PreAdmission Screening

Developmentally Disabled/Physically Disabled - Ages 6-11

Case Information			
AHCCCS ID		Medicare Part D	☐ Yes ☐ No
Person/App ID:			
Type of PAS	☐ Initial ☐ Reassessment ☐ Posthumous		
PSE Name			
PSE Phone			

I. INTAKE INFORMATION

Customer Information			
PAS Date		PAS Time	
Customer Name:			
Age			
Birthdate			
Gender	☐ Male ☐ Female		
Location at time of Assessment			
Telephone Number			

DD Status:	☐ Not DD ☐ Potential DD ☐ DD in NF ☐ DD

Prior Quarter:	Month 1:		Month 2:		Month 3:	

Authorized Representative	
Name	
Telephone Number	

Physical Measurements	
Height	Feet Inches
Weight	lbs.
Birth Weight (DD 0-5)	lbs.
Gestational Age (DD 0-5)	

Revised January 2023

Customer Name Person ID

Additional Information			
1.	Is customer currently hospitalized or in an intensive rehabilitation facility?	☐ YES	☐ NO
2.	If in an acute care facility, is discharge imminent (within 7 days)?	☐ YES	☐ NO
	Projected discharge date:		
3.	Ventilator Dependent?	☐ YES	☐ NO
4.	Number of Emergency Room visits in last 6 months(EPD)	0	
5.	Number of Hospitalizations in last 6 months(last year for DD 0-5)	0	
6.	Number of Falls in last 90 days(EPD)		

Personal Contacts						
Contact #1						
Name						
Relationship						
Address						
City		State		Zip Code		
Phone Number(s)						
Contact #2						
Name						
Relationship						
Address						
City		State		Zip Code		
Phone Number(s)						
Contact #3						
Name						
Relationship						
Address						
City		State		Zip Code		
Phone Number(s)						
Contact #4						
Name						
Relationship						

Customer Name

Person ID

Address					
City		State		Zip Code	
Phone Number(s)					

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II. FUNCTIONAL ASSESSMENT

A. MOTOR/INDEPENDENT LIVING SKILLS DOMAIN (CONSIDER ONE YEAR)

Circle the number corresponding to the appropriate answer. Give credit for the highest level of skill which is **performed at least 75 percent of the time**. Only give credit for **what the individual actually does**, not for what the individual "can do" or "might be able to do". When a question groups many activities, rate the individual on his/her ability to complete the task as a whole. **Rate activities/behaviors as generally performed over the last year with emphasis on current functioning**.

ROLLING AND SITTING

The Customer's ability to roll and sit independently. "Sitting with support" may include either the physical support of another person or other types of support such as pillows or a specially made chair. Indicate only one answer that best describes the highest level of skill attained.

☐	0	Assumes and maintains sitting position independently
☐	1	Sits without support for at least five (5) minutes
☐	2	Maintains sitting position with minimal support for at least five (5) minutes
☐	3	Rolls from front to back and back to front
☐	4	Rolls from front to back only
☐	5	Rolls from side to side
☐	6	Lifts head and chest using arm support when lying on stomach
☐	7	Lifts head when lying on stomach
☐	8	Does not lift head when lying on stomach

Comments:	

CRAWLING AND STANDING

"Support" may include the help of another person or mechanical support such as holding on to furniture

☐	0	Stands well alone, balances well for at least five (5) minutes
☐	1	Stands unsteadily alone for at least one (1) minute
☐	2	Stands with support for at least one (1) minute
☐	3	Pulls to a standing position
☐	4	Crawls, creeps, or scoots
☐	5	Does not crawl, creep, or scoot

Customer Name | Person ID

Comments:	

AMBULATION

Use of special assistive devices (e.g., canes, walkers, braces) should not affect rating.

☐ 0	Walks well alone for normal distances and on all terrains
☐ 1	Walks well alone for a short distance (10 - 20 feet); balances well; distance limitation may be due to terrain.
☐ 2	Walks unsteadily alone for a short distance (10 - 20 feet)
☐ 3	Walks only with physical assistance from others
☐ 4	Does not walk

Comments:	

CLIMBING STAIRS OR RAMPS

Rate use of ramps if individual uses wheelchair or other walking device which is not used on stairs.

