

*John Elias Baldacci*  
Governor



*John R. Nicholas*  
Commissioner

Maine Department of Health and Human Services

**MR SERVICES AND SUPPORTS ASSESSMENT (V5)**

**Submitted by (Community Case Manager Name):** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_

<i>Client First Name</i>	<i>Client Last Name</i>	<i>SSN</i>

**CURRENT SERVICES**

<b>CASE MANAGEMENT</b>	<b>CURRENTLY RECEIVES</b>	
Individual Support Coordinator – State	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Community Case Management (Adult)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Community Case Management (Children)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family Member ISC	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>LEGAL/REGULATORY SERVICES</b>	<b>CURRENTLY RECEIVES</b>	
Guardian – Public	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Guardian – Private	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conservator – Public	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conservator – Private	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Correspondent – CAB	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Correspondent – Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Legal Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>FINANCIAL SERVICES</b>	<b>CURRENTLY RECEIVES</b>	
BDS Representative Payee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Representative Payee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Money Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mortuary Trust (Over Age 50)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

<b>ENVIRONMENTAL MODIFICATION/ ADAPTIVE EQUIPMENT</b>	<b>CURRENTLY RECEIVES</b>	
Environmental Access Modification	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Non – Access Modification	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adaptive Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

<b>SAFETY</b>	<b>CURRENTLY RECEIVES</b>	
Emergency Prevention Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency Crisis Behavior Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

<b>COMMUNITY ACTIVITIES</b>	<b>CURRENTLY RECEIVES</b>	
Recreation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Religious Spiritual	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

**Housing**

Type of Housing:	CURRENTLY RECEIVES	
Own Apartment/Home (No Support)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Own Apartment/Home (Partial Support)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Living with parents/relatives	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Boarding/Lodging House	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Assisted Living Program (Congregate)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unlicensed Residential Care Facilities (1-2 Beds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Level I Residential Care Facilities (1-2 Beds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Level II Residential Care Facilities (3-6 Beds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Level III Residential Care Facilities (3-6 Beds, Level I plus)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Level IV Residential Care Facilities (7 or more Beds)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ICF/MR Group	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ICF/MR Nursing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
General ICF Nursing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Homeless/Shelter	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hospital – Psychiatric	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hospital – Medical	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Residential Treatment – Substance Abuse	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Residential Treatment – Mental Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Correctional Facility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Correctional Halfway House	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Level of Support:	CURRENTLY RECEIVES	
Occasional family respite	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non-scheduled or on-call assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
No Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Regularly scheduled part-time assistance and/or supervision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24 hour on site assistance with intensive medical and/or behavioral supports	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24 hour on site assistance and training available	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Support of Housemates and/or relatives	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Planned Respite	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>DAY/EVENING SERVICES</b>	CURRENTLY RECEIVES	
Day Habilitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Personal Enrichment Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

**Education**

Education Type:	CURRENTLY RECEIVES	
Public/Private School	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adult Education	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Post Secondary	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Secondary Vocational School	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date of Expected Graduation		
Transition Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>TRANSPORTATION</b>	CURRENTLY RECEIVES	
Transportation – Routine	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Transportation – Non – Scheduled	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>WORK</b>	CURRENTLY RECEIVES	
Community Employment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sheltered Employment	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>PERSONAL SUPPORTS</b>	CURRENTLY RECEIVES	
Family Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vacation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family/Contact/Visitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Homemakers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Parent support/Skills training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Funeral Planning (Over age 50)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Self – Advocacy Training/Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Sexuality Education	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Personal Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Specify other personal services: \_\_\_\_\_

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b><i>EVALUATION AND TREATMENT SERVICES</i></b>	<b>CURRENTLY RECEIVES</b>	
Audiological Assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical Specialist	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, specify Medical Specialist		
Annual Medical Exam	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Last Annual Medical Exam Date:		
Home Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dental	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Annual Dental Date:		
Dental IV Sedation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapy – Day Hab	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapy – Home Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapy – Outpatient	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapy – Residential	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical Therapy – Day Hab	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical Therapy – Home Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical Therapy – Outpatient	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physical Therapy – Residential	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Psychiatric Evaluation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Psycho-active Med Review	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Psychological Evaluation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Counseling/Therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Behavioral Consultation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Services: Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mental Health Services Other: Please Specify		
Vision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date of Last Eye Examination:		
Family Planning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Routine Crisis Team Contact	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Evaluation and Treatment Services: Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Evaluation and Treatment Services Other: Please Specify		

Describe current services: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>COMMUNICATION</b>	<b>CURRENTLY RECEIVES</b>	
English as a second language	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech Therapy – Day habilitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech Therapy – Home Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech Therapy – Outpatient	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech Therapy – Residential	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sign Language Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gestural Language Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Picture Books	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facilitated Communication	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electronic Devices	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hearing Aids	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Describe current services: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**POTENTIAL GENERAL SERVICE NEEDS**

<b>CASE MANAGEMENT</b>	Potential Need	Date Determined	Status Change Date
Individual Support Coordinator – State	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community Case Management (Adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community Case Management (Children)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Member ISC	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