

Chapter 43 – BASIS Assessment Form

Table of Contents

Person Administration Requirements	1
Customer Information Heading.....	2
Main Assessment Info. Navigation Tab	3
Main Assessment Info. Navigation Tab – File Upload	4
Additional Person Info. Navigation Tab.....	5
Health Info. Navigation Tab – Medical, Seizures, Medications	6
Adaptive Behaviors Navigation Tab – Mobility, Communication	8
Adaptive Behaviors Navigation Tab – Self-Care Skills and Daily Skills	10
Maladaptive Behaviors Navigation Tab – Behaviors.....	12
Approving (Complete) the Form.....	14
Print View	17

Important

The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status. The information that is required due to policy may be different from those that are system required.

Person Administration Requirements

Introduction According to each form, certain fields are required within the Person Administration.

Required Fields for Approved Form Status Personal Admin Tab / Name Secondary Tab:

NAME (first) (last) – Customer Legal Name

Date of Birth

SSN

Marital Status

Gender

Ethnicity

Race

Speaks – Defaults to English

Reads – Defaults to English

Understands Only – Defaults to English

Address Details Tab:

Needs to have the Address Type of ***Residence***

Street

City

County – If out of state – use County "ZZ"

State – If out of country – use State "ZZ"

Zip

Residence – Rural or Urban

Important Each navigational tab (page) must be saved before advancing to the next tab. Once the save is successful the page will automatically forward to the next navigational level tab.

Customer Information Heading

Introduction The customer heading displays certain information regarding the customer.

Indicates the Primary ADRC organization, and any customer shares (secondary) to other organizations.

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE (Not on WL) Assessment Nbr: 30001563 more...

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE [Waiting List Detail 21](#) Assessment Nbr: 30001563 more...



Clicking on the link will access the Waiting List Detail page

Click on the “more...” link to view the current demographic information of the customer.

KAMIS ID: 30000705 Name: PERSON, PEARL Organization: Primary 6 Customer Status: ACTIVE [Waiting List Detail 21](#) Assessment Nbr: 30001563 more...

DOB	Gender FEMALE	SSN 258-95-1357	Medicaid Nbr
Address	503 STREET TOPEKA, KS 66601-	County SHAWNEE	Location URBAN
Home Phone	785-555-6666	Work Phone 785-666-4444	Cell Phone 785-999-8888
Ethnicity NOT HISPANIC OR LATINO Race NATIVE HAWIAN OR OTHER PACIFIC ISLANDER			

Main Assessment Info. Navigation Tab

Requirement Add or update all customer and associate information before beginning the assessment data entry.

Form Reference Page 1 of the BASIS Assessment form.

The screenshot shows the 'BASIS Assessment' form with the 'Main Assessment Info.' tab selected. The form includes several fields: CDDO Organization (30000104 - CDDO ORGANIZATION), Form Status (WORK IN PROGRESS), Assessment Type (--), Assessment Date, Time of Assessment, Assessor Search (Last, First) with an [enter] button, Assessor (--), and Assessor Phone. A 'Save' button is located at the bottom left. On the right side, there is a 'Scores and Tier' section with fields for Health Score, Adaptive Score, Maladaptive Score, and Converted Score, along with corresponding Health Tier, Adaptive Tier, and Maladaptive Tier fields.

Required Fields All fields displayed on this page are required in order to save the assessment as work in progress.

Time of Assessment is required for only Initial Assessments

Form Status The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status field will become active.

Assessor Selection To select an assessor, type in the full or partial LAST name and press the enter key. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.

This screenshot shows a close-up of the 'Assessor Search (Last, First)' field. The search term 'SPA' is entered. Below the search field, a list of assessors is displayed, including 'SPACELY, COSMO - 50000037 DEBY HOME CARE', 'SPAIN, NORMAN - 3132 WAMEGO SR CTR', and 'SPALDING, AMANDA - 6142 HOLTON SR CTR'. The 'Form Status' is shown as 'WORK IN PROGRESS'.

