NAT-E 1-12-15

1	INTRODUCTION				Req?
A	INDIVIDUAL'S IDENTIFICATION	4072	1	Date of the face to face interview for Needs Assessment Tool (NAT) ☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)	Yes
		1127	2	Individual's Last Name _____	Yes
		1128	3	Individual's First Name _____	Yes
		1129	4	Individual's Middle Initial _____	Yes
		1407	5	Individual's Name Suffix (If applicable) _____	No
		8365	6	Individual's Nickname/ Alias _____ _____ _____	Yes
		1134	7	Individual's Date of Birth (DOB) ☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)	Yes
		1133	8	Individual's Gender ☐ Female ☐ Male	Yes
		4005	9	Individual's Ethnicity (Check only one.) ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown	Yes
		4006	10	Individual's Race ☐ American Indian/ Native Alaskan ☐ Asian ☐ Black/ African American ☐ Native Hawaiian/ Other Pacific Islander ☐ Non-Minority (White, non-Hispanic) ☐ White-Hispanic	Yes

1	INTRODUCTION				Req?
				☐ Unknown/ Unavailable	
				☐ Other-Document Details in Notes	
		1131	11	Individual's Social Security Number (SSN) _____-_____-_____	Yes
		4760	12a	Does the individual have a Medicaid number? ☐ No ☐ Yes ☐ Pending	Yes
		1411	12b	Indicate Medicaid recipient number _____	Yes
		4761	13a	Does the individual have Medicare? ☐ No ☐ Yes	Yes
		1002	13b	Indicate Medicare recipient number _____	Yes
		1791	14a	Does the individual have any other insurance? ☐ No ☐ Yes ☐ Don't know	Yes
		1009	14b	Indicate other health insurance information _____	Yes
		2394	15	Check all benefits the individual is currently RECEIVING: ☐ Food Stamps ☐ LIHEAP ☐ Medicaid ☐ PACE ☐ Section 8 ☐ Subsidized Transit ☐ Tax and Rent Rebates ☐ Weatherization ☐ Other-Document Details in Notes	No
B	NAT-E INFORMATION	10812	1	PSA Number: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06	Yes

1	INTRODUCTION	Req?
	☐ 07	
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1	INTRODUCTION				Req?
				☐ 48	
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				☐ 52	
		1730	2	If NAT-E was completed for specific SERVICE(S), document ALL that apply.	No
				☐ Congregate Meal Nutrition Screen	
				☐ Home Delivered Meals Nutrition Screen	
				☐ Other-Document Details in Notes	
		1506	3	Where was the individual interviewed?	Yes
				☐ AAA-Area Agency on Aging	
				☐ AL-Assisted Living	
				☐ DC-Domiciliary Care	
				☐ Home	
				☐ Home of Relative/ Caregiver	
				☐ Hospital	
				☐ PCH-Personal Care Home	
				☐ Senior Center Site	
				☐ Other-Document Details in Notes	
		3719	4	Did the individual participate in the NAT-E?	Yes
				☐ No-Must complete 1.B.5	
				☐ Yes	
		2124	5	If anyone else participated during the time of the needs assessment, please document the name and relationship in Notes.	Yes
				☐ **1** Spouse/ Domestic Partner	
				☐ **2** Family/ Other than Spouse	
				☐ **3** Legal Guardian	
				☐ **4** Durable Power of Attorney (POA)	
				☐ **5** Friend	
				☐ **6** Other-Document Name and Relationship in Notes	
C	INDIVIDUAL'S DEMOGRAPHICS	9302	1a	Is the individual homeless?	Yes
				☐ No-Skip to 1.C.2	
				☐ Yes	
		9474	1b	Does the individual have a place to stay tonight?	Yes
				☐ No-Document Details in Notes	
				☐ Yes	
		9475	1c	Does the individual have a place to stay long-term?	Yes
				☐ No-Document Details in Notes	
				☐ Yes	