☐ 0	Moves up and down stairs or ramps without need for handrail
☐ 1	Moves up and down stairs or ramps with handrail independently
☐ 2	Moves up and down stairs or ramps with physical assistance
☐ 3	Does not move up or down stairs or ramps

Comments:	

WHEELCHAIR MOBILITY

Wheelchair may be motorized or manual.

☐ 0	Wheelchair is not used or moves wheelchair independently
☐ 1	Moves wheelchair independently, but with some difficulty (may move wheelchair with some bumping and/or difficulty in steering)
☐ 2	Individual needs some, but not total assistance, in moving wheelchair
☐ 3	Needs total assistance for moving wheelchair

Comments:	

Customer Name Person ID

DRESSING

Putting on and removing regular articles of clothing, (e.g., skirt, blouse, shirt, pants, dress, shorts, socks and shoes, underwear). This does NOT include braces, nor does it reflect the individual's ability to match colors or choose clothing appropriate for the weather. Do NOT include care of clothing.

☐ 0	Completes the task independently
☐ 1	Able to complete the task with verbal prompts, cue by touch, materials setup, or other modifications (e.g., laying-out of clothes)
☐ 2	Requires hands-on assistance to initiate/complete the task (e.g., help with fasteners)
☐ 3	Is not able to actively perform any part of this task but can physically participate
☐ 4	Requires total hands-on assistance and does not physically participate

Comments:	

PERSONAL HYGIENE

Those tasks involved in basic grooming, including brushing teeth, washing face and hands, combing or brushing hair, use of deodorant, nail care.

☐ 0	Completes the task independently
☐ 1	Able to complete the task with verbal prompts, cue by touch, materials setup, or other modifications
☐ 2	Requires hands-on assistance to initiate/complete the task (e.g., put toothpaste on toothbrush Or hands on assistance to comb hair)
☐ 3	This task must be done for the individual but individual can physically participate
☐ 4	Requires total hands-on assistance and does not physically participate

Comments:	

BATHING OR SHOWERING

Washing body (e.g., bath, shower, sponge bath, or bed bath) includes shampooing hair.

☐ 0	Completes the task independently
☐ 1	Requires verbal prompts for washing and drying or help with drawing water, checking temperature
☐ 2	Requires extensive verbal prompts or limited/occasional hands-on assistance to complete task (e.g. shampooing.)
☐ 3	Requires hands-on assistance during entire bathing process but can physically participate.
☐ 4	Requires total hands on assistance and does not physically participate

Customer Name Person ID

Comments:	

Toileting

Involves initiating and caring for those bodily functions involving bowel and bladder control. NOTE: Do NOT rate ability to wash hands after toileting or the ability to transfer on and off the toilet.

☐ 0	Completes the task independently
☐ 1	Able to complete the task with verbal prompts, cue by touch, materials setup, or other modifications
☐ 2	Can indicate the need for toileting, but requires hands-on assistance to complete/perform the task (e.g., help with fasteners, toilet paper, flushing the toilet)
☐ 3	Does not indicate the need for toileting, but usually avoids accidents through a toileting schedule (e.g., periodic tripping by caregiver) and requires hands-on assistance to complete/perform the task.
☐ 4	Does not perform nor indicate the need for toileting and requires total caregiver intervention.

Comments:	

LEVEL OF BLADDER CONTROL

Rate typical/usual control level.

☐ 0	Complete control (no more than two accidents per year)
☐ 1	Some bladder control; accidents occur not as often as seven times per week (day or night)
☐ 2	Some bladder control: accidents occur at least seven times per week (day or night)
☐ 3	No control

Comments:	

ORIENTATION TO FAMILIAR SETTINGS FAMILIAR TO INDIVIDUAL

(e.g., in home or school setting)

☐ 0	No problem in this area; knows way in all areas of familiar settings independently
☐ 1	Knows way in part of, but not all of, familiar settings without prompting or physical assistance (e.g., to bathroom, bedroom, or cafeteria)
☐ 2	Knows way from room to room within familiar settings with prompting: does not need physical assistance
☐ 3	Does not know way from room to room within familiar settings without physical assistance

Customer Name

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Comments:	

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B. COMMUNICATION DOMAIN

EXPRESSIVE VERBAL COMMUNICATION

Ability to communicate thoughts verbally with words or sounds.

