ing					
	Grooming				
		Assist Types:	Fraguency	Duration	
	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>	
Dre	Ind.	Hands-on	None None	Mins. each	
SSE	Assist	Cueing	x's per day	time	
ing	Full Assist	Stand-by	x's per week		
œ			x's per month		
Dressing & Grooming			Always		
on	Grooming Notes:				
nin					
pa					
	Housekeeping				
	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>	
	Ind.	Hands-on	None	Mins. each	
ı	Assist		x's per day	time	
10r	Full Assist		x's per week		
<u> </u>			x's per month		
<u>Housekeeping</u>			Always		
pir	Housekeeping Notes:		,		
B	, , , , , , , , , , , , , , , , , , ,				

	<u>Laundry</u>					
	Need Level:	Assist Types:	Frequency:	Duration:		
	Ind.	Hands-on	None	Mins. each		
	Assist		x's per day	time		
_	Full Assist		x's per week			
_au			x's per month			
Laundry			Always			
Z	Laundry Notes:	<u> </u>	7.	<u>l</u>		
	Breakfast Meal Prepa	aration				
j	Need Level:	Assist Types:	Frequency:	Duration:		
3re	Ind.	Hands-on	None	Mins. each		
akf	Min. Assist		x's per day	time		
ast	Sub. Assist					
Breakfast Meal Preparation	Full Assist		x's per week			
	Full Assist		x's per month			
Pr	Drookfost Mool Droop	ration Notoci	Always			
sqa	Breakfast Meal Prepa	iration notes:				
ırat						
tior						
<u>ר</u>						
	Lunch Meal Preparat			T		
ī	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>		
nn	Ind.	Hands-on	None	Mins. each		
ch	Min. Assist		x's per day	time		
Me	Sub. Assist		x's per week			
al I	Full Assist		x's per month			
Pre			Always			
Lunch Meal Preparation	Lunch Meal Preparat	Lunch Meal Preparation Notes:				
ati						
<u>on</u>						

D	<u>Dinner/Supper Meal Preparation</u>					
Dinner/Supper Meal Preparation	Need Level:	Assist Types:	Frequency:	<u>Duration:</u>		
	Ind.	Hands-on	None	Mins. each		
	Min. Assist		x's per day	time		
) odd	Sub. Assist		x's per week			
er N	Full Assist		x's per month			
<u>/lea</u>			Always			
al P	Dinner/Supper Meal	Preparation Notes:				
rep						
ara						
atic						
<u>n</u>						
	Medication/O2 Man	agement				
Me	Need Level:	Assist Types:	<u>Frequency:</u>	<u>Duration:</u>		
Medication/O2 Management	Ind.	Hands-on	None	Mins. each		
cati	Min. Assist		x's per day	time		
on	Sub. Assist		x's per week			
(0)	Full Assist		x's per month			
M			Always			
lan	Medication/O2 Mana	Medication/O2 Management				
age						
me						
<u>nt</u>						
	Shopping					
	Need Level:	Assist Types:	<u>Frequency:</u>	<u>Duration:</u>		
	Ind.	Hands-on	None	Mins. each		
	Min. Assist	Food	x's per day	time		
<u> </u>	Sub. Assist	Clothing	x's per week			
doı	Full Assist	Medicine	x's per month			
Shopping			Always			
8	Shopping Notes:					

	Transportation			
	Need Level:	Assist Types:	Frequency:	Duration:
Transportation	Ind.	Hands-on	None	Mins. each
	Min. Assist	Arrange rides	x's per day	time
	Sub. Assist	Get in/out	x's per week	
Spc	Full Assist	Physical /	x's per month	
orta		Cognitive Assistance	Always	
Itio	Transportation Notes	:		
İ				