1	INTRODUCTION			Req?
	9476	1d	Explain homeless situation:	Yes
			☐ Cannot afford housing	
			☐ Evicted	
			☐ Housing not available	
			☐ Voluntary	
			☐ Other-Document Details in Notes	
	1014	2	Type of PERMANENT residence in which the individual resides	Yes
			☐ AL-Assisted Living	
			☐ Apartment	
			☐ DC-Domiciliary Care	
			☐ Group Home	
			☐ Nursing Home	
			☐ Own Home	
			☐ PCH-Personal Care Home	
			☐ Relative's Home	
			☐ Specialized Rehab/ Rehab Facility	
			☐ State Institution	
			☐ Other-Document Details in Notes	
	1012	3	What is the individual's PERMANENT living arrangement? (Include in the "Lives Alone" category individuals who live in an AL, DC or PCH, pay rent and have NO ROOMMATE.)	Yes
			☐ Lives Alone	
			☐ Lives with Spouse Only	
			☐ Lives with Child(ren) but not Spouse	
			☐ Lives with other Family Member(s)	
			☐ Unknown	
			☐ Other-Document Details in Notes	
	1010	4	Individual's marital status	Yes
			☐ Single	
			☐ Married	
			☐ Divorced	
			☐ Legally Separated	
			☐ Widowed	
			☐ Other-Document Details in Notes	
	2123	5a	Is the individual a Veteran?	Yes
			☐ No	
			☐ Yes	
			☐ Unable to Determine	
	3496	5b	Is the individual the spouse/ widow or dependent child of a Veteran?	Yes
			☐ No	

1	INTRODUCTION				Req?
				☐ Yes	
				☐ Unable to Determine	
		6039	5c	Is the individual receiving Veteran's benefits?	Yes
				☐ No	
				☐ Yes	
				☐ Unable to Determine	
		9305	6a	Does the individual require communication assistance?	Yes
				☐ No-Skip to 1.C.7a	
				☐ Yes	
				☐ Unable to Determine	
		3597	6b	What type of communication assistance is required?	Yes
				☐ Assistive Technology	
				☐ Interpreter	
				☐ Large Print	
				☐ Picture Book	
				☐ Unable to Communicate	
				☐ Unknown	
				☐ Other-Document Details in Notes	
		9303	7a	Does the individual use sign language as their PRIMARY language?	Yes
				☐ No-Skip to 1.C.8	
				☐ Yes	
		9304	7b	What type of sign language is used?	Yes
				☐ American Sign Language	
				☐ International Sign Language	
				☐ Makaton	
				☐ Manually Coded Language-English	
				☐ Manually Coded Language-Non-English	
				☐ Tactile Signing	
				☐ Other-Document Details in Notes	
		1017	8	What is the individual's PRIMARY language?	Yes
				☐ English	
				☐ Russian	
				☐ Spanish	
				☐ Other-Document Details in Notes	
D	INDIVIDUAL'S PERMANENT RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED	6671	1	Is the individual's postal/ mailing address exactly the same as the residential address?	Yes
				☐ No-Complete Section 1.D & E	
				☐ Yes	

1	INTRODUCTION	Req?
	10811 2a Residential County	Yes

- ☐ Adams
- ☐ Allegheny
- ☐ Armstrong
- ☐ Beaver
- ☐ Bedford
- ☐ Berks
- ☐ Blair
- ☐ Bradford
- ☐ Bucks
- ☐ Butler
- ☐ Cambria
- ☐ Cameron
- ☐ Carbon
- ☐ Centre
- ☐ Chester
- ☐ Clarion
- ☐ Clearfield
- ☐ Clinton
- ☐ Columbia
- ☐ Crawford
- ☐ Cumberland
- ☐ Dauphin
- ☐ Delaware
- ☐ Elk
- ☐ Erie
- ☐ Fayette
- ☐ Forest
- ☐ Franklin
- ☐ Fulton
- ☐ Greene
- ☐ Huntingdon
- ☐ Indiana
- ☐ Jefferson
- ☐ Juniata
- ☐ Lackawanna
- ☐ Lancaster
- ☐ Lawrence
- ☐ Lebanon
- ☐ Lehigh

1	INTRODUCTION				Req?
				☐ Luzerne	
				☐ Lycoming	
				☐ McKean	
				☐ Mercer	
				☐ Mifflin	
				☐ Monroe	
				☐ Montgomery	
				☐ Montour	
				☐ Northampton	
				☐ Northumberland	
				☐ Perry	
				☐ Philadelphia	
				☐ Pike	
				☐ Potter	
				☐ Schuylkill	
				☐ Snyder	
				☐ Somerset	
				☐ Sullivan	
				☐ Susquehanna	
				☐ Tioga	
				☐ Union	
				☐ Venango	
				☐ Warren	
				☐ Washington	
				☐ Wayne	
				☐ Westmoreland	
				☐ Wyoming	
				☐ York	
				☐ Out of State	
		1501	2b	Residential Street Address	Yes
		4512	2c	Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.)	Yes
		5466	2d	Residential Municipality - REQUIRED (usually a Township or Boro where individual votes, pays taxes)	Yes
		1502	2e	Residential City/ Town	No
		1408	2f	Residential State	Yes