☐	0	Carries on a complex or detailed conversation
☐	1	Carries on a simple brief conversation, such as talking about everyday events (e.g., the clothes you are wearing)
☐	2	Uses simple two-word phrases (e.g., "I go," "give me")
☐	3	Uses a few simple words and associates words with appropriate objects, such as names of common objects and activities
☐	4	Uses no words, but does use a personal language or guttural sounds to communicate very basic concepts
☐	5	Makes no sounds which are for communication; may babble, cry or laugh

Comments:	

CLARITY OF COMMUNICATION

Ability to speak in a recognizable language or use a formal symbolic substitute, such as American Sign Language or alternate communication system. If has more than one form of communication, score on what is best understood.

☐	0	Uses speech in a normal manner intelligible to an unfamiliar listener; no special effort is required to understand this individual.
☐	1	Speech understood by strangers with some difficulty; unfamiliar individuals can understand, but due to the lack of clarity, not all of the words are understood and the listener must pay close attention in order to understand
☐	2	Uses a non-speech communication system that is understood by an unfamiliar listener (e.g., writing, communication board/device, gestures, or pointing)
☐	3	Speech or other communication system understood only by either those who know the person well or who are trained in the alternate communication system
☐	4	Does not communicate using a recognizable language or formal symbolic substitutions

Comments:	

Customer Name Person ID

C. BEHAVIORAL DOMAIN

AGGRESSION

Physical attacks on others, including throwing objects, punching, biting, pushing, pinching, pulling hair, scratching. Do NOT include self-injurious behaviors, threatening or property destruction.

☐ 0	Problem does not occur or occurs at a level not requiring intervention
☐ 1	Minor problem; occasional aggression which requires some additional supervision in a few situations and/or verbal redirection
☐ 2	Moderate problem; frequent aggression that requires close supervision and/or physical redirection
☐ 3	Serious problem; constant aggression that requires close supervision and/or constant verbal or physical interruption
☐ 4	Extremely Urgent problem; has had episode(s) causing injury in the last year, requires close supervision and physical interruption

Comments:	

VERBAL OR PHYSICAL THREATENING

Threatens to do harm to self, others or objects. Do NOT Include actual acts of physical aggression or self-injury.

☐ 0	Problem does not occur or occurs at a level not requiring intervention
☐ 1	Minor problem; makes occasional threats which are not taken seriously and do not frighten others nor result in aggression from others; requires some additional supervision and/or verbal redirection
☐ 2	Moderate problem; makes frequent threats that sometimes cause fear and/or aggression from others; requires close supervision and physical redirection
☐ 3	Serious problem; makes constant threats that sometimes cause fear and/or aggression from others; requires close supervision and/or constant verbal or physical interruption
☐ 4	Extremely Urgent problem; has had serious incident(s) in the last year; incidents always generate fear and/or are likely to result in aggression from others; requires close supervision and physical interruption

Comments:	

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SELF-INJURIOUS BEHAVIOR

Biting, scratching, putting inappropriate objects into ear, mouth, or nose, repeatedly picking at skin, head slapping or banging.

☐ 0	Problem does not occur or occurs at a level not requiring intervention
☐ 1	Minor problem; occasional incidents which require some additional supervision in a few situations and/or occasional verbal redirection
☐ 2	Moderate problem; frequent incidents that require close supervision and/or physical redirection
☐ 3	Serious problem; constant incidents; requires close supervision and/or verbal or physical interruption
☐ 4	Extremely Urgent problem; has had episode(s) causing serious injury requiring immediate medical attention in the last year, requires close supervision and physical interruption

Comments:	

RUNNING OR WANDERING AWAY

Leaves situation or environment inappropriately without either notifying or receiving permission from appropriate individuals as would normally be expected.

☐ 0	Problem does not occur or occurs at a level not requiring intervention
☐ 1	Minor problem; occasional occurrences which may not pose a safety problem but do require some additional supervision and/or Verbal redirection
☐ 2	Moderate problem; frequent occurrences pose minor safety issues to self or others; requires close supervision and/or physical redirection
☐ 3	Serious problem; constant occurrences poses safety issues to self or others; requires close supervision and physical redirection
☐ 4	Extremely Urgent problem; occurs constantly or poses a very serious threat to the safety of self or others requires close supervision and locked area.