Main Assessment Info. Navigation Tab – File Upload

Introduction

Once the form is created by saving the Main Assessment Info. page, an additional region will be displayed.

Attachments and File Upload

Click on the blue link and a separate window will display. Follow the instruction on the page to upload documents associated with this Customers BASIS Assessment.

To Attach / Upload File:

Steps to Upload a File:
Browse to the file location by clicking on the "Browse..." button
Type a unique name in the "File Name" field for easy identification.
Click the "Upload or Delete File" button.
Do not upload ".docx" or ".xlsx" files.
(Save ".docx"/".xlsx" files as PDFs then upload the PDF file.)

To Delete a File:
Only the person who uploaded the file can delete the file.
Click on the checkbox next to the file to be deleted.
Click on the "Upload or Delete File" button.

File size limited to 1mb!

File Name:

Attached / Uploaded Files

Application: FAI Id: 30001563

name	delete	size	source	added	by
------	--------	------	--------	-------	----

Continued on next page

Additional Person Info. Navigation Tab

Form Reference

Page 1 of the BASIS Assessment form

The screenshot shows the 'BASIS Assessment' form with the 'Additional Person Info.' tab selected. The form includes a navigation bar with tabs for 'Main Assessment Info.', 'Additional Person Info.', 'Health Info.', 'Adaptive Behaviors', 'Maladaptive Behaviors', 'Service History', and 'Notice'. Below the navigation bar, the 'Additional Person Information' section contains the following fields:

- Medicaid ID Number:
- * Residential Status: -- (dropdown menu)
- * Day Programs: ATTENDS SCHOOL IN A CLASSROOM 50% OR MORE OF THE DAY WITH PEOPLE WHO ARE NOT MR/DD
 ATTENDS SCHOOL IN A CLASSROOM LESS THAN 50% OF THE DAY, WITH PEOPLE WHO ARE NOT MR/DD
 GENERIC COMMUNITY ACTIVITIES LESS THAN 20 HOURS PER WEEK
 GENERIC COMMUNITY ACTIVITIES 20 HOURS OR MORE PER WEEK
 WORK ENVIRONMENT DESIGNED FOR PERSONS WITH MR/DD LESS THAN 20 HOURS PER WEEK
 WORK ENVIRONMENT DESIGNED FOR PERSONS WITH MR/DD 20 OR MORE HOURS PER WEEK
 COMPETITIVE EMPLOYMENT LESS THAN 20 HOURS PER WEEK
 COMPETITIVE EMPLOYMENT 20 OR MORE HOURS PER WEEK
 AGENCY BASED NON-WORK ACTIVITIES LESS THAN 20 HOURS PER WEEK
 AGENCY BASED NON-WORK ACTIVITIES 20 OR MORE HOURS PER WEEK
 OTHER
- Day Program Other Description:
- * Hearing: -- (dropdown menu)
- * Vision: -- (dropdown menu)

At the bottom of the form are 'Cancel' and 'Save' buttons.

Required Fields

The following fields are required to save the page:

- **Residential Status**
- **Day Programs**
 - If other is selected, the **Description** field is required.
- **Hearing**
- **Vision**

Health Info. Navigation Tab – Medical, Seizures, Medications

Form Reference

Page 2 of the BASIS Assessment form

Top portion of the page

The screenshot shows the 'BASIS Assessment' form with the 'Health Info.' tab selected. The 'Medical, Seizures, Medications' section is highlighted. It contains two main sub-sections: 'Medical' and 'Seizure Information'. The 'Medical' section asks for 'Medical Conditions - Indicate Yes or No for each of the following:' with dropdown menus for Respiratory, Cardiovascular, Gastro-Intestinal, Genito-Urinary, Neoplastic Disease, and Neurological Disease. The 'Seizure Information' section asks 'Does individual have a history of Seizures?' with a dropdown menu. Below this, it asks 'Types of Seizures in the last year:' with dropdown menus for 'No seizures this year:', 'Simple Partial:', 'Complex Partial:', 'Generalized - Absence (Petit Mal):', 'Generalized - Tonic - Clonic (Gran Mal):', and 'Had some type of seizure:'. Finally, it asks 'Frequency in the last year:' with radio button options: 'NONE DURING PAST YEAR', 'LESS THAN ONCE A MONTH', 'ABOUT ONCE A MONTH', 'ABOUT ONCE A WEEK', 'SEVERAL TIMES A WEEK', and 'ONCE A DAY OR MORE'.