1	INTRODUCTION				Req?
		1409	2g	Residential Zip Code	No
		1505	3	Directions to the individual's home	Yes
		2117	4	Does individual reside in a rural area? ☐ No ☐ Yes	Yes
		1495	5a	Primary Phone Number	Yes
		5546	5b	Mobile Phone Number	No
		6893	5c	Other Phone Number (Enter number where individual can be reached.)	No
		5362	5d	E-mail Address	No
		5773	6	What was the outcome when the individual was offered a voter registration form? REQUIRED ☐ AAA will submit completed voter registration ☐ Does not meet voter requirements (i.e. citizenship, etc.). ☐ Individual declined application ☐ Individual declined-already registered ☐ Individual will submit completed voter registration ☐ No Response	No
E	INDIVIDUAL'S POSTAL/MAILING ADDRESS INFORMATION	1497	1a	Postal Street Address	Yes
		3750	1b	Postal Address Line 2 (optional)	No
		1498	1c	Postal City/ Town	Yes
		1499	1d	Postal State	Yes

1	INTRODUCTION			Req?
		1500 1e	Postal Zip Code	Yes
F	EMERGENCY CONTACT	2400 1	Name of Emergency Contact	Yes
		2401 2	Relationship of Emergency Contact	Yes
		2402 3	Telephone Number of Emergency Contact	Yes
		2403 4	Work Telephone Number of Emergency Contact	Yes

2	NUTRITION (Only Section 1 & 2 are required for Congregate Meals)			Req?
A	DIETARY ISSUES	1815 1	Does the individual generally have a good appetite? ☐ No-Document Details in Notes ☐ Yes ☐ Other-Document Details in Notes	No
		2201 2	Does the individual use a dietary supplement? ☐ No ☐ Yes-Document Details in Notes	No
		1820 3	Does the individual have any food allergies? ☐ No ☐ Yes-Document Details in Notes	No
		1816 4	Does the individual have a special diet for medical reasons? ☐ No ☐ Yes-Document Details in Notes	No
		2199 5	Does the individual have a special diet for religious/ cultural reasons? ☐ No ☐ Yes-Document Details in Notes	No
B	NUTRITIONAL RISK ASSESSMENT	2383 1 Score: 2	Has there been a change in lifelong eating habits because of health problems? ☐ No ☐ Yes-Document Details in Notes	No
		1108 2 Score: 3	Does the individual eat fewer than 2 meals per day? ☐ No ☐ Yes-Document Details in Notes	No
		2385 3	Does the individual eat fewer than 2 servings of dairy products (such as milk, yogurt, or cheese) every day?	No

2	NUTRITION (Only Section 1 & 2 are required for Congregate Meals)			Req?
			☐ No	
		Score: 1	☐ Yes-Document Details in Notes	
		2384 4	Does the individual eat fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?	No
			☐ No	
		Score: 1	☐ Yes-Document Details in Notes	
		1110 5	Does the individual have 3 or more drinks of beer, liquor or wine almost every day?	No
			☐ No	
		Score: 2	☐ Yes-Document Details in Notes	
		1818 6	Does the individual have trouble eating due to problems with chewing/ swallowing?	No
			☐ No	
		Score: 2	☐ Yes-Document Details in Notes	
		1112 7	Individual does not have enough money to buy food needed?	No
			☐ No	
		Score: 4	☐ Yes-Document Details in Notes	
		1113 8	Does the individual eat alone most of the time?	No
			☐ No	
		Score: 1	☐ Yes-Document Details in Notes	
		1114 9	Does the individual take 3 or more prescribed or over-the-counter drugs (OTC) per day?	No
			☐ No	
		Score: 1	☐ Yes-Document Details in Notes	
		1115 10	Has the individual lost or gained at least 10 pounds or more in the LAST 6 MONTHS? Document Details in Notes	No
			☐ No	
		Score: 2	☐ Yes, gained 10 pounds or more	
		Score: 2	☐ Yes, lost 10 pounds or more	
			☐ Don't know	
		1116 11	Is the individual not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?	No
			☐ No	
		Score: 2	☐ Yes-Document Details in Notes	

3	USE OF MEDICAL SERVICES			Req?
A	HOSPITAL, NURSING FACILITY, ER, INPATIENT PSYCHIATRIC VISITS/STAYS	9412 1	Has the individual stayed in the HOSPITAL in the LAST 12 MONTHS?	Yes
			☐ No-Skip to 3.A.3	
			☐ Yes-Complete 3.A.2	
			☐ Unable to Determine-Document Details in Notes	
		5430 2	The approximate number of times the individual has stayed overnight in the HOSPITAL in the LAST 12 MONTHS. Document Details in Notes	Yes

