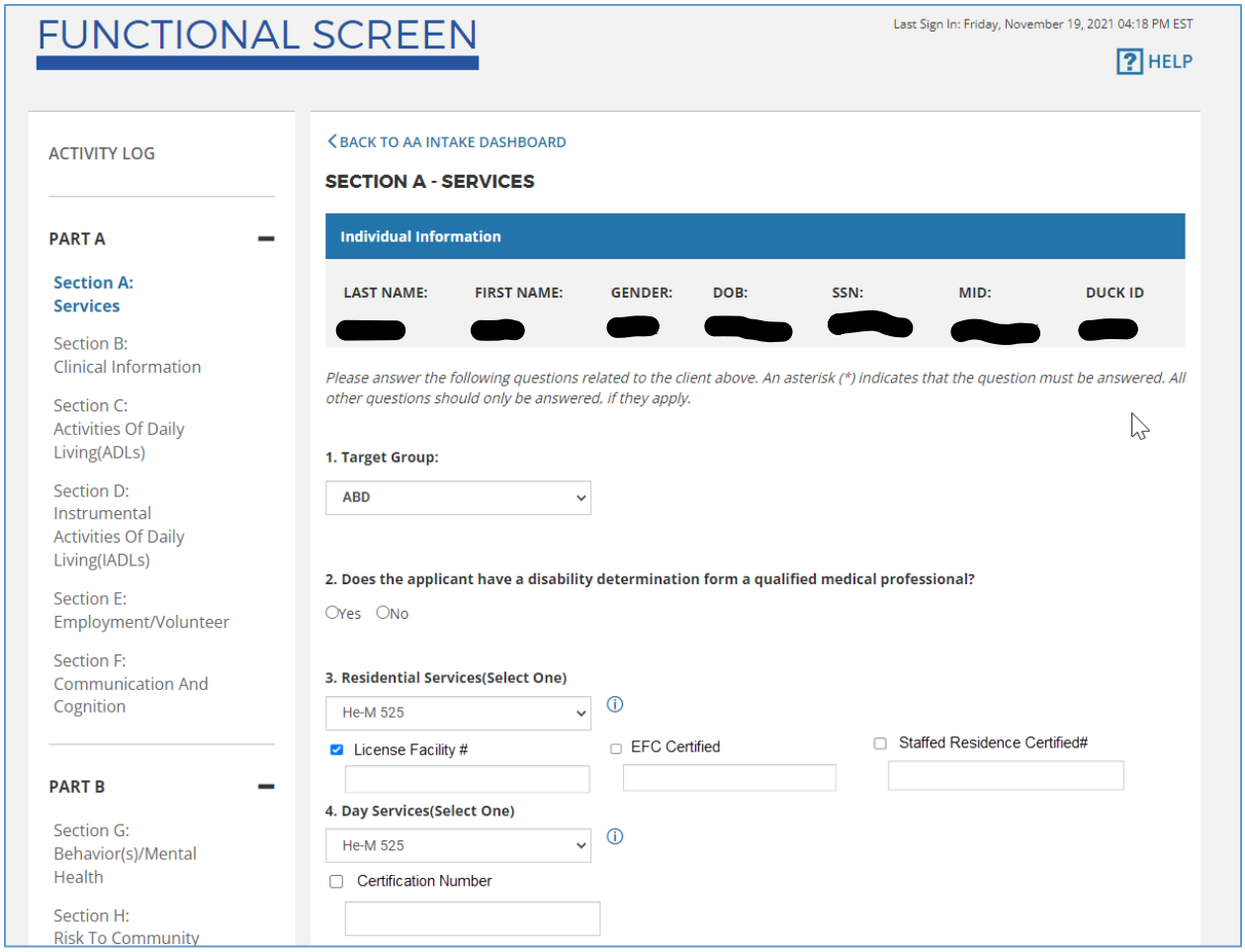
FUNCTIONAL SCREEN
Last Sign In: Friday, November 19, 2021 04:18 PM EST
HELP
ACTIVITY LOG
PART A
Section A: Services
Section B: Clinical Information
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Section D: Instrumental Activities Of Daily Living(IADLs)
Section E: Employment/Volunteer
Section F: Communication And Cognition
PART B
Section G: Behavior(s)/Mental Health
Section H: Risk To Community
BACK TO AA INTAKE DASHBOARD
SECTION A - SERVICES
Individual Information
LAST NAME:
FIRST NAME:
GENDER:
DOB:
SSN:
MID:
DUCK ID
Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.
1. Target Group:
ABD
2. Does the applicant have a disability determination form a qualified medical professional?
Yes
No
3. Residential Services(Select One)
He-M 525
License Facility #
EFC Certified
Staffed Residence Certified#
4. Day Services(Select One)
He-M 525
Certification Number

FUNCTIONAL SCREEN

Last Sign In: Thursday, November 18, 2021 01:42 PM EST

HELP

ACTIVITY LOG

PART A −

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Section B: Clinical Information

Section C: Activities of Daily Living(ADLs)

Section D: Instrumental Activities of Daily Living(IADLs)

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Section F: Communication and Cognition

PART B −

Section G: Behavior(s)/Mental Health

Section H: Risk to Community Safety

Section I: Attachments

BACK TO AA INTAKE DASHBOARD

SECTION B - CLINICAL INFORMATION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123454554	123456

