

PHYSICAL DISABILITIES CRITICAL NEEDS ASSESSMENT

check one: Initial Assessment [] Petitioned Assessment []

Person's Name: _____ Date: _____

ID Number: _____ Worker: _____

Does this person have the cognitive ability to self-direct a personal assistant?

yes no

Desired / Needed Services:

- Attendant
- Personal Response System
- Consumer Preparation
- Liaison Services

Supports Currently Received:

Home Health/CNA: _____
 Medication Management: _____
 Residential: _____
 Other: _____

**Diagnosed Conditions:
(check all that apply)**

- Physical Disability Cause
- Date of Onset
- Paraplegia
- Cerebral Palsy
- MS
- Neurological
- Mental Illness
- Deafness
- Blind
- Other

_____ **1. Support System:** (Score range 0 to 7)

Describe the composition of natural supports provided by family and friends. Does the person live with parents? Are the person's parents elderly? Do other individuals with special needs live at home? How is the health of the primary care giver? Does the person receive SSI, Medicaid, Housing Assistance? Does the person enjoy financial stability, hold a job, etc?

_____ **2. Special Medical Needs:** (0 to 10 points)

Assess the person's physical health, are there problems? What special adaptive equipment is necessary for the person?

_____ **3. Protective Service Issues:** (0 to 9 points)

List issues facing the person (homelessness, abuse, neglect, exploitation, financial exploitation, etc.).

_____ **4. Projected Deterioration Issues:** (0 to 9 points)

What will happen if the waiver service is not provided immediately? (divorce, deterioration of family, death of care giver, etc.).

_____ **5. Resources/Supports Needed:** (0 to 10 points)

Considering all supports/resources currently available to the person (e.g., other agencies, church, friends, community, family, school, etc.) what further supports does the person need?

PERSONAL ASSISTANCE CRITICAL NEEDS ASSESSMENT

_____ **6. Functional Status:** (0 to 54 points)

Rate each functional activity listed below using the rating scale on the right, then determine the approximate hours of personal support per week the person will need using the total score and the Personal Assistance Hours Needed chart.

RATING

- 0 = Independent with or without mechanical devices
- 1 = Minimal assistance
- 2 = Moderate assistance
- 3 = Cannot accomplish

FUNCTIONAL STATUS/ACTIVITY	RATING			
1. In/out of bed	0	1	2	3
2. In/out of chair	0	1	2	3
3. Toileting	0	1	2	3
4. Bathe	0	1	2	3
5. Groom	0	1	2	3
6. Dress/undress	0	1	2	3
7. Drink/eat	0	1	2	3
8. Take medication	0	1	2	3
9. Mobility in home	0	1	2	3
10. Use telephone	0	1	2	3
11. Prepare meals	0	1	2	3
12. Dishes	0	1	2	3
13. Clean House	0	1	2	3
14. Laundry	0	1	2	3
15. Admit visitors	0	1	2	3
16. Manage finances/mail	0	1	2	3
17. Socialize	0	1	2	3
18. Communicate	0	1	2	3
TOTAL SCORE _____				

_____ **7. Time on Waiting List:** (0 to 10 points)

Total the length of time the person has been on the waiting list from the date the application was received (1 point for every ½ year, up to 10 points maximum).

_____ **TOTAL SCORE** (100 points possible)

Nurse Coordinator Date

Nurse Coordinator Date