3	USE OF MEDICAL SERVICES			Req?
		11650 3	The approximate number of times the individual has visited the ER in the LAST 12 MONTHS and was NOT admitted.	No
		7261 4	The approximate number of times the individual was admitted to a NURSING FACILITY in the LAST 12 MONTHS. Document Details in Notes	Yes
		9531 5	The approximate number of times the individual was an inpatient in a PSYCHIATRIC Facility in the LAST 24 MONTHS. Document Details in Notes	Yes
		11340 6	The number of times the individual has had outpatient surgery in the LAST 12 MONTHS: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other-Document Details in Notes	Yes
B	PRIMARY PHYSICIAN INFORMATION	1795 1	Does the individual have a PRIMARY care physician? ☐ No ☐ Yes	Yes
		1025 2	PRIMARY Physician's Name	Yes
		1026 3	PRIMARY Physician's Street Address	No
		4631 4	PRIMARY Physician's City or Town	Yes
		4632 5	PRIMARY Physician's State	Yes
		4633 6	PRIMARY Physician's Zip Code	Yes
		1028 7	PRIMARY Physician's Business Phone Number (Requires 10 digits to transfer to SAMS, optional 1-5 digit extension.)	Yes
		5560 8	PRIMARY Physician's FAX Number	No

3	USE OF MEDICAL SERVICES			Req?
		5561 9	PRIMARY Physician's E-MAIL ADDRESS	No
		8702 10	Additional Physicians	Yes
		2178 11	Does the individual receive alternative medical care from a practitioner?	Yes
			☐ No-Skip to 4.A.1	
			☐ Yes-Complete 3.B.12	
		11338 12	Select the type of alternative medical care-Document Details in Notes	Yes
			☐ Acupuncturist	
			☐ Chiropractor	
			☐ Herbalist	
			☐ Homoeopathist	
			☐ Masseur	
			☐ Other-Document Details in Notes	

4	DIAGNOSES			Req?
A	HEART/ CIRCULATORY SYSTEMS	9328 1	Select all HEART/ CIRCULATORY systems diagnoses:	Yes
			☐ None-Skip to 4.B.1	
		Score: 1	☐ A-Fib and other Dysrhythmia, Bradycardia, Tachycardia	
		Score: 1	☐ Anemia	
			☐ Ascites	
		Score: 1	☐ CAD-Coronary Artery Disease: including Angina, Myocardial Infarction, ASHD	
		Score: 1	☐ DVT-Deep Vein Thrombosis	
		Score: 1	☐ Heart Failure: including CHF, Pulmonary Edema	
		Score: 1	☐ Hypertension	
		Score: 1	☐ PE-Pulmonary Embolus	
		Score: 1	☐ PVD/PAD (Peripheral Vascular or Artery Disease)	
		Score: 2	☐ Other-Document Details in Notes	
		9334 2	Signs and symptoms of the HEART/ CIRCULATORY systems diagnoses:	Yes
			☐ None	
			☐ Activity Intolerance	
			☐ Chest Pains	
			☐ Edema in Extremities	
			☐ Fainting (Syncope)	

4	DIAGNOSES			Req?
			☐ Palpitations	
			☐ Shortness of Breath	
			☐ Skin Discoloration	
			☐ Weakness	
			☐ Other-Document Details in Notes	
B	GASTROINTESTINAL	9329 1	Select all GASTROINTESTINAL diagnoses:	Yes
			☐ None-Skip to 4.C.1	
			☐ Barrett's Esophagus	
		Score: 1	☐ Crohn's Disease	
		Score: 1	☐ Diverticulitis	
			☐ GERD	
		Score: 1	☐ Hernia	
		Score: 1	☐ IBS-Irritable Bowel Syndrome	
			☐ Laryngeal Reflux Disease	
		Score: 1	☐ Other-Document Details in Notes	
		9335 2	Signs and symptoms of GASTROINTESTIONAL diagnoses:	Yes
			☐ None	
			☐ Abdominal Pain	
			☐ Bloated	
			☐ Constipation	
			☐ Diarrhea	
			☐ Flatulence	
			☐ Heartburn	
			☐ Rectal Bleeding	
			☐ Other-Document Details in Notes	
C	SKIN	9330 1	Select all SKIN diagnoses:	Yes
			☐ None-Skip to 4.D.1	
			☐ Dry Skin	
			☐ Incision (surgical)	
			☐ Psoriasis	
			☐ Rash	
		Score: 107	☐ Ulcer	
			☐ Wound	
			☐ Other-Document Details in Notes	
		9364 2	Check ALL affected SKIN location(s):	Yes
			☐ Abdomen	
			☐ Ankle(s)	
			☐ Arm(s)	
			☐ Back of Knee(s)	
			☐ Buttock(s)	