1. TREATMENTS/CHRONIC CONDITIONS

a. Medications via tube

b. Tracheostomy care-chronic stable

c. Urinary catheter change

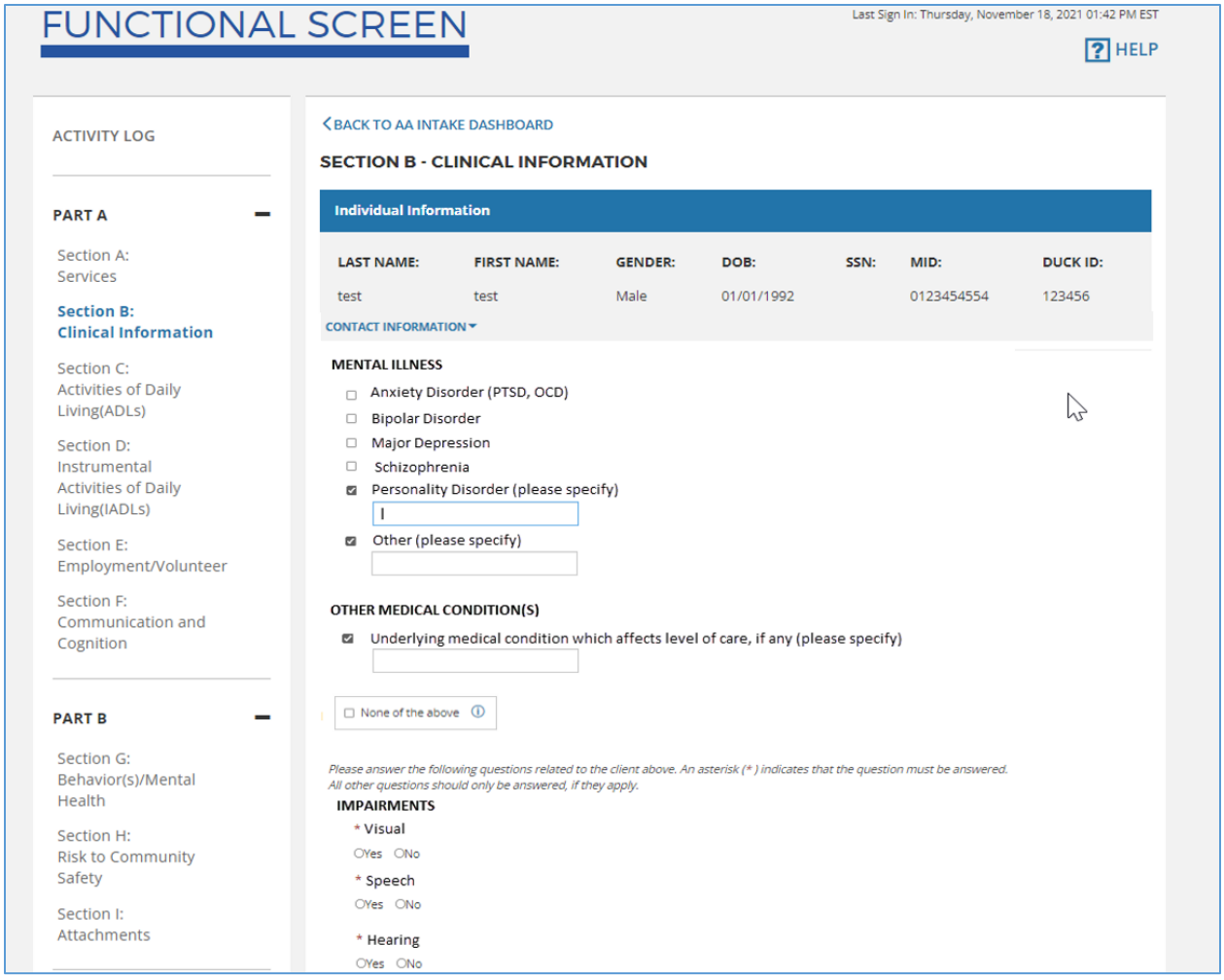
d. Urinary catheter irrigation

e. Venous puncture for Disease and/or medication management

f. Injections

g. Wound Treatments

h. Chest PT


FUNCTIONAL SCREEN
Last Sign In: Thursday, November 18, 2021 01:42 PM EST
HELP
ACTIVITY LOG
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Section H: Risk to Community Safety
Section I: Attachments
BACK TO AA INTAKE DASHBOARD
SECTION B - CLINICAL INFORMATION
Individual Information
LAST NAME: FIRST NAME: GENDER: DOB: SSN: MID: DUCK ID:
test test Male 01/01/1992 0123454554 123456
CONTACT INFORMATION
MENTAL ILLNESS
Anxiety Disorder (PTSD, OCD)
Bipolar Disorder
Major Depression
Schizophrenia
Personality Disorder (please specify)
Other (please specify)
OTHER MEDICAL CONDITION(S)
Underlying medical condition which affects level of care, if any (please specify)
None of the above
Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered.
All other questions should only be answered, if they apply.
IMPAIRMENTS
* Visual
Yes No
* Speech
Yes No
* Hearing
Yes No

FUNCTIONAL SCREEN

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HELP

ACTIVITY LOG

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BACK TO AA INTAKE DASHBOARD

SECTION B - CLINICAL INFORMATION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123454554	123456

