

**A. IDENTIFICATION**

1. Social Security # (Optional)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Customer Last Name  
\_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

3. Customer Address  
Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

4. Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Gender  Male  Female

6. Date of Assessment \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Assessor's Name  
\_\_\_\_\_

8. Assessment Location  
\_\_\_\_\_

9. Primary Language  
 Arabic  Chinese  English  
 French  German  Hindi  
 Pilipino  Spanish  Tagalog  
 Urdu  Vietnamese  
 Sign Language  Other \_\_\_\_\_

10. Ethnic Background  
 Hispanic or Latino  
 Non Hispanic or Latino

11. Race  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian, or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

12. Contact Person Information  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Guardian  Yes  No

**B. PASRR**

1. Is the customer considering placement in a nursing facility?  Yes  No

2. Has the customer been diagnosed as having a serious mental disorder?  
 Yes  No

3. What psychiatric treatment has the customer received in the past 2 years (check all that apply)?  
 2 Partial hospitalizations  
 2 Inpatient hospitalizations  
 1 Inpatient & 1 Partial hospitalization  
 Supportive Services  
 Intervention  
 None

For those individuals who have a mental diagnosis and treatment history please record that information \_\_\_\_\_  
 \_\_\_\_\_

4. Level Of Impairment?  
 Interpersonal Functioning  
 Concentration/ persistence/ and pace  
 Adaptation to change  
 None

5. Has the customer been diagnosed with one of the following conditions prior to age 18 for Mental Retardation / Developmental Disability, or age 22 for related condition, and the condition is likely to continue indefinitely?  
 Developmental Disability (IQ \_\_\_\_\_)  
 Related Condition  
 None

For those individuals who have a development disability or related condition please record that information: \_\_\_\_\_  
 \_\_\_\_\_

6. Referred for a Level II assessment?  
 Yes  No

**C. SUPPORTS**

1. Live alone  Yes  No

2. Informal Supports available  
 Yes  Inadequate  No

3. Formal Supports available  
 Yes  Inadequate  No

**D. COGNITION**

1. Comatose, persistent vegetative state  Yes  No

2. Memory, recall  
 \_\_\_ Orientation  
 \_\_\_ 3-Word Recall  
 \_\_\_ Spelling  
 \_\_\_ Clock Draw

**E. COMMUNICATION**

1. Expresses information content, however able  
 Understandable  
 Usually understandable  
 Sometimes understandable  
 Rarely or never understandable

2. Ability to understand others, verbal information, however able  
 Understands  
 Usually understands  
 Sometimes understands  
 Rarely or never understands

**F. RECENT PROBLEMS / RISKS**

\_\_\_ Falls (6 mo) \_\_\_ Falls (1 mo)

Injured head during fall(s)  
 Neglect/ Abuse/ Exploitation  
 Wandering  
 Socially inappropriate/ disruptive behavior  
 Decision Making  
 Unwilling/Unable to comply with recommended treatment  
 Over the last few weeks / months - experienced anxiety / depression.  
 Over the last few weeks/ months - experienced feeling worthless  
 None

**G. CUSTOMER CHOICE FOR LTC**

Home without services  
 Home with services  
 ALF/ Residential/ Boarding Care  
 Nursing Facility (name below):  
 \_\_\_\_\_

Anticipated less than 90 days  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

**The line in front of each activity is to put the current (Average Day) level of functioning:**

1=Independent; 2=Supervision Needed; 3=Physical Assistance Needed; 4=Unable to Perform

**The line in front of each service is for the availability code:** 0=Assessor does not know if available; 1=Service is available; 2=Service is available but waiting list; 3=Service available but customer does not have resources to pay; 4=Service is not available; 5=Service is available but customer chooses not to use; or 6=Service does not exist.

**H. ACTIVITIES OF DAILY LIVING**

- Bathing**       **Dressing**       **Toileting**
- Transferring**     **Walking/Mobility**     **Eating**
- ASTE - Assistive Technology
- ATCR - Attendant Care (Personal or Medical)
- BATH - Bathroom (Items)
- INCN - Incontinence Supplies
- PHTP - Physical Therapy
- MOBL - Mobility/Aids/Assistive technology/custom care

**J. OTHER SERVICES**

- APSV – Abuse/ Neglect/ Exploitation Investigation
- ADCC - Adult Day Care
- ALZH - Alzheimer Support Service
- CMGT - Case Management
- CNSL - Counseling
- HOUS - Community Housing/Residential Care/Training
- HOSP - Hospice
- IAAS - Information & Assistance
- LGLA - Legal Assistance
- NRSN - Nursing/ShortTerm Skilled/PartTime/Inpatient
- NSPT - Night Support
- OCCT - Occupational Therapy
- PAPD - Prevention of Depression Activities
- PEMRI - Personal Emergency Response System
- RESP - Respite Care
- RMNR - Repairs/Maintenance/Renovation
- SENS - Sensory Aids
- SLPT - Speech & Language Therapy
- VIST - Visiting
- OTEM - OTHER \_\_\_\_\_

**I. INSTRUMENTAL ACTIVITIES for DAILY LIVING**

- Meal Preparation**       **Shopping**
- Money Management**     **Transportation**
- Telephone**       **Laundry/Housekeeping**
- Management of Medication/Treatments**
- CHOR - Chore
- CMEL - Congregate Meals
- HHAD - Home Health
- HMEL - Home Delivered Meals
- HMKR - Homemaker
- MEDIC - Medication Issues
- MFMA - Money/Financial Management Assistance
- MMEG - Medication Management Education
- NCOU - Nutrition Counseling
- SHOP - Shopping
- TPHN - Telephoning
- TRNS - Transportation

**K. ADDITIONAL RESOURCES/NEEDS:**

- ALVG - Assisted Living Facility
- EMPL - Employment
- GUAR - Guardianship/Conservator
- MCID - Medicaid Eligibility
- VBEN - Veteran’s Benefits
- HINS - Home Injury Control Screening
- CMHC - Community Mental Health Center
- CDDO - Community Developmental Disability Organization
- CILS - Centers for Independent Living Services
- RPCC - Regional Prevention Center Contacts

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_