4	DIAGNOSES				Req?
			☐	Chest	
			☐	Face	
			☐	Foot/ Feet	
			☐	Hip(s)	
			☐	Leg(s)	
			☐	Lower Back	
			☐	Shoulder Blade(s)	
			☐	Spine	
			☐	Tailbone	
			☐	Other-Document Details in Notes	
		9337 3		Signs and symptoms of the SKIN diagnoses:	Yes
			☐	None	
			☐	Edema/ Swelling	
			☐	Excoriation	
			☐	Odor/ Drainage	
			☐	Pain	
			☐	Redness/ Discoloration	
			☐	Skin Tears	
			☐	Other-Document Details in Notes	
D	ENDOCRINE/ METABOLIC SYSTEMS	4500 1		Select all ENDOCRINE/ METABOLIC systems diagnoses:	Yes
			☐	None-Skip to 4.E.1	
			☐	Ascites	
			☐	Cirrhosis	
			☐	Diabetes Mellitus (DM)-Insulin Dependent	
			☐	Diabetes Mellitus (DM)-Non-Insulin Dependent	
			☐	Diabetic Neuropathy	
			☐	Hypoglycemia	
			☐	Thyroid Disorder	
			☐	Other-Document Details in Notes	
		9338 2		Signs and symptoms of the ENDOCRINE/ METABOLIC systems diagnoses:	Yes
			☐	None	
			☐	Agitation	
			☐	Anxiety	
			☐	Blurred Vision	
			☐	Confusion	
			☐	Frequent Urination	
			☐	Increased Thirst	
			☐	Lethargy	
			☐	Slow Healing Sores	

4	DIAGNOSES			Req?
			☐ Sweating	
			☐ Other-Document Details in Notes	
E	NEUROLOGICAL	2587 1	If there are NEUROLOGICAL diagnoses, select all types:	No
			☐ None-Skip to 4.F.1	
			☐ ALS	
			☐ Alzheimer's Disease	
			☐ Autism	
			☐ Cerebral Palsy	
			☐ CVA/ TIA/ Stroke	
			☐ Dementia (Include all Non-Alzheimer's Dementia)	
			☐ Multiple Sclerosis	
			☐ Muscular Dystrophy	
			☐ Neuropathy	
			☐ Parkinson's Disease	
			☐ Seizure Disorder	
			☐ TBI-Traumatic Brain Injury	
			☐ Other-Document Details in Notes	
F	CANCER	1812 1	Does the individual have any current CANCER diagnoses?	Yes
			☐ No-Skip to 4.G.1	
		Score: 1	☐ Yes	
		7739 2	Select all current CANCER diagnoses:	Yes
			☐ Basal Cell	
			☐ Bile Duct	
			☐ Bladder	
			☐ Bone	
			☐ Brain	
			☐ Breast	
			☐ Cervical	
			☐ Colon	
			☐ Colorectal	
			☐ Endometrial	
			☐ Esophageal	
			☐ Gallbladder	
			☐ Gastric	
			☐ Hodgkin's Disease	
			☐ Kidney	
			☐ Leukemia	
			☐ Liver	
			☐ Lung	
			☐ Lymphatic	

4	DIAGNOSES			Req?
			☐ Multiple Myeloma	
			☐ Non-Hodgkin's Lymphoma	
			☐ Oral	
			☐ Ovarian	
			☐ Pancreatic	
			☐ Prostate	
			☐ Sarcoma	
			☐ Skin	
			☐ Testicular	
			☐ Throat	
			☐ Thyroid	
			☐ Uterine	
			☐ Vaginal	
			☐ Other-Document Details in Notes	
G	EARS, NOSE & THROAT (ENT)	9327 1	Select all ENT diagnoses:	Yes
			☐ None-Skip to 4.H.1	
			☐ Deafness	
			☐ Deviated Septum	
			☐ Rhinitis	
			☐ Sinusitis	
			☐ Tinnitus	
			☐ Other-Document Details in Notes	
		9332 2	Signs and symptoms of the ENT diagnoses:	Yes
			☐ None	
			☐ Choking	
			☐ Congestion	
			☐ Difficulty Breathing	
			☐ Difficulty Swallowing	
			☐ Dizziness	
			☐ Fullness/ Pressure in Head/ Sinuses	
			☐ Headaches	
			☐ Hearing Loss	
			☐ Hoarseness	
			☐ Persistent Cough	
			☐ Other-Document Details in Notes	
		9341 3	Current treatments for ENT diagnoses:	Yes
			☐ None	
			☐ Esophageal Dilatation	
			☐ Feeding Tube	
			☐ Hearing Aid	