CONTACT INFORMATION

* Paralysis
○Yes ○No

*Joint Motion
○Yes ○No

SPECIALTY CARE

* G-Tube
○Yes ○No

* Vent/Trach
○Yes ○No

* Oxygen
●Yes ○No

Other

THERAPIES

* Occupational Therapy
○Yes ○No

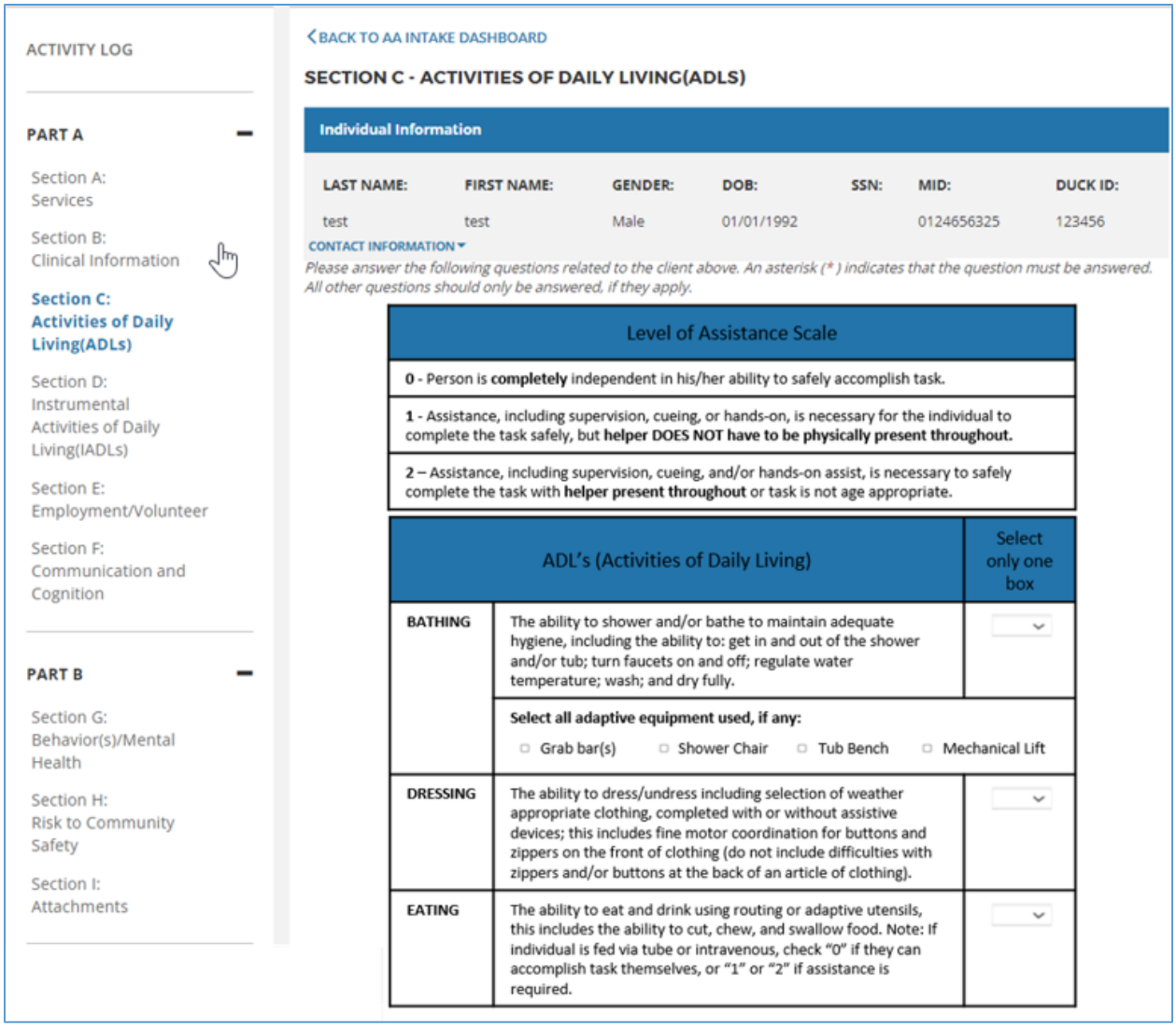
*Physical Therapy
○Yes ○No

* Speech
○Yes ○No

PREVIOUS

SAVE AND FINISH LATER

NEXT



ACTIVITY LOG

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BACK TO AA INTAKE DASHBOARD

SECTION C - ACTIVITIES OF DAILY LIVING(ADLS)

Individual Information

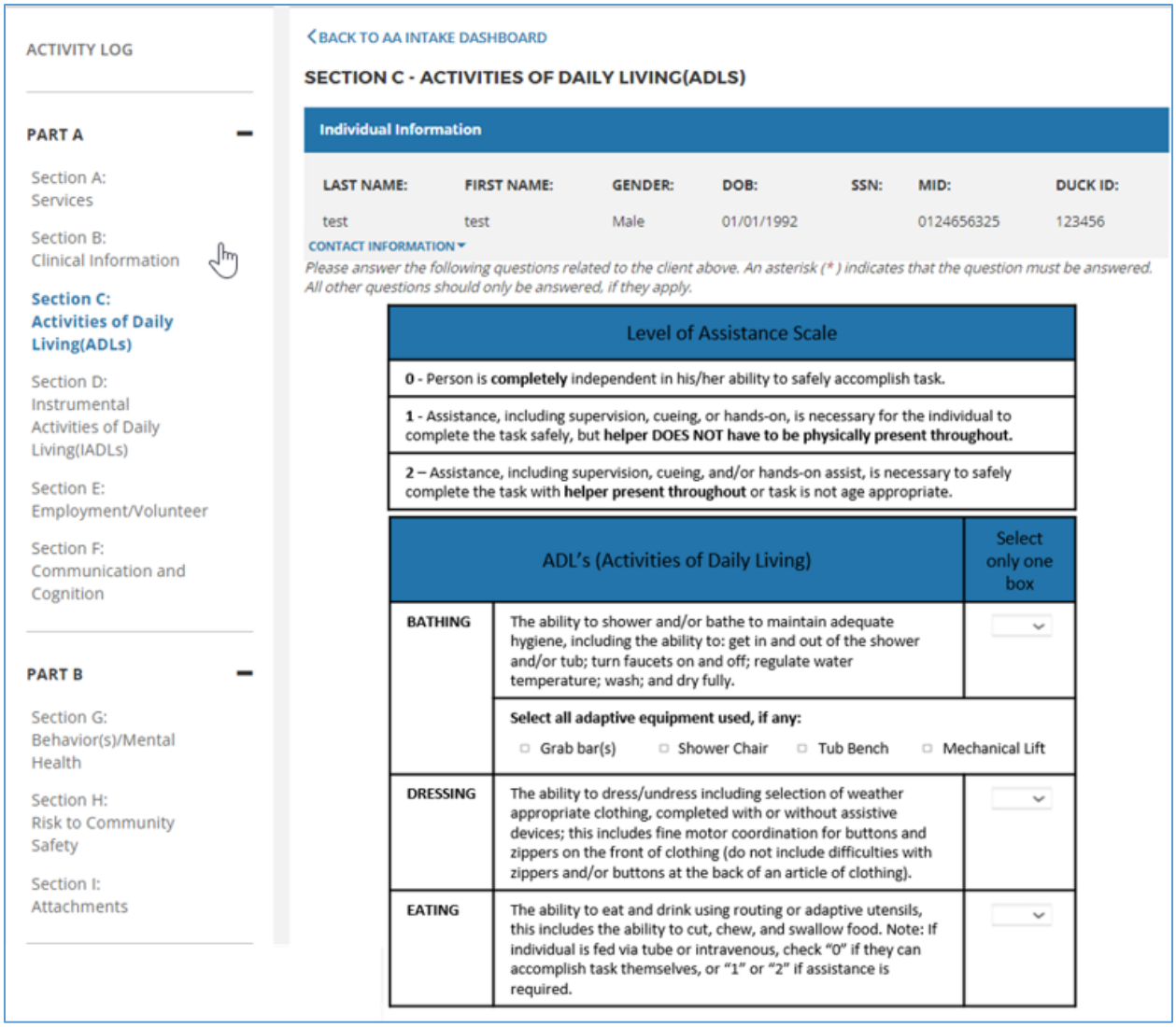
LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0124656325	123456

CONTACT INFORMATION

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Level of Assistance Scale
0 - Person is **completely** independent in his/her ability to safely accomplish task.
1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but **helper DOES NOT have to be physically present throughout.**
2 – Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with **helper present throughout** or task is not age appropriate.