Comments:	

DISRUPTIVE BEHAVIORS

Inappropriately interferes with others, including caregivers, or own activities through behaviors such as: excessive whining or crying, screaming, persistent pestering or teasing, constant demand for attention, repetitious motions. Excessive hyperactivity, repetitive/stereotypic behaviors, or temper tantrums that interfere with others' or own activities should be rated here. Do NOT include verbal threatening or acts of physical aggression to self or others.

☐ 0	Problem does not occur or occurs at a level not requiring intervention
☐ 1	Minor problem; occurs occasionally and requires occasional intervention

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☐ 2	Moderate problem; occurs frequently and requires frequent intervention
☐ 3	Serious problem; occurs constantly and requires constant intervention

Comments:	

Customer Name Person ID

III. MEDICAL ASSESSMENT

A. MEDICAL CONDITIONS

A = Acute, C = Chronic, H = History (Check appropriate answers)

		A, C, H	Comments	Major Dx
Neurological/Congenital/Developmental Conditions				
1. Cerebral Palsy				
a.	Diplegia	☐ A ☐ C ☐ H		
b.	Hemiplegia	☐ A ☐ C ☐ H		
c.	Quadriplegia	☐ A ☐ C ☐ H		
d.	Paraplegia	☐ A ☐ C ☐ H		
e.	Unspecified Cerebral Palsy	☐ A ☐ C ☐ H		
2. Epilepsy/Seizure Disorder NOTE: Indicate DATE of LAST Seizure and FREQUENCY of *EACH TYPE* of Seizure in Comments.				
a.	Generalized non-convulsive (absence, petit mal, minor, akinetic, atonic.)	☐ A ☐ C ☐ H		
b.	Generalized convulsive (clonic, myoclonic, tonic, tonic-clonic, grand mal, major)	☐ A ☐ C ☐ H		
c.	Unspecified (complex partial, psychomotor, temporal lobe, simple partial, Jacksonian, epilepsia partialis, continual	☐ A ☐ C ☐ H		
3. Mental Intellectual/Cognitive Disability				
a.	Mild Mental Intellectual/Cognitive Disability	☐ A ☐ C ☐ H		
b.	Moderate Intellectual/Cognitive Disability	☐ A ☐ C ☐ H		
c.	Severe Intellectual/Cognitive Disability	☐ A ☐ C ☐ H		

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d.	Profound Intellectual/Cognitive Disability	☐ A ☐ C ☐ H		
e.	Unspecified Intellectual/Cognitive Disability	☐ A ☐ C ☐ H		
f.	Borderline Intelligence	☐ A ☐ C ☐ H		
4. Autism				
a.	Autism	☐ A ☐ C ☐ H		
b.	Pervasive Developmental Disorder	☐ A ☐ C ☐ H		
c.	Autistic-Like Behaviors	☐ A ☐ C ☐ H		
5. Attention Deficit Disorder (ADD)				
a.	ADD with Hyperactivity	☐ A ☐ C ☐ H		
b.	ADD without Hyperactivity	☐ A ☐ C ☐ H		
6. Other Neurological / Congenital / Developmental Conditions				
a.	Prematurity	☐ A ☐ C ☐ H		
b.	Fetal Alcohol Syndrome	☐ A ☐ C ☐ H		
c.	Developmental Delays	☐ A ☐ C ☐ H		
d.	Hydrocephaly	☐ A ☐ C ☐ H		
e.	Macrocephaly	☐ A ☐ C ☐ H		
f.	Microcephaly	☐ A ☐ C ☐ H		
g.	Meningitis	☐ A ☐ C ☐ H		
h.	Encephalopathy	☐ A ☐ C ☐ H		
i.	Spina Bifida	☐ A ☐ C ☐ H		
j.	Genetic Anomalies	☐ A ☐ C ☐ H		
k.	Down's Syndrome	☐ A ☐ C ☐ H		
l.	Congenital Anomalies	☐ A ☐ C ☐ H		
m.	Near Drowning	☐ A ☐ C ☐ H		
n.	Head Trauma	☐ A ☐ C ☐ H		
o.	Dementia (Organic Brain Syndrome)	☐ A ☐ C ☐ H		