4	DIAGNOSES			Req?
			☐ Implants	
			☐ Medications-Document Details in Notes	
			☐ Tracheostomy	
			☐ Other-Document Details in Notes	
H	MOUTH	11282 1	Select all MOUTH conditions and/ or diagnoses:	Yes
			☐ None-Skip to 5.A.1	
			☐ Dry Mouth	
			☐ Edentulous/ Toothless	
			☐ Gingivitis	
			☐ Thrush	
			☐ Ulcer(s)	
			☐ Other-Document Details in Notes	
		11306 2	Signs and symptoms of MOUTH conditions and/ or diagnoses:	Yes
			☐ None	
			☐ Halitosis	
			☐ Pain	
			☐ Swelling	
			☐ Thrush	
			☐ Other-Document Details in Notes	

5	OTHER MEDICAL INFORMATION			Req?
A	FRAILTY SCORE	8929 1	Are you tired?	No
			☐ No	
		Score: 1	☐ Yes	
		3021 2	Can you walk up a flight of stairs?	No
		Score: 1	☐ No	
			☐ Yes	
		3734 3	Can you walk a city block (250-350 feet)?	No
		Score: 1	☐ No	
			☐ Yes	
		11660 4	Do you have more than 5 illnesses?	No
			☐ No	
		Score: 1	☐ Yes	
		1243 5	Have you lost more than 5% of your weight in the last year? Document details for the weight changes in 5.B.3.	No
			☐ No	
		Score: 1	☐ Yes	
B	HEIGHT/WEIGHT	2121 1	What is the individual's height?	Yes
			_____	
		2122 2	What is the individual's weight?	Yes

5	OTHER MEDICAL INFORMATION			Req?
		9370 3	Document the reason(s) for weight gain or loss (See 5.A.5)	No
			☐ Diet/ Intentional	
			☐ Fluid Loss	
			☐ Fluid Retention	
			☐ Increased Appetite	
			☐ Poor Appetite	
			☐ Unable to Determine	
			☐ Other	
		2016 4	Is physician aware of the weight change?	Yes
			☐ No	
			☐ Yes	
		6256 5	What is the individual's weight type?	Yes
			☐ Normal-height/ weight appropriate	
			☐ Morbidly Obese	
			☐ Obese	
			☐ Overweight	
			☐ Underweight	
C	FALLS	1876 1	Is the individual at risk of falling?	No
			☐ No	
			☐ Yes	
			☐ Unable to determine	
		9380 2	Select the number of times the individual has fallen in the LAST 6 MONTHS.	No
			☐ None-Skip to 6.A.1	
			☐ 1	
			☐ 2	
			☐ 3 or More	
		3661 3	Reasons for falls-Document Details in Notes	No
			☐ Medical	
			☐ Environmental	
			☐ Accidental	
			☐ Other-Document Details in Notes	

6	ACTIVITIES OF DAILY LIVING (ADLs)			Req?
A	ADLs	1081 1	BATHING: Ability to prepare a bath and wash oneself, including turning on the water, regulating temperature, etc.	Yes
		Score: 1	☐ **1** Independent	
		Score: 3	☐ **2** Limited Assistance	
		Score: 500	☐ **3** Total Assistance	