ADL's (Activities of Daily Living)		Select only one box
BATHING	The ability to shower and/or bathe to maintain adequate hygiene, including the ability to: get in and out of the shower and/or tub; turn faucets on and off; regulate water temperature; wash; and dry fully.	
	Select all adaptive equipment used, if any: ☐ Grab bar(s) ☐ Shower Chair ☐ Tub Bench ☐ Mechanical Lift	
DRESSING	The ability to dress/undress including selection of weather appropriate clothing, completed with or without assistive devices; this includes fine motor coordination for buttons and zippers on the front of clothing (do not include difficulties with zippers and/or buttons at the back of an article of clothing).	
EATING	The ability to eat and drink using routing or adaptive utensils, this includes the ability to cut, chew, and swallow food. Note: If individual is fed via tube or intravenous, check "0" if they can accomplish task themselves, or "1" or "2" if assistance is required.	



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BACK TO AA INTAKE DASHBOARD

SECTION C - ACTIVITIES OF DAILY LIVING(ADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0124656325	123456

CONTACT INFORMATION

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Level of Assistance Scale
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1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but **helper DOES NOT have to be physically present throughout.**
2 – Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with **helper present throughout** or task is not age appropriate.

ADL's (Activities of Daily Living)		Select only one box
BATHING	The ability to shower and/or bathe to maintain adequate hygiene, including the ability to: get in and out of the shower and/or tub; turn faucets on and off; regulate water temperature; wash; and dry fully.	
	Select all adaptive equipment used, if any: ☐ Grab bar(s) ☐ Shower Chair ☐ Tub Bench ☐ Mechanical Lift	
DRESSING	The ability to dress/undress including selection of weather appropriate clothing, completed with or without assistive devices; this includes fine motor coordination for buttons and zippers on the front of clothing (do not include difficulties with zippers and/or buttons at the back of an article of clothing).	
EATING	The ability to eat and drink using routing or adaptive utensils, this includes the ability to cut, chew, and swallow food. Note: If individual is fed via tube or intravenous, check "0" if they can accomplish task themselves, or "1" or "2" if assistance is required.	

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PART B −

Section G: Behavior(s)/Mental Health

Section H: Risk to Community Safety

Section I: Attachments

BACK TO AA INTAKE DASHBOARD

SECTION D - INSTRUMENTAL ACTIVITIES OF DAILY LIVING(IADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992			123456

CONTACT INFORMATION

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered. if they apply.

Note: When answering questions a through g, values in both Self-Performance and Support must be selected. Some answers will enable or display additional fields, when selected. These additional fields are to collect pertinent details and may be required to proceed to the next section.

Level of Assistance Scale
0 - Person is **completely** independent in his/her ability to safely accomplish task.
1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but **helper DOES NOT have to be physically present throughout.**
2 – Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with **helper present throughout** or task is not age appropriate.

IADL's (Instrumental Activities of Daily Living)		Select only one box
MEAL PREPARATION	Independent	☐ 0
	Needs assistance weekly (e.g., meal planning, grocery shopping)	☐ 1
	Needs help with every meal	☐ 2
MEDICATION ADMINISTRATION AND MANAGEMENT	Has no medication	☐ 0
	Self-Administering/Independent (with or without assistive devices)	☐ 1
	CANNOT direct the task; is required to have medications administered	☐ 2
MONEY MANAGEMENT	Independent	☐ 0
	Needs monitoring	☐ 1
	Needs help from another person with all transactions	☐ 2

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BACK TO AA INTAKE DASHBOARD

SECTION D - INSTRUMENTAL ACTIVITIES OF DAILY LIVING(IADLS)

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992			123456

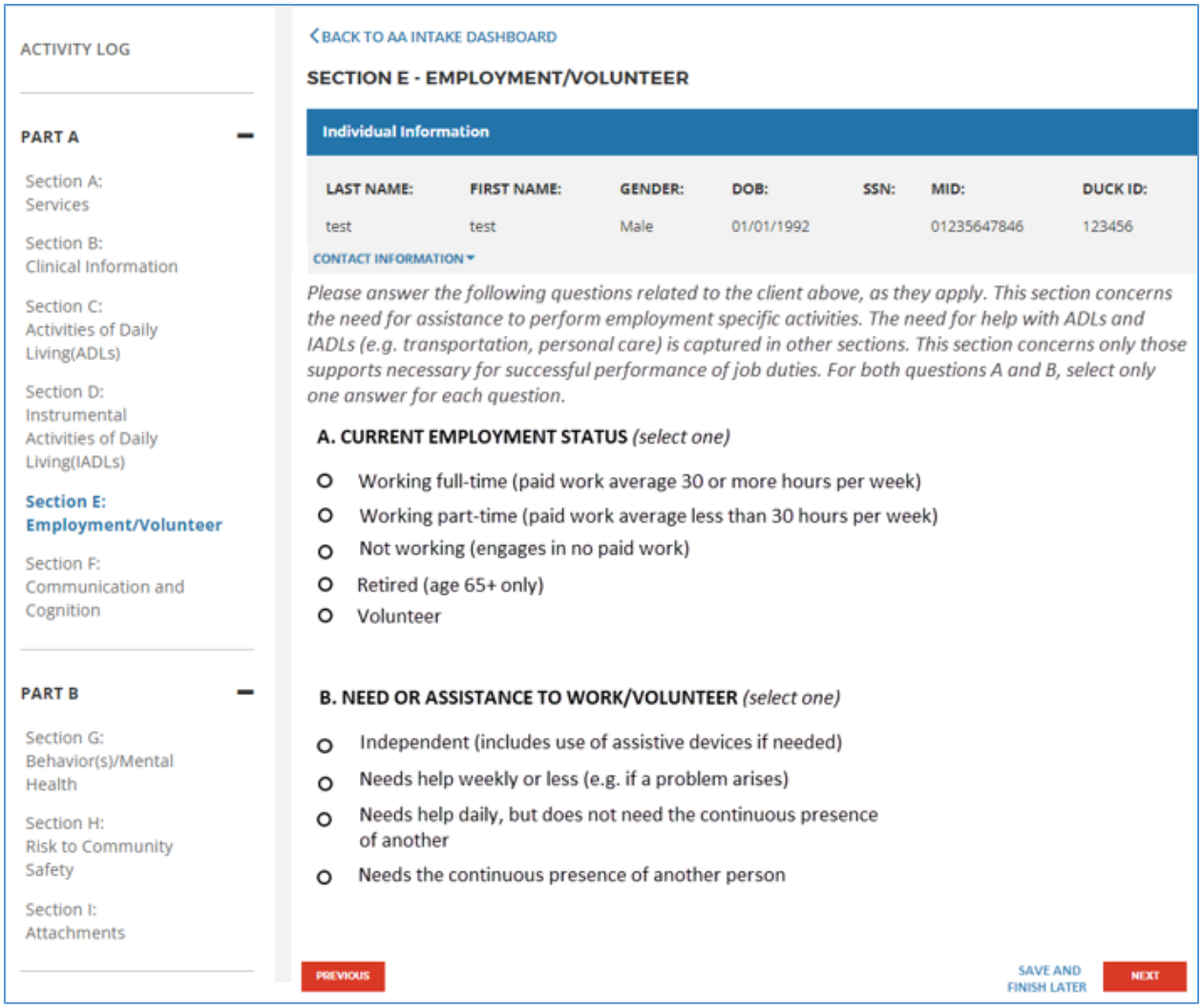
CONTACT INFORMATION

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. All other questions should only be answered, if they apply.