Required Fields

All fields displayed on this page are required in order to save the page.

Special Information

Types of Seizures in the last year: No seizures this year:

If “YES” is selected (Yes - there has been no seizures). The other five questions in the section will automatically display “NO”.

If one of the five fields is changed to “YES” the field, ***No seizures this year*** will switch to “NO”.

Continued on next page

Health Info. Navigation Tab – Medical, Seizures, Medications (Continued)

Form Reference

Page 2 of the BASIS Assessment form

Bottom portion of the page

Medication Information

* Is Individual currently taking prescription medication? -- ▾

* Medications - Mark all prescription medications the individual receives:

Antipsychotic: -- ▾

Antianxiety: -- ▾

Antidepressant: -- ▾

Anti-Convulsant: -- ▾

Diabetes: -- ▾

Sedative/Hypnotic: -- ▾

Other Maintenance Medication: -- ▾

Multiple Medications: -- ▾

* Does Individual receive medication by injection? -- ▾

* Level of Medication Support: NO MEDICATIONS TOTAL SUPPORT ASSISTANCE SUPERVISION INDEPENDENT

* Indicate whether or not the individual:

Missed more than a total of two weeks of a day programming due to a medical condition during the last year: -- ▾

Was hospitalized for medical problem in the last year: -- ▾

Presently requires caregiver be trained in special health care procedures: -- ▾

Presently requires special diet planned by dietician, nutritionist, or nurse: -- ▾

Health Score: 0

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Special Information

Is Individual currently taking prescription medication?:

If “NO” is selected. The eight **Medications** listed will automatically display “NOT CURRENTLY”.

Does Individual receive medication by injection? question will automatically display “NO”.

If any of the above fields are changed to “CURRENTLY” or “YES” a message at save will display noting that the ***Is Individual currently taking prescription medication?*** question was answered “NO” and the entry needs to be changed as appropriate.

Adaptive Behaviors Navigation Tab – Mobility, Communication

Form
Reference

Page 2 of the BASIS Assessment form

Bottom
portion of the
page

The screenshot shows the BASIS Assessment form with the following structure:

- BASIS Assessment** (Title)
- Navigation tabs: Main Assessment Info, Additional Person Info, Health Info, **Adaptive Behaviors** (highlighted), Maladaptive Behaviors, Service History, Notice
- Sub-sections: **Mobility, Communication** (highlighted), Self-Care Skills and Daily Skills
- Mobility** section:
 - * Typical level of Mobility: -- (dropdown)
 - * Uses a Wheelchair: -- (dropdown)
 - * Wheelchair Mobility: -- (dropdown)
- Individual Can Perform** section:
 - * Indicate whether or not the individual:
 - Back to Stomach: -- (dropdown)
 - Pulls self to standing: -- (dropdown)
 - Wals up and down stairs by alternating feet: -- (dropdown)
 - Picks up small object: -- (dropdown)
 - Transfers an object from hand to hand: -- (dropdown)
 - Marks with pencil, crayon or chalk: -- (dropdown)
 - Turns pages of a book one at a time: -- (dropdown)
 - Copies a circle from an example: -- (dropdown)
 - Cuts with scissors along a straight line: -- (dropdown)

Required
Fields

All fields displayed on this page are required in order to save the page.

Special
Information

Uses a Wheelchair:

If “NO” is selected. The ***Wheelchair Mobility*** field will automatically display “Does Not Use Wheelchair”.

If the ***Wheelchair Mobility*** field is changed to another option other than “Does Not Use Wheelchair” the ***Uses a Wheelchair*** field will switch to “YES”.