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Other Medical Conditions				
7. Hematologic				
a.	Anemia	☐ A ☐ C ☐ H		
b.	HIV Positive	☐ A ☐ C ☐ H		
c.	AIDS	☐ A ☐ C ☐ H		
d.	Leukemia	☐ A ☐ C ☐ H		
e.	Hepatitis	☐ A ☐ C ☐ H		
8. Cardiovascular				
a.	CHF	☐ A ☐ C ☐ H		
b.	Hypertension	☐ A ☐ C ☐ H		
c.	Congenital Anomalies of Heart	☐ A ☐ C ☐ H		
d.	Cardiac Murmurs	☐ A ☐ C ☐ H		
e.	Rheumatic Heart Disease	☐ A ☐ C ☐ H		
9. Musculoskeletal				
a.	Arthritis	☐ A ☐ C ☐ H		
b.	Fracture	☐ A ☐ C ☐ H		
c.	Contracture	☐ A ☐ C ☐ H		
d.	Anomalies of Spine (Kyphoscoliosis, Scoliosis, Lordosis)	☐ A ☐ C ☐ H		
e.	Paralysis	☐ A ☐ C ☐ H		
10. Respiratory				
a.	Asthma	☐ A ☐ C ☐ H		
b.	Bronchitis	☐ A ☐ C ☐ H		
c.	Pneumonia	☐ A ☐ C ☐ H		
d.	Respiratory Distress Syndrome	☐ A ☐ C ☐ H		
e.	Bronchopulmonary Dysplasia	☐ A ☐ C ☐ H		
f.	Cystic Fibrosis	☐ A ☐ C ☐ H		
g.	Reactive Airway Disease	☐ A ☐ C ☐ H		

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h.	Tracheomalacia	☐ A ☐ C ☐ H		
i.	Congenital Pulmonary Problems	☐ A ☐ C ☐ H		
11. Genitourinary				
a.	Urinary Tract Infection	☐ A ☐ C ☐ H		
12. Gastrointestinal				
a.	Constipation	☐ A ☐ C ☐ H		
b.	Ulcers	☐ A ☐ C ☐ H		
c.	Hernia	☐ A ☐ C ☐ H		
d.	Esophagitis	☐ A ☐ C ☐ H		
e.	Gastroesophageal Reflux	☐ A ☐ C ☐ H		
13. EENT				
a.	Blindness	☐ A ☐ C ☐ H		
b.	Cataract	☐ A ☐ C ☐ H		
c.	Hearing Deficit	☐ A ☐ C ☐ H		
d.	Ear Infection	☐ A ☐ C ☐ H		
e.	Disorders of Eye Movements (Exotropia, Strabismus, Nystagmus)	☐ A ☐ C ☐ H		
f.	Glaucoma	☐ A ☐ C ☐ H		
14. Metabolic				
a.	Hypothyroidism	☐ A ☐ C ☐ H		
b.	Hyperthyroidism	☐ A ☐ C ☐ H		
c.	Diabetes Mellitus	☐ A ☐ C ☐ H		
d.	Pituitary Problem	☐ A ☐ C ☐ H		
15. Skin Conditions				
a.	Decubitus	☐ A ☐ C ☐ H		
b.	Acne	☐ A ☐ C ☐ H		
16. Psychiatric				
a.	Major Depression	☐ A ☐ C ☐ H		
b.	Bipolar Disorder	☐ A ☐ C ☐ H		
c.	Schizophrenia	☐ A ☐ C ☐ H		

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d.	Behavioral Disorders	☐ A ☐ C ☐ H		
e.	Conduct Disorder	☐ A ☐ C ☐ H		
f.	Alcohol Abuse	☐ A ☐ C ☐ H		
g.	Drug Abuse	☐ A ☐ C ☐ H		

17. Other Diagnoses									Diagnosis
ICD-10	a.							☐ A ☐ C ☐ H	
ICD-10	b.							☐ A ☐ C ☐ H	
ICD-10	c.							☐ A ☐ C ☐ H	
ICD-10	d.							☐ A ☐ C ☐ H	
ICD-10	e.							☐ A ☐ C ☐ H	