Note: When answering questions a through g, values in both Self-Performance and Support must be selected. Some answers will enable or display additional fields, when selected. These additional fields are to collect pertinent details and may be required to proceed to the next section.

Level of Assistance Scale
0 - Person is **completely** independent in his/her ability to safely accomplish task.
1 - Assistance, including supervision, cueing, or hands-on, is necessary for the individual to complete the task safely, but **helper DOES NOT have to be physically present throughout.**
2 – Assistance, including supervision, cueing, and/or hands-on assist, is necessary to safely complete the task with **helper present throughout** or task is not age appropriate.

IADL's (Instrumental Activities of Daily Living)		Select only one box
MEAL PREPARATION	Independent	☐ 0
	Needs assistance weekly (e.g., meal planning, grocery shopping)	☐ 1
	Needs help with every meal	☐ 2
MEDICATION ADMINISTRATION AND MANAGEMENT	Has no medication	☐ 0
	Self-Administering/Independent (with or without assistive devices)	☐ 1
	CANNOT direct the task; is required to have medications administered	☐ 2
MONEY MANAGEMENT	Independent	☐ 0
	Needs monitoring	☐ 1
	Needs help from another person with all transactions	☐ 2


ACTIVITY LOG
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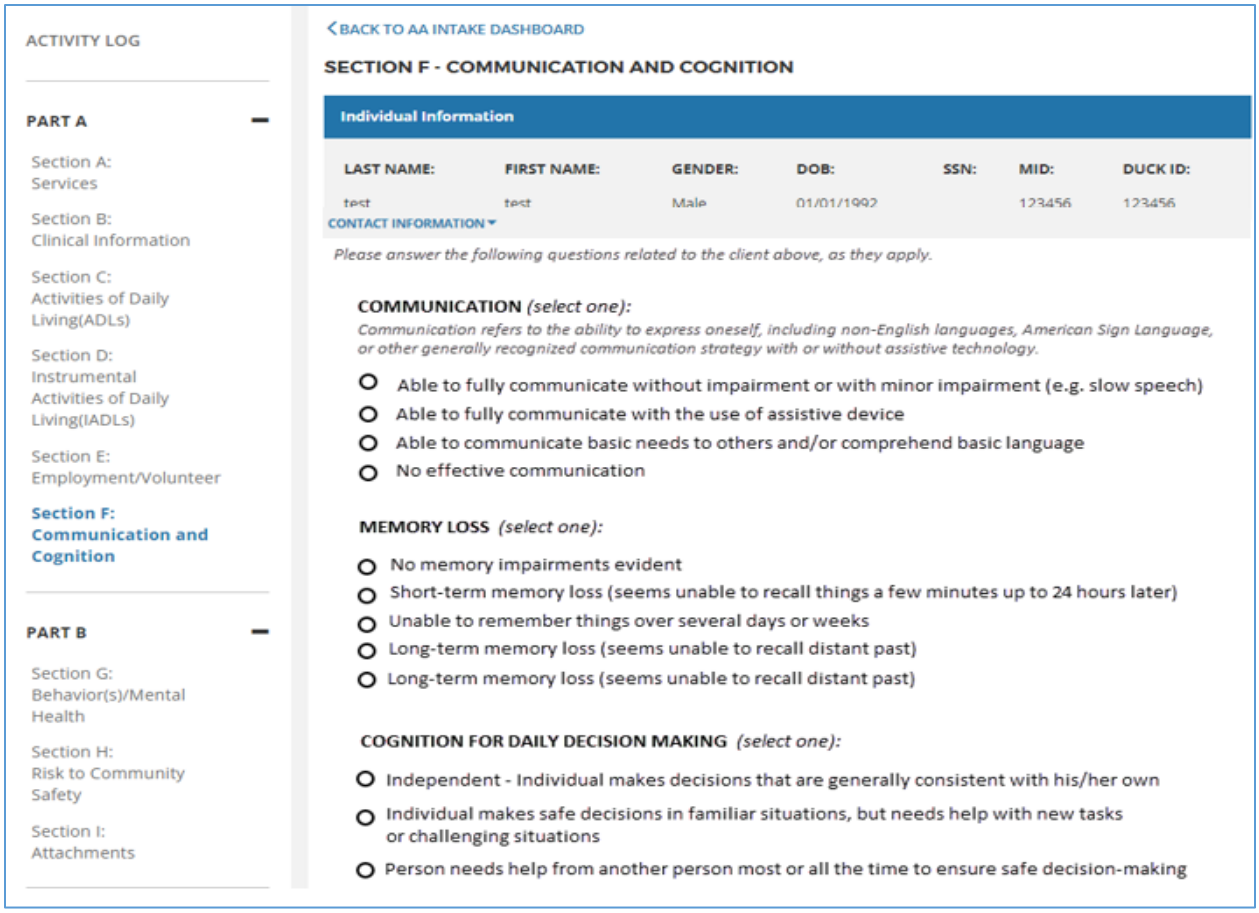
Section H: Risk to Community Safety
Section I: Attachments
BACK TO AA INTAKE DASHBOARD
SECTION E - EMPLOYMENT/VOLUNTEER
Individual Information
LAST NAME: FIRST NAME: GENDER: DOB: SSN: MID: DUCK ID:
test test Male 01/01/1992 01235647846 123456
CONTACT INFORMATION
Please answer the following questions related to the client above, as they apply. This section concerns the need for assistance to perform employment specific activities. The need for help with ADLs and IADLs (e.g. transportation, personal care) is captured in other sections. This section concerns only those supports necessary for successful performance of job duties. For both questions A and B, select only one answer for each question.
A. CURRENT EMPLOYMENT STATUS (select one)
Working full-time (paid work average 30 or more hours per week)
Working part-time (paid work average less than 30 hours per week)
Not working (engages in no paid work)
Retired (age 65+ only)
Volunteer
B. NEED OR ASSISTANCE TO WORK/VOLUNTEER (select one)
Independent (includes use of assistive devices if needed)
Needs help weekly or less (e.g. if a problem arises)
Needs help daily, but does not need the continuous presence of another
Needs the continuous presence of another person
PREVIOUS
SAVE AND FINISH LATER
NEXT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BACK TO AA INTAKE DASHBOARD
SECTION F - COMMUNICATION AND COGNITION
Individual Information
LAST NAME: FIRST NAME: GENDER: DOB: SSN: MID: DUCK ID:
test test Male 01/01/1992 123456 123456
CONTACT INFORMATION
Please answer the following questions related to the client above, as they apply.
COMMUNICATION (select one):
Communication refers to the ability to express oneself, including non-English languages, American Sign Language, or other generally recognized communication strategy with or without assistive technology.
Able to fully communicate without impairment or with minor impairment (e.g. slow speech)
Able to fully communicate with the use of assistive device
Able to communicate basic needs to others and/or comprehend basic language
No effective communication
MEMORY LOSS (select one):
No memory impairments evident
Short-term memory loss (seems unable to recall things a few minutes up to 24 hours later)
Unable to remember things over several days or weeks
Long-term memory loss (seems unable to recall distant past)
Long-term memory loss (seems unable to recall distant past)
COGNITION FOR DAILY DECISION MAKING (select one):
Independent - Individual makes decisions that are generally consistent with his/her own
Individual makes safe decisions in familiar situations, but needs help with new tasks or challenging situations
Person needs help from another person most or all the time to ensure safe decision-making