Continued on next page

Adaptive Behaviors Navigation Tab – Mobility, Communication (Continued)

Form Reference

Page 2 of the BASIS Assessment form.

Bottom portion of the page

*** Indicate whether or not the individual can perform each of the following:**

Sort objects by size	-- ▾
Correctly spells first and last name:	-- ▾
Tells time to nearest five minute:	-- ▾
Distinguishes between right and left:	-- ▾
Counts ten or more objects:	-- ▾
Understand simple functional signs (exit, restroom):	-- ▾
Do simple addition and subtraction of figures:	-- ▾
Reads and comprehends simple sentences:	-- ▾
Reads and comprehends newspaper or magazine articles:	-- ▾

Communication Skills

*** Indicate whether or not the individual typically displays each of the follow receptive and expressive communication skills:**

Understands meaning of "No":	-- ▾
Understands one-step directions:	-- ▾
Understands two-step directions:	-- ▾
Understands a joke or story:	-- ▾
Responds "Yes" or "No" to a simple question:	-- ▾
Asks simple questions:	-- ▾
Relates experiences when asked:	-- ▾
Tells a story, joke or plot of television show:	-- ▾
Describes realistic plans in detail:	-- ▾

Required Fields

All fields displayed on this page are required in order to save the page.

Adaptive Behaviors Navigation Tab – Self-Care Skills and Daily Skills

Form Reference

Page 2a of the BASIS Assessment form

Top portion of the page

BASIS Assessment

Main Assessment Info.	Additional Person Info.	Health Info.	Adaptive Behaviors	Maladaptive Behaviors	Service History	Notice
Mobility, Communication	Self-Care Skills and Daily Skills					

Self-Care Skills	Self-Care and Daily Living Skills Scoring Guide
<p>* Indicate how independently the individual typically performs each activity:</p> <p>Toileting/Bowels: <input style="width: 40px;" type="text" value="1"/></p> <p>Toileting/Bladder: <input style="width: 40px;" type="text" value="1"/></p> <p>Shower/Bath: <input style="width: 40px;" type="text" value="1"/></p> <p>Brushes Teeth/Cleans Dentures: <input style="width: 40px;" type="text" value="1"/></p> <p>Brushes/Combs Hair: <input style="width: 40px;" type="text" value="1"/></p> <p>Selects Clothes appropriate to weather: <input style="width: 40px;" type="text" value="1"/></p> <p>Putting on Clothes: <input style="width: 40px;" type="text" value="1"/></p> <p>Undresses self: <input style="width: 40px;" type="text" value="1"/></p> <p>Drinks from a cup or glass: <input style="width: 40px;" type="text" value="1"/></p> <p>Chews and swallows food: <input style="width: 40px;" type="text" value="1"/></p> <p>Feeds self: <input style="width: 40px;" type="text" value="1"/></p>	<p>Code Description</p> <p>1 Total Support - Completely Dependent</p> <p>2 Assistance - Requires hands-on help</p> <p>3 Supervision - Requires mainly verbal prompts</p> <p>4 Independent - Starts and Finishes without prompts or help</p>

Required Fields

All fields displayed on this page are required in order to save the page.

Hint

If a number is typed other than 1-4 a warning box will display.

Continued on next page

Adaptive Behaviors Navigation Tab – Self-Care Skills and Daily Skills (Continued)

Form Reference

Page 2a of the BASIS Assessment form

Bottom portion of the page

Daily Living Skills

* Indicate how independently the individual typically performs each task:

Makes Bed:	<input type="text" value="1"/>
Cleans Room:	<input type="text" value="1"/>
Does Laundry:	<input type="text" value="1"/>
Uses Telephone:	<input type="text" value="1"/>
Shops for simple Meal:	<input type="text" value="1"/>
Prepares Food that do not require cooking:	<input type="text" value="1"/>
Uses Stove or Microwave:	<input type="text" value="1"/>
Cross Street in Residential Neighborhood:	<input type="text" value="1"/>
Uses Public Transportation for simple direct trip:	<input type="text" value="1"/>
Manages own Money:	<input type="text" value="1"/>

Adaptive Score:

Required Fields

All fields displayed on this page are required in order to save the page.

