SERVICES ASSESSMENT

OPPORTUNITY VILLAGE

# CODE # 9.15.07

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE ASSESSMENT COMPLETED: \_\_\_\_\_\_\_\_\_**

**COUNTY OF SUPPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COTTAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPOSITE SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. MEDICAL ASSESSMENT**:

 Code: a yes is one point, a no is 0 points, circle correct response or number.

1. Medical Conditions: B. Does the person have a history of seizures?

Yes No genito urinary Yes No

Yes No respiratory

Yes No cardiovascular

Yes No diabetes C. Frequency of seizures:

Yes No gastrointestinal 0. none this year

Yes No endocrine 1. less than one a month

Yes No neurological/neuromuscular 2. once a month

Yes No cancer 3. about once a week

Yes No immunological 4. several times a week

Yes No skeletal 5. once a day or more

Yes No other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Does the person have a vagal nerve stimulator for seizures? Yes No

E. Is the person currently taking prescription medications? Yes No

F. Does the individual receive medication by injection? Yes No

G. Level of support the person needs to take prescription medications and treatments:

* 1. no medications
	2. independent
	3. supervision
	4. assistance
	5. total support

H. The person’s typical level of mobility:

0. walks independently

1. walks independently with difficulty, no corrective devices
2. walks independently with a corrective device
3. walks only with assistance of another person
4. cannot walk

I. Does the person use a wheelchair? Yes No

J. Indicate the response that best describes wheelchair mobility:

1. does not use a wheelchair
2. can use wheelchair independently
3. can use wheelchair independently with assistance transferring
4. requires assistance in transferring and moving
5. no mobility, must be transferred and moved.

K. Does the person need a mechanical lift for transferring? Yes No

L. Does the person use special adaptive equipment, including but not limited to, a walker, wheelchair, prosthetic devices, head protective device, crutches, hearing aides, glasses, AFO’s, braces, splints, elbow pads, gait belt, communication devices, and eating devices? Yes No

M. Indicate the response that best describes the number of health and medical appointments the person has a year:

1. 6 or less
2. 7 to 12
3. 13 or more

N. Does the person need OT evaluation and services? Yes No

O. Does the person need PT evaluation and services: Yes No

P. Does the person need Speech evaluation and services? Yes No

Q. Does the person require repairs to their wheelchair? Yes No

R. Does the person need Village staff to implement physical therapy recommendations?

Yes No

S. Does the person’s needs require that the caregiver be trained in special health care procedures: including but not limited to, lifting and transferring, positioning, adaptive devices, hearing aides, seizure precautions, diabetic care, ostomy care? Yes No

T. Presently requires special diet planned by the dietitian? Yes No

U. Missed more than a total of two weeks of day services due to medical problems the last year?

Yes No

V. Was hospitalized for a medical problem in the last year? Yes No

W. Does the person need to be turned at night in bed? Yes No

## II. BEHAVIOR ASSESSMENT

Code: 0 – not this year; 1 - less than once a month; 2 - about one time a month; 3 - weekly;

4 - several times a week; 5 – one time a day or more; Circle the code number that applies.

A. Indicate the frequency of each behavior over the last twelve months.

Has tantrums or emotional outbursts: 0 1 2 3 4 5

Damages own or other property: 0 1 2 3 4 5

Physically assaults others: 0 1 2 3 4 5

Disrupts others: 0 1 2 3 4 5

Is verbally and gesturally abusive: 0 1 2 3 4 5

Is self injurious: 0 1 2 3 4 5

Teases and harasses peers: 0 1 2 3 4 5

Resistive to staff supervision: 0 1 2 3 4 5

Runs or wanders away: 0 1 2 3 4 5

Steals: 0 1 2 3 4 5

Eats inedible objects: 0 1 2 3 4 5

Displays sexually inappropriate behavior 0 1 2 3 4 5

Smears feces: 0 1 2 3 4 5

Demands extra attention from staff: 0 1 2 3 4 5

B. As a result of any behavior problem(s), consider whether or not the following presently apply:

Yes No Does the person have a behavior program?

Yes No Are medications prescribed for behavior management or a mental health problem?

Yes No The individual’s environment must be carefully structured to avoid behavior problems?

Yes No Because of behavior problems, staff must sometimes intervene with the use of Mandt restraint procedures with the person.

Yes No Because of behavior problems, the person requires one-to-one supervision for many activities and tasks.

Yes No Because of behavior problems, the person requires visual supervision until completely calm, due to elopement or hurting others when upset.

Yes No Because of behavior problems, the person requires close supervision in community due to acting out behaviors.

### III. PERSONAL CARE ASSESSMENT

Code: 3 – Total support (dependent on others); 2 – Assistance (requires a lot of hand on help);

1 – Supervision (requires mainly verbal prompts); 0 – Independent (starts and finishes without any help or prompts at all). Circle the code number which applies. If a particular item is non-applicable, record a NA instead of circling a code number.

A. Indicate the best you can how independently the person typically performs each activity or task:

Pulling self up to standing: 3 2 1 0 NA

Toileting of bowels: 3 2 1 0 NA

Toileting bladder: 3 2 1 0 NA

Feminine hygiene: 3 2 1 0 NA

Taking a bath/shower: 3 2 1 0 NA

Brushing teeth/cleaning dentures: 3 2 1 0 NA

Brushing/combing hair: 3 2 1 0 NA

Selecting clothes for weather: 3 2 1 0 NA

Putting on clothes: 3 2 1 0 NA

Undressing self: 3 2 1 0 NA

Drinking from a cup/glass: 3 2 1 0 NA

Cutting food: 3 2 1 0 NA

Chewing and swallowing food: 3 2 1 0 NA

Feeding self: 3 2 1 0 NA

Shaving self: 3 2 1 0 NA

Making bed: 3 2 1 0 NA

Cleaning room: 3 2 1 0 NA

Doing laundry: 3 2 1 0 NA

Using telephone: 3 2 1 0 NA

Shopping for simple meal: 3 2 1 0 NA

Preparing foods that do not require cooking: 3 2 1 0 NA

Using stove or microwave: 3 2 1 0 NA

Crossing street in residential neighborhood: 3 2 1 0 NA

Using public transportation for a simple trip: 3 2 1 0 NA

Managing own money: 3 2 1 0 NA

Adopted 11/99

Revised 12/99

Revised 02/00