ACTIVITY LOG

PART A −

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Section F: Communication and Cognition

PART B −

Section G: Behavior(s)/Mental Health

Section H: Risk to Community Safety

Section I: Attachments

BACK TO AA INTAKE DASHBOARD

SECTION F - COMMUNICATION AND COGNITION

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		123456	123456

CONTACT INFORMATION

Please answer the following questions related to the client above, as they apply.

COMMUNICATION *(select one):*

Communication refers to the ability to express oneself, including non-English languages, American Sign Language, or other generally recognized communication strategy with or without assistive technology.

- ○ Able to fully communicate without impairment or with minor impairment (e.g. slow speech)
- ○ Able to fully communicate with the use of assistive device
- ○ Able to communicate basic needs to others and/or comprehend basic language
- ○ No effective communication

MEMORY LOSS *(select one):*

- ○ No memory impairments evident
- ○ Short-term memory loss (seems unable to recall things a few minutes up to 24 hours later)
- ○ Unable to remember things over several days or weeks
- ○ Long-term memory loss (seems unable to recall distant past)
- ○ Long-term memory loss (seems unable to recall distant past)

COGNITION FOR DAILY DECISION MAKING *(select one):*

- ○ Independent - Individual makes decisions that are generally consistent with his/her own
- ○ Individual makes safe decisions in familiar situations, but needs help with new tasks or challenging situations
- ○ Person needs help from another person most or all the time to ensure safe decision-making

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HELP

ACTIVITY LOG

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PART B −

- **Section G: Behavior(s)/Mental Health**
- Section H: Risk to Community Safety
- Section I: Attachments

BACK TO AA INTAKE DASHBOARD

SECTION G - BEHAVIOR(S)/MENTAL HEALTH

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123456884	123456

CONTACT INFORMATION

Please answer the following questions related to the client above, as they apply.

WANDERING *(select one):*

Individual has cognitive impairments and leaves residence/immediate area without informing.

- ○ Does not wander
- ○ Wanders during the day, but sleeps nights
- ○ Wanders at night, or wanders day and night

SELF-INJURIOUS BEHAVIORS *(select one):*

Behaviors that cause or could cause injury to one's own body, including: physical self-abuse (hitting, biting, head banging, etc.) pica (eating inedible objects), and etc.

- ○ Demonstrates no self-injurious behavior
- ○ Some self-injurious behaviors requiring intervention weekly or less frequently
- ○ Self-injurious behaviors requiring interventions 2-6 times per week OR 1-2 times per day
- ● Self-injurious behaviors require intensive one-on-one interventions more than twice each day *(indicate behavior(s) exhibited)*

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PART B

- **Section G: Behavior(s)/Mental Health**
- Section H: Risk to Community Safety
- Section I: Attachments

BACK TO AA INTAKE DASHBOARD

SECTION G - BEHAVIOR(S)/MENTAL HEALTH

Individual Information

LAST NAME:	FIRST NAME:	GENDER:	DOB:	SSN:	MID:	DUCK ID:
test	test	Male	01/01/1992		0123456884	123456

Please answer the following questions related to the client above. An asterisk (*) indicates that the question must be answered. If this question is answered "Yes", at least one of the other questions must also be answered.

***Does the patient have any hearing problems? If no, skip to Section H.**

○Yes ○No

1. HEARING

With hearing appliance, if used

2. COMMUNICATION DEVICES/TECHNIQUES

- a. Hearing aid, present and used
- b. Hearing aid, present and not used regularly
- c. Adaptive phones
- d. Lifeline
- e. None of the above