	Category	**Condition**	**Diagnosis**
MAJOR DIAGNOSES			

Comments:	

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B. MEDICATIONS/TREATMENTS
(Include PRN medications/treatments received in last thirty (30) days and any other current medications/treatments). **Include dosage, frequency, duration, route, form for each medication and average use of major PRN medications.**

	MEDICATIONS/TREATMENTS/COMMENTS	RX	OTC
1.		☐	☐
2.		☐	☐
3.		☐	☐
4.		☐	☐
5.		☐	☐
6.		☐	☐
7.		☐	☐
8.		☐	☐
9.		☐	☐
10.		☐	☐
11.		☐	☐
12.		☐	☐
13.		☐	☐
14.		☐	☐
15.		☐	☐
16.		☐	☐
17.		☐	☐
18.		☐	☐
19.		☐	☐
20.		☐	☐

Comments:	

Customer Name Person ID

C. SERVICES AND TREATMENTS
(Mark appropriate answers) Provide explanation when (N) is circled

			Frequency of Service			
1. Injections/IV	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Intravenous Infusion Therapy	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Intramuscular/Subcutaneous Injections	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

2. Medications/Monitoring	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Drug Regulation	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Drug Administration	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

3. Dressings	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Decubitus Care	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Wound Care	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
c. Non-Bladder/Bowel Ostomy Care	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

4. Feedings	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Parenteral Feedings/TPN	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Tube Feedings	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

5. Bladder/Bowel	Receives	Needs	Cont.	Daily	Wkly.	Monthly

Customer Name Person ID

a. Catheter Care	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Ostomy Care	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
c. Bowel Dilatation	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

			Frequency of Service			
6. Respiratory	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Suctioning	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Oxygen	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
c. SVN	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
d. Ventilator	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
e. Trach Care	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
f. Postural Drainage	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
g. Apnea Monitor	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

7. Therapies	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Physical Therapy	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Occupational Therapy	☐ R	☐ N	☐ C	☐ D	☒ W	☐ M
c. Speech Therapy	☐ R	☐ N	☐ C	☐ D	☒ W	☐ M
d. Respiratory Therapy	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
e. Alcohol/Drug Treatment	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
f. Vocational Rehabilitation	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

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g. Individual/Group Therapy	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
h. Behavioral Modification Program	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

8. Rehabilitative Nursing	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Teaching/Training Program	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Bowel/Bladder Retraining	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
c. Turning & Positioning	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
d. Range of Motion	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
e. Other Rehab Nursing (specify)	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

9. Other	Receives	Needs	Cont.	Daily	Wkly.	Monthly
a. Peritoneal Dialysis	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
b. Hemodialysis	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
c. Chemotherapy/Radiation	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
d. Restraints	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
e. Fluid Intake/Output	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M
f. Other (specify)	☐ R	☐ N	☐ C	☐ D	☐ W	☐ M

Comments:	

Customer Name

Person ID

D. MEDICAL STABILITY

1. Record the number of acute hospitalizations that occurred over the past year	
2. Currently requires direct care staff or caregiver **trained in special health care procedures** (e.g., ostomy care, positioning, adaptive devices, G-tube feedings, SVN, seizure precautions [if current seizure activity], diabetic monitoring)	☐ YES ☐ NO
3. Currently **requires special diet** planned by dietitian, nutritionist, or nurse (e.g., high fiber, low calorie, low sodium, pureed)	☐ YES ☐ NO

Comments:	

Customer Name Person ID

E. SENSORY FUNCTIONS
(mark appropriate answers)

Impairment	Unable to Assess/ No Impairment	Minimum Impairment	Moderate Impairment	Severe Impairment
1. **Hearing** Ability to perceive sounds	☐ 0	☐ 1	☐ 2	☐ 3
2. **Vision** Ability to perceive objects visually	☐ 0	☐ 1	☐ 2	☐ 3

Comments:	

Customer Name

Person ID

F. SUMMARY EVALUATION

PCP: and other informants names for Personal Contacts entries

ELIGIBILITY REVIEW REQUESTED?	☐ Yes ☐ No	DATE	

Signature	Title	Date
Signature and Title	Title	Date

Completion Time (minutes)		Travel Time (minutes)	