Hint

If a number is typed other than 1-4 a warning box will display.

Maladaptive Behaviors Navigation Tab – Behaviors

Form Reference

Page 2a of the BASIS Assessment form

Top portion of the page

BASIS Assessment

Main Assessment Info | Additional Person Info | Health Info | Adaptive Behaviors | **Maladaptive Behaviors** | Service History | Notice

Behaviors

Behavior Frequency

* Indicate the frequency of each behavior over the last twelve months:

Has tantrums or emotional outbursts:	<input type="text" value="1"/>
Damages own or others property:	<input type="text" value="1"/>
Physically assaults others:	<input type="text" value="1"/>
Disrupts others' activities	<input type="text" value="1"/>
Is verbally or gesturally abusive:	<input type="text" value="1"/>
Is self-injurious:	<input type="text" value="1"/>
Teases or harasses peers:	<input type="text" value="1"/>
Resists supervision:	<input type="text" value="1"/>
Runs or wanders away:	<input type="text" value="1"/>
Steals:	<input type="text" value="1"/>
Eats inedible objects:	<input type="text" value="1"/>
Displays sexually inappropriate behavior:	<input type="text" value="1"/>
Smears feces:	<input type="text" value="1"/>

Behavior Scoring Guide

Code	Description
1	Not this year
2	Occasionally - Less than once a month
3	Monthly - About once a month
4	Weekly - Account once a week
5	Frequently - Several times a week
6	Daily - Once a day or more

Required Fields

All fields displayed on this page are required in order to save the page.

Continued on next page

Maladaptive Behaviors Navigation Tab – Behaviors (Continued)

Form Reference

Page 2a of the BASIS Assessment form

Bottom portion of the page

Results of Behaviors

* As a result of any behavior problem(s) consider whether or not each of the following:

- Behavior problems prevents individual from moving to a less restrictive setting: -- ▾
- Has a written behavior intervention plan: -- ▾
- Individual's environment must be carefully structured to avoid behavior problems: -- ▾
- Staff sometimes intervenes physically with individual: -- ▾
- Supervised "Time Out" period is needed at least once a week: -- ▾
- Requires one-on-one supervision for many program activities: -- ▾

Maladaptive Score: 0.00

Cancel Save

Required Fields

All fields displayed on this page are required in order to save the assessment as approved.

Hint

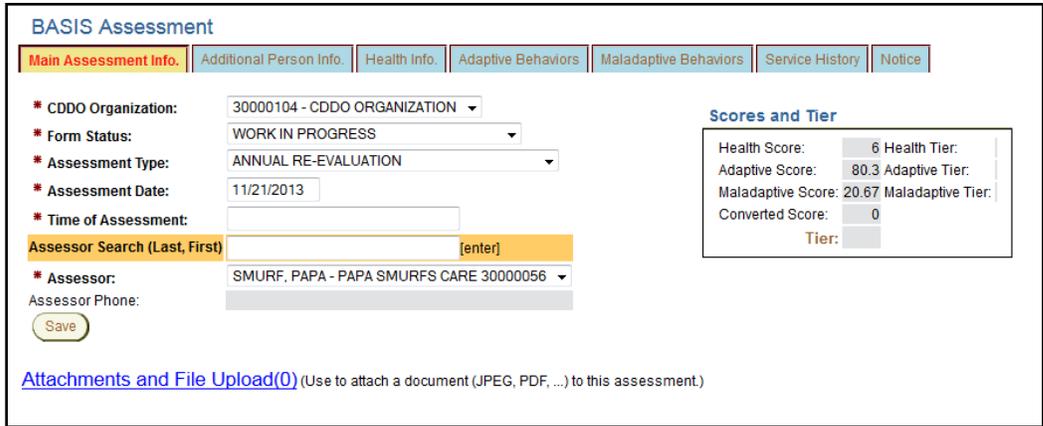
Once the Save button is selected, the page will automatically forward to the Customer Primary Navigation Tab – Main Secondary Navigation Tab so that the form status can be changed from Work in Progress to Approved.