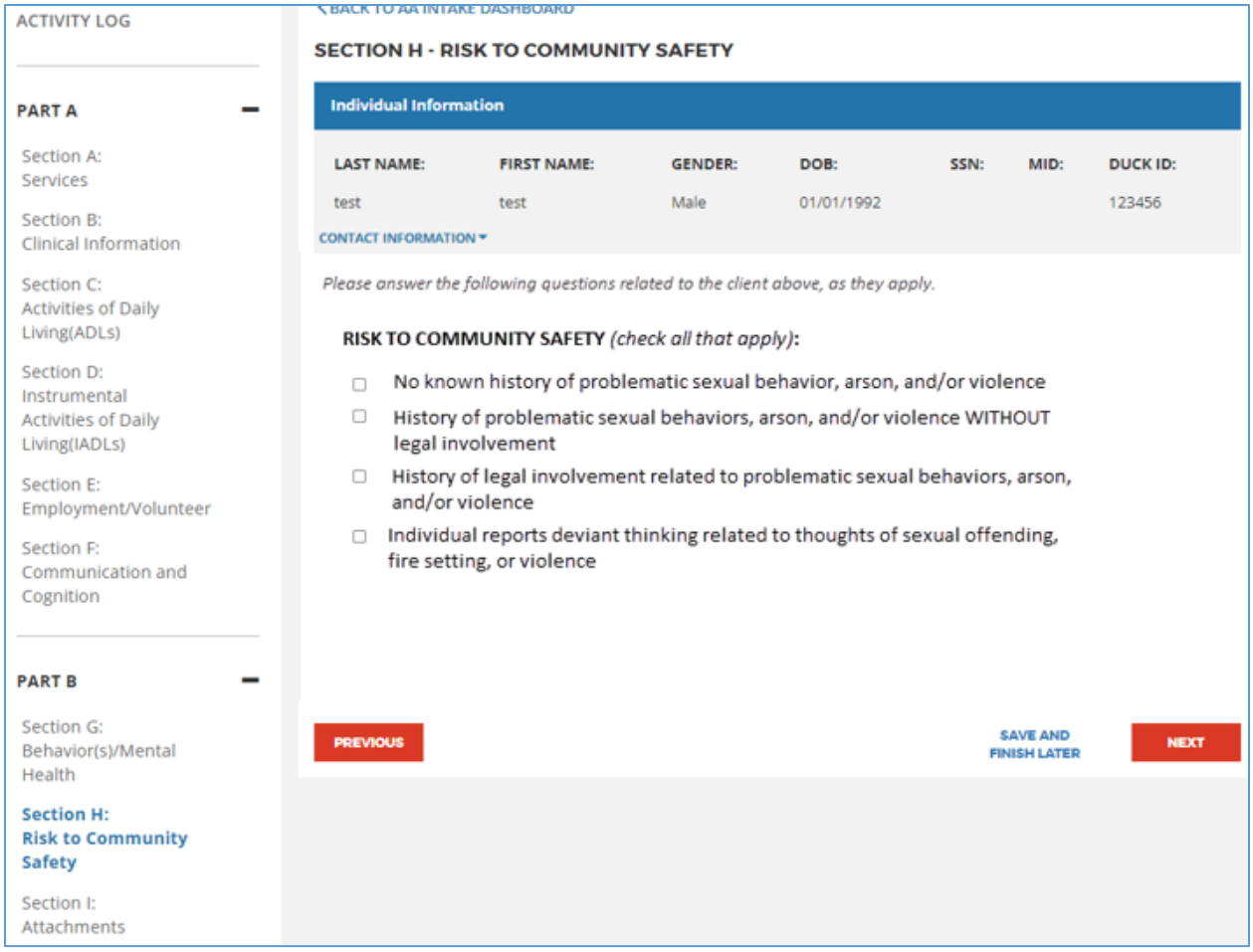
3. ABILITY TO UNDERSTAND OTHERS

Understanding information content - however able

PREVIOUS

SAVE AND FINISH LATER

NEXT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BACK TO AA INTAKE DASHBOARD
SECTION H - RISK TO COMMUNITY SAFETY
Individual Information
LAST NAME: FIRST NAME: GENDER: DOB: SSN: MID: DUCK ID:
test test Male 01/01/1992 123456
CONTACT INFORMATION
Please answer the following questions related to the client above, as they apply.
RISK TO COMMUNITY SAFETY (check all that apply):
No known history of problematic sexual behavior, arson, and/or violence
History of problematic sexual behaviors, arson, and/or violence WITHOUT legal involvement
History of legal involvement related to problematic sexual behaviors, arson, and/or violence
Individual reports deviant thinking related to thoughts of sexual offending, fire setting, or violence
PREVIOUS
SAVE AND FINISH LATER
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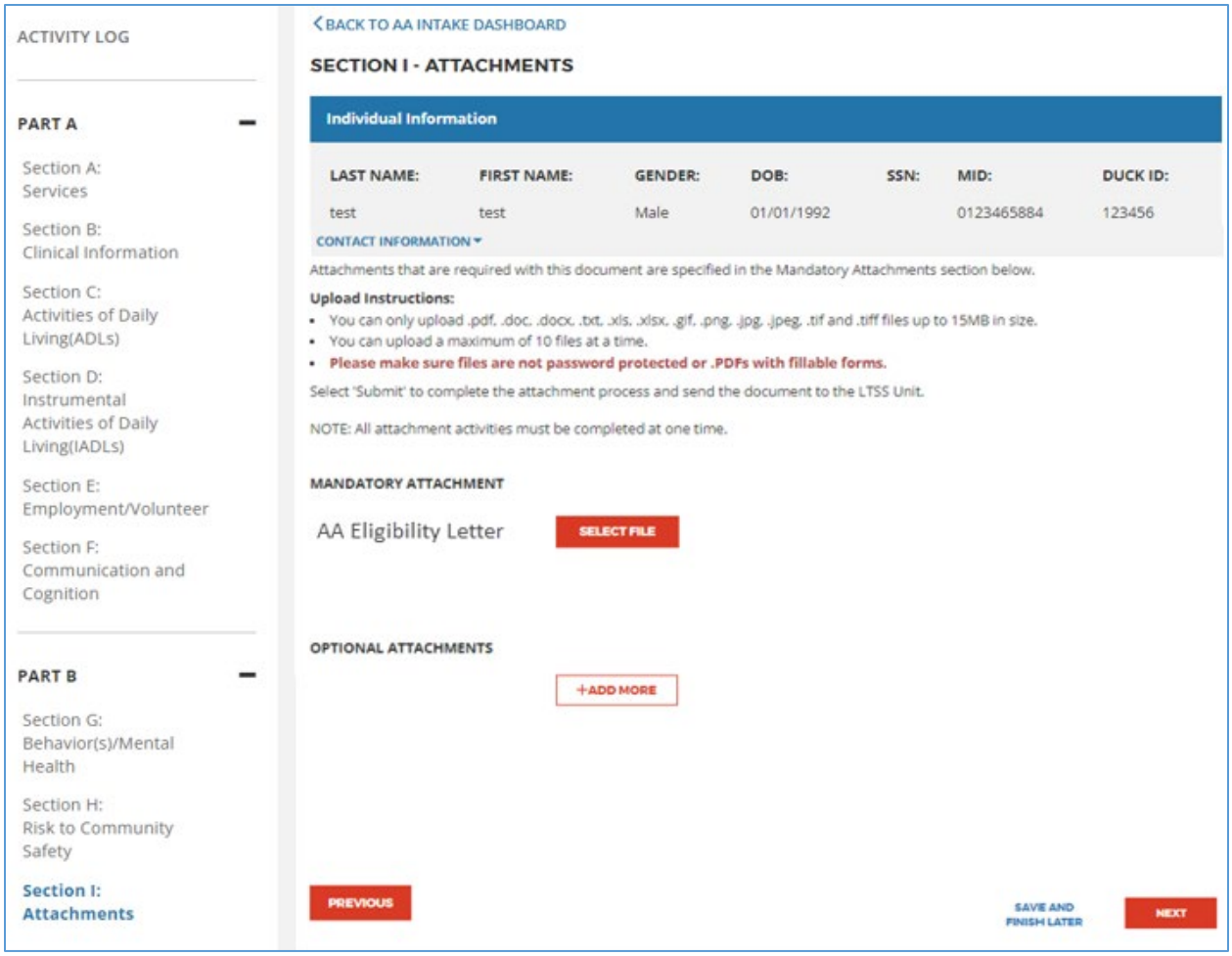
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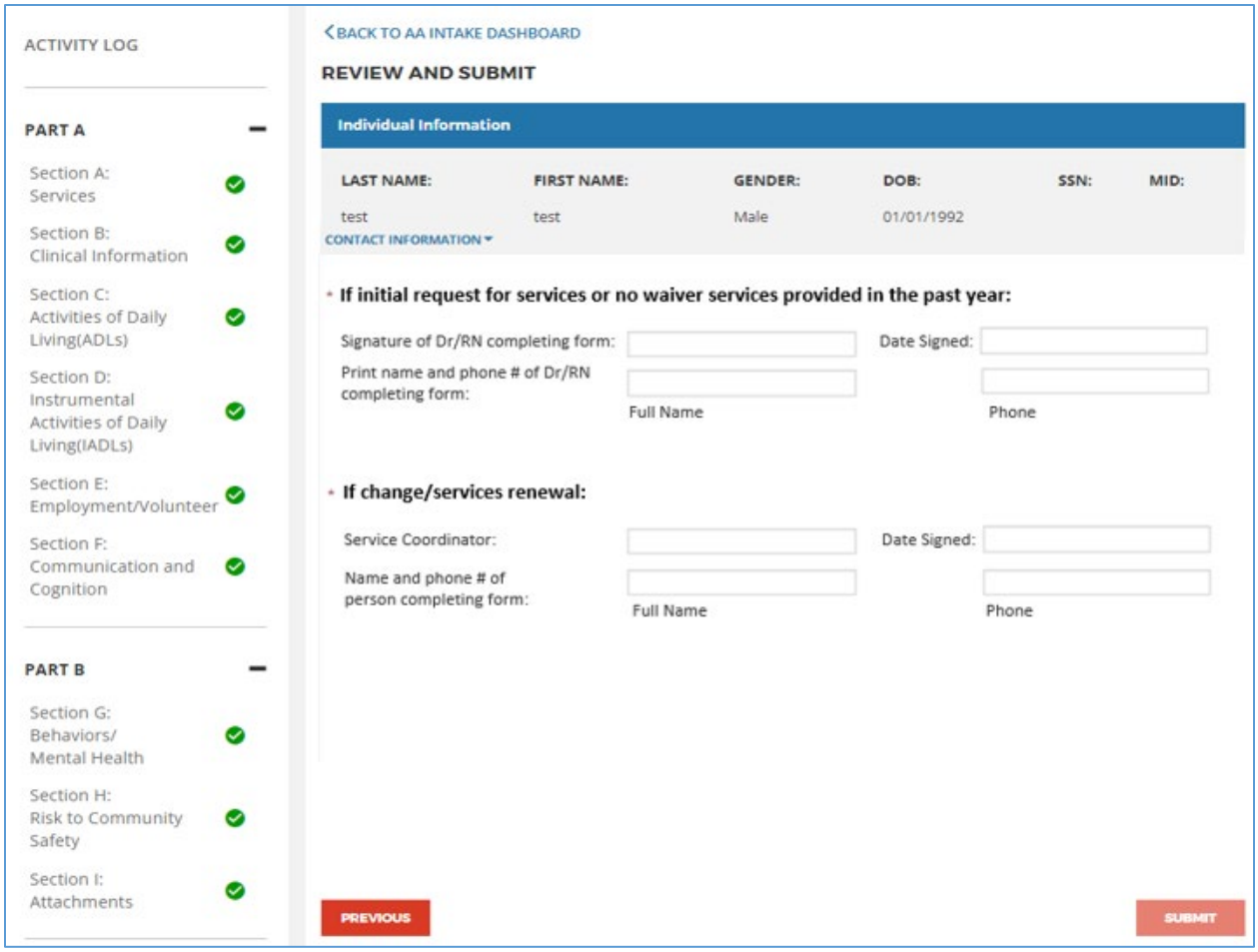
BACK TO AA INTAKE DASHBOARD
SECTION I - ATTACHMENTS
Individual Information
LAST NAME: FIRST NAME: GENDER: DOB: SSN: MID: DUCK ID:
test test Male 01/01/1992 0123465884 123456
CONTACT INFORMATION