6	ACTIVITIES OF DAILY LIVING (ADLs)			Req?
	1077 2	DRESSING: Ability to remove clothes from a closet/ drawer; application of clothing, including shoes/ socks (regular/ TEDS); orthotics; prostheses; removal/ storage of items; managing fasteners; and to use any needed assistive devices.		Yes
	Score: 1	☐ **1**	Independent	
	Score: 3	☐ **2**	Limited Assistance	
		☐ **3**	Total Assistance	
	1966 3	GROOMING/ PERSONAL HYGIENE: Ability to comb/ brush hair; brush teeth; care for/ inset dentures; shave; apply make-up (if worn); apply deodorant, etc.		Yes
	Score: 1	☐ **1**	Independent	
	Score: 3	☐ **2**	Limited Assistance	
	Score: 5	☐ **3**	Total Assistance	
	1078 4	EATING: Ability to eat/ drink; cut, chew, swallow food; and to use any needed assistive devices		Yes
	Score: 1	☐ **1**	Independent	
	Score: 3	☐ **2**	Limited Assistance	
	Score: 5	☐ **3**	Total Assistance	
		☐ **4**	Does not eat	
	1074 5	TRANSFER: Ability to move between surfaces, including to/ from bed, chair, wheelchair, or to a standing position; onto or off a commode; and to manage/ use any needed assistive devices.		Yes
	Score: 1	☐ **1**	Independent	
	Score: 3	☐ **2**	Limited Assistance	
	Score: 500	☐ **3**	Total Assistance	
	1079 6	TOILETING: Ability to manage bowel and bladder elimination.		Yes
	Score: 1	☐ **1**	Independent	
	Score: 3	☐ **2**	Limited Assistance	
	Score: 500	☐ **3**	Total Assistance	
		☐ **4**	Self management of indwelling catheter/ ostomy	
	1099 7	BLADDER CONTINENCE: Indicate the description that best describes the individual's BLADDER function.		Yes
	Score: 1	☐ **1**	Continent - Complete control, no type of catheter or urinary collection device	
	Score: 3	☐ **2**	Usually Continent - Incontinence episodes once a week or less	
	Score: 5	☐ **3**	Incontinent - Inadequate control, multiple daily episodes	
		☐ **4**	Self management of indwelling catheter or ostomy	
	9373 8	WALKING: Ability to safely walk to/ from one area to another; manage/ use any needed ambulation devices.		Yes
		☐ **1**	Independent	
		☐ **2**	Limited Assistance	
		☐ **3**	Total Assistance	

7	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)	Req?

7	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)			Req?
A	IADLs	1082 1	MEAL PREPARATION: Ability to plan/ prepare meals, use of kitchen appliances, heat meals. List any needed adaptive equipment/ assistive devices in Notes.	Yes
		Score: 1	☐ **1** Independent	
		Score: 3	☐ **2** Limited Assistance	
		Score: 4	☐ **3** Total Assistance	
		11567 1a	How often is support available for MEAL PREPARATION? Document Details in Notes	No
			☐ Daily	
			☐ Weekly	
			☐ Monthly	
			☐ Other-Document Details in Notes	
		1903 2	HOUSEWORK: Ability to maintain living space, includes tasks such as dishwashing, making the bed, dusting, running the vacuum or sweeping an area. List any needed adaptive equipment/ assistive devices in Notes.	Yes
		Score: 1	☐ **1** Independent	
			☐ **2** Limited assistance	
		Score: 4	☐ **3** Total Assistance	
		1464 3	LAUNDRY: Ability to gather clothes, place clothes in washing machine, turn on appliance, remove clothes and place in dryer, or hand wash items and hang to dry. List any needed adaptive equipment/ assistive devices in Notes.	Yes
			☐ **1** Independent	
		Score: 3	☐ **2** Limited Assistance	
		Score: 4	☐ **3** Total Assistance	
		1086 4	SHOPPING: Ability to go to the store and purchase needed items, including groceries and other items. List any needed adaptive equipment/ assistive devices in Notes.	Yes
		Score: 1	☐ **1** Independent	
			☐ **2** Limited assistance	
		Score: 4	☐ **3** Total Assistance	
		1087 5	TRANSPORTATION: Ability to travel on public transportation or drive a car. List any needed adaptive equipment/ assistive devices in Notes.	Yes
		Score: 1	☐ **1** Independent	
			☐ **2** Limited Assistance	
		Score: 4	☐ **3** Total Assistance	
		1901 6	MONEY MANAGEMENT: Ability to manage financial matters, writing checks, paying bills, going to the bank. List any needed adaptive equipment/ assistive devices in Notes.	Yes
			☐ **1** Independent	
		Score: 3	☐ **2** Limited assistance	
		Score: 10	☐ **3** Total Assistance	
		3820 7	TELEPHONE: Ability to obtain phone numbers, dial the telephone and communicate with person on the other end. List any needed adaptive equipment/ assistive devices in Notes.	Yes
			☐ **1** Independent	

7	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)			Req?
		Score: 3	☐ **2** Limited Assistance	
		Score: 10	☐ **3** Total Assistance	
		1902 8	HOME MANAGEMENT: Ability to perform heavier household tasks such as taking out the trash, completing minor repairs around the living space, yard work and/ or snow removal. List any needed adaptive equipment/ assistive devices in Notes.	Yes
		Score: 1	☐ **1** Independent	
		Score: 3	☐ **2** Limited Assistance	
		Score: 4	☐ **3** Total Assistance	
		1084 9	MANAGING MEDICATIONS: What is the individual's ability level to manage medication?	No
			☐ **1** Independent	
			☐ **2** Limited Assistance	
			☐ **3** Total Assistance	