Approving (Complete) the Form

Requirement The data entry of the BASIS form within KAMIS is completed. For the form to be completed, it needs to be in “Approved” status. Once the form is in Approved status and saved, the following will occur:

- All fields will be disabled.
- The Converted Score and Tiers will be calculated.
- Based on standard criteria, a notice will display stating either Functionally Eligible or Functionally Ineligible will be displayed.
- If the Customer is on the HCBS/DD Waiver the following will occur:
 - Plan of Care will be created with the assessment service line entered.
 - Services Provided (225) entry will be created. For KDADS Accounting Division to pay the CDDO on the monthly cycle.

How To Follow the steps in the table below to complete the data entry process.

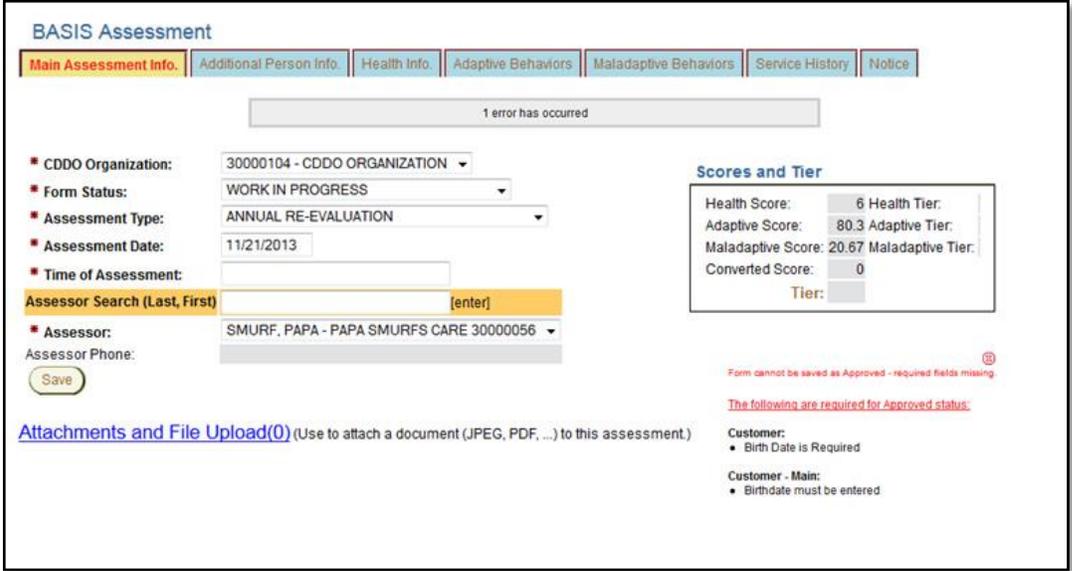
Step	Action	Result
1.	In the Form Status field, select “Approved”.	
 <p>The screenshot shows the 'BASIS Assessment' form with several tabs: Main Assessment Info, Additional Person Info, Health Info, Adaptive Behaviors, Maladaptive Behaviors, Service History, and Notice. The 'Main Assessment Info' tab is active. Fields include: CDDO Organization (30000104 - CDDO ORGANIZATION), Form Status (WORK IN PROGRESS), Assessment Type (ANNUAL RE-EVALUATION), Assessment Date (11/21/2013), Time of Assessment, Assessor Search (Last, First) [enter], Assessor (SMURF, PAPA - PAPA SMURFS CARE 30000056), and Assessor Phone. A 'Save' button is visible. On the right, the 'Scores and Tier' section displays: Health Score: 6, Health Tier: 6, Adaptive Score: 80.3, Adaptive Tier: 6, Maladaptive Score: 20.67, Maladaptive Tier: 6, Converted Score: 0, and Tier: 6.</p>		
2.	Click on Save .	A double check of all validations, both in Person Administration and within the Assessment will be completed.