Attachments that are required with this document are specified in the Mandatory Attachments section below.
Upload Instructions:
You can only upload .pdf, .doc, .docx, .txt, .xls, .xlsx, .gif, .png, .jpg, .jpeg, .tif and .tiff files up to 15MB in size.
You can upload a maximum of 10 files at a time.
Please make sure files are not password protected or .PDFs with fillable forms.
Select 'Submit' to complete the attachment process and send the document to the LTSS Unit.
NOTE: All attachment activities must be completed at one time.
MANDATORY ATTACHMENT
AA Eligibility Letter
SELECT FILE
OPTIONAL ATTACHMENTS
+ADD MORE
PREVIOUS
SAVE AND FINISH LATER
NEXT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PART B
Section G: Behaviors/ Mental Health
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Section I: Attachments
BACK TO AA INTAKE DASHBOARD
REVIEW AND SUBMIT
Individual Information
LAST NAME:
FIRST NAME:
GENDER:
DOB:
SSN:
MID:
test
test
Male
01/01/1992
CONTACT INFORMATION
* If initial request for services or no waiver services provided in the past year:
Signature of Dr/RN completing form:
Date Signed:
Print name and phone # of Dr/RN completing form:
Full Name
Phone
* If change/services renewal:
Service Coordinator:
Date Signed:
Name and phone # of person completing form:
Full Name
Phone
PREVIOUS
SUBMIT