8	INFORMAL SUPPORTS			Req?
A	INFORMAL HELPER(S) INFORMATION	5698 1	Does the individual have any NON-PAID helpers that provide care or assistance on a regular basis?	No
			☐ No-Skip to 8.B.1	
			☐ Yes-Complete Section 8.A & B	
		8479 2	List names, phone numbers and email addresses of the non-paid helpers. Use the Note section if more room is needed.	No
			_____	
			_____	
			_____	
		1183 3	Do any of the non-paid helpers reside in the individual's home?	No
			☐ No	
			☐ Yes-Document Details in Notes	
		8478 4	Select the relationships of the individual's non-paid helpers:	No
			☐ Child/ Child-in-Law	
			☐ Friend	
			☐ Neighbor	
			☐ Parent	
			☐ Spouse/ Domestic Partner	
			☐ Other-Document Details in Notes	
B	ACCESS TO SERVICES	4277 1	Does the individual have an issue with access to needed services or supports?	No
			☐ No	
			☐ Yes-Document Details in Notes	
		10158 2	If the individual does not have access to the needed services or supports, what assistance is needed?	No
			_____	

8	INFORMAL SUPPORTS			Req?

9	PHYSICAL ENVIRONMENT			Req?
A	CURRENT DWELLING UNIT	2220 1	Is the individual able to remain in his/ her current residence? ☐ No-Document Details in Notes ☐ Yes ☐ Uncertain-Document Details in Notes	Yes
		1264 2	What conditions of the home environment cause health and safety risks to the individual? Document in notes what and where are the problems. ☐ None ☐ Appliances ☐ Clutter ☐ Cooling system ☐ Environmental pests ☐ Furnishings ☐ Hallways ☐ Heating system ☐ Lack of electricity ☐ Lack of fire safety devices ☐ Lack of refrigeration ☐ Lack of toilet ☐ Lack of water ☐ Lighting ☐ Pets ☐ Poor flooring ☐ Shower ☐ Stairs ☐ Structural issues ☐ Other-Document Details in Notes	Yes
		6553 3	What areas of the home environment impact accessibility? Document in Notes, what and where problems exist. ☐ Bathroom ☐ Bedroom ☐ Hallways ☐ Home entryways ☐ Kitchen ☐ Laundry ☐ Stairs ☐ Other-Document Details in Notes	Yes

10	EMERGENCY INFORMATION			Req?
A	EMERGENCY INFORMATION	3474 1	What are the individual's physical limitations that would prevent individual leaving the home alone in an emergency?	Yes
			☐ None ☐ Bed bound/ immobile ☐ Dementia (May be reluctant to leave.) ☐ Hearing impaired (May need special warnings.) ☐ Intellectual disabilities (Supervision needed.) ☐ Lives alone (May be reluctant to leave.) ☐ Morbid Obesity ☐ Visually impaired (Guide dogs may become disoriented in a disaster.) ☐ Wheelchair bound (Special transportation needed.) ☐ Other-Document Details in Notes	
		3475 2	Does the individual have any of the following special medical needs during a public emergency?	Yes
			☐ None ☐ Dialysis ☐ Insulin ☐ Life sustaining equipment or treatment ☐ Nasal/ gastrointestinal tubes/ suctioning ☐ Oxygen ☐ Respirator ☐ Special medications & management needs ☐ Specialized transportation ☐ Supervision ☐ Other-Document Details in Notes	
		11268 3	Select ALL types of Personal Emergency Response Systems (PERS) with which the individual is currently utilizing:	Yes
			☐ None ☐ PERS/ w 24 hour family/ designated contact notification ☐ PERS/ w 24 hour response for elopement (GPS) ☐ Other-Document Details in Notes	
		11327 4	Is the consumer enrolled in a community response program?	No
			☐ No ☐ Yes-Document Details in Notes	

11	REFERRAL FOR LCD			Req?
A	REFERRAL FOR LCD	7278 1	Case Aide believes the individual should be referred for an LCD:	No
			☐ No ☐ Yes	
		8345 2	Signature of Case Aid/ Staff:	No
			_____	

11	REFERRAL FOR LCD			Req?
	8346	3	Date of Case Aid/ Staff's Signature: Month – Day – Year	No
	7281	4	Care Manager believes the individual should be referred for an LCD: ☐ No ☐ Yes	No
	2712	5	Signature of Care Manager:	Yes
	3964	6	Date of Care Manager's Signature: Month – Day – Year	Yes
	7284	7	Supervisor believes the individual should be referred for an LCD: ☐ No ☐ Yes	No
	11641	8	Signature of Supervisor:	No
	11642	9	Date of Supervisor's Signature: Month – Day – Year	No