Continued on next page

Approving (Complete) the Form (Continued)

How To

Continued

Step	Action	Result
3.	If a required field has not been completed, errors will display on the page.	
 <p>The screenshot shows the 'BASIS Assessment' form with the 'Main Assessment Info.' tab selected. A message at the top states '1 error has occurred'. The error details are: 'Form cannot be saved as Approved - required fields missing. The following are required for Approved status: Customer: Birth Date is Required; Customer - Main: Birthdate must be entered.' The form fields include CDDO Organization (30000104 - CDDO ORGANIZATION), Form Status (WORK IN PROGRESS), Assessment Type (ANNUAL RE-EVALUATION), Assessment Date (11/21/2013), Assessor Search (Last, First) [enter], and Assessor (SMURF, PAPA - PAPA SMURFS CARE 30000056). There is a 'Save' button and an 'Attachments and File Upload(0)' section.</p>		
4.	The error listing will state either Person Administration (Customer) or the Navigation Tab location and the field name.	<p>Form cannot be saved as Approved - required fields missing.</p> <p>The following are required for Approved status:</p> <p>Customer:</p> <ul style="list-style-type: none"> Birth Date is Required <p>Customer - Main:</p> <ul style="list-style-type: none"> Birthdate must be entered
5.	Navigate to the field and enter or correct the data.	Remember to click the Save button at each page.
6.	Once all the errors have been corrected, navigate to the Main Assessment Info. Navigation Tab.	
7.	In the Form Status field, select "Approved".	
8.	Click on Save .	The validation check will occur again.

Continued on next page

Approving (Complete) the Form (Continued)

How To

Continued

Step	Action	Result
9.	If no errors, the form will be saved as approved.	All items will occur as stated in the Introduction region of this section.

BASIS Assessment

[Main Assessment Info.](#) |
 [Additional Person Info.](#) |
 [Health Info.](#) |
 [Adaptive Behaviors](#) |
 [Maladaptive Behaviors](#) |
 [Service History](#) |
 [Notice](#)

<ul style="list-style-type: none"> * CDDO Organization: 30000104 - CDDO ORGANIZATION * Form Status: APPROVED * Assessment Type: ANNUAL RE-EVALUATION * Assessment Date: 11/21/2013 * Time of Assessment: * Assessor: SMURF, PAPA - PAPA SMURFS CARE 30000056 Assessor Phone: <p style="text-align: center;"><input type="button" value="Save"/></p>	<p>Scores and Tier</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Health Score:</td> <td style="text-align: right;">6</td> <td>Health Tier:</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Adaptive Score:</td> <td style="text-align: right;">80.3</td> <td>Adaptive Tier:</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Maladaptive Score:</td> <td style="text-align: right;">20.67</td> <td>Maladaptive Tier:</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Converted Score:</td> <td style="text-align: right;">56.83</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Tier:</td> <td style="text-align: right;">5</td> </tr> </table>	Health Score:	6	Health Tier:	5	Adaptive Score:	80.3	Adaptive Tier:	5	Maladaptive Score:	20.67	Maladaptive Tier:	5	Converted Score:	56.83					Tier:	5
Health Score:	6	Health Tier:	5																		
Adaptive Score:	80.3	Adaptive Tier:	5																		
Maladaptive Score:	20.67	Maladaptive Tier:	5																		
Converted Score:	56.83																				
		Tier:	5																		

Notice

Eligible

[Attachments and File Upload\(0\)](#) (Use to attach a document (JPEG, PDF, ...) to this assessment.)

Print View

Form Reference

This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.

Kansas Department on Aging - Uniform Assessment Instrument (UAI) DEVELOPMENT
Viewed on: 05/01/2007 09:07:38 AM by: TRAININGUSER page 1

KAMIS ID: 50000176	Birth Date: 07/04/1920	Age: 86	Customer SSN: 963258741
Name: GEORGE JETSON	Gender: MALE	Marital Status: MARRIED	Medicaid Card ID:
Name Preferred:	Veteran/Spouse of Veteran: Y	Medicare Card ID:	
Customer Ethnicity Type: NOT HISPANIC OR LATINO			
Customer Ethnicity: WHITE NON-HISPANIC			
Customer Speaks: ENGLISH			
Customer Reads: ENGLISH			
Customer Understands: ENGLISH			

Current Addresses:	Address Type: RESIDENTIAL	Effective Date: 01/01/2007	Termination Date:
	Location: URBAN	County: SN - SHAWNEE	
101 SKYPAD APARTMENTS			
ORBIT CITY, KS 66601-1111			
Primary Phone: 7852964987	Alternate Phone:	Cell Phone:	Fax:
E-Mail:	Website:		
Directions:			

Roles:	CUSTOMER	ACTIVE	Effective Date: 01/01/2007	Termination Date:
Associates:	EMERGENCY CONTACT	SPOUSE	Effective Date: 04/01/2007	Termination Date:
		JETSON, JANE	785-296-6459	
	FINANCIALLY RESPONSIBLE FOR CO-PAY/CUSTOMER OBLIGATION	CONSERVATOR	Effective Date: 01/01/2007	Termination Date:
		SPACELY, COSMO G.	785-296-4987	

Kansas Department on Aging - Uniform Assessment Instrument (UAI) DEVELOPMENT
Viewed on: 05/01/2007 09:07:40 AM by: TRAININGUSER page 2

Customer: 50000176 - JETSON, GEORGE
PSA: 7 Assessment Nbr: 50000380 Assessment Date: 02/02/2007

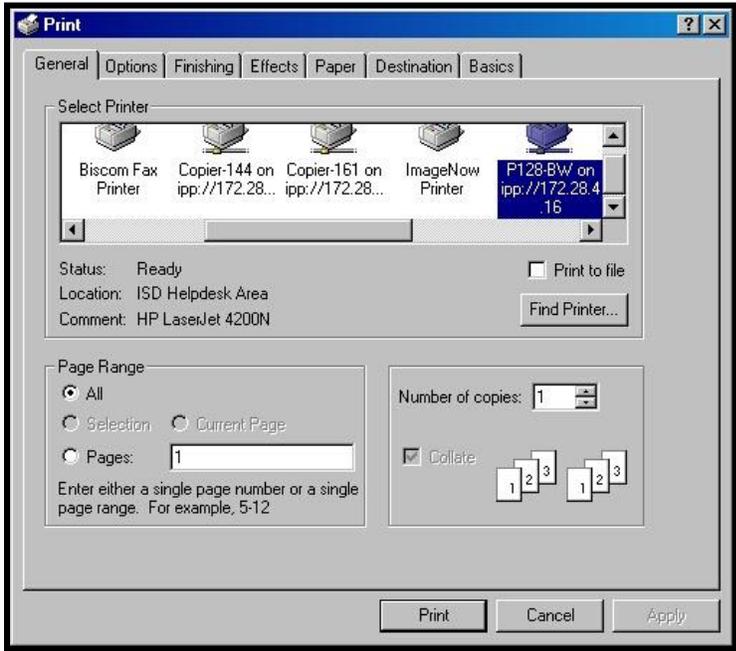
Form Status: 159	Disaster Red Flag:
Reassessment Due Date: 02/01/2008	Electric: _
Funding: HCBS/FE	Phys Assist/Medication: _

Continued on next page

Print View, Continued

To Print

Follow the steps in the table below to complete the print view process.

Step	Action	Result						
1.	Click on the printer icon at the top right of any region.	Printer dialog box will display. (This may look different depending upon your printer and the options available.)						
								
2.	Select the Page Range	See table below for options.						
<table border="1"> <thead> <tr> <th>Option</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>All</td> <td>All pages will print</td> </tr> <tr> <td>Pages (enter the page number)</td> <td>Only the specified page will print.</td> </tr> </tbody> </table>			Option	Result	All	All pages will print	Pages (enter the page number)	Only the specified page will print.
Option	Result							
All	All pages will print							
Pages (enter the page number)	Only the specified page will print.							
3.	Click on Print .	Document will print.						

To Close

The window can be closed by clicking on the  in the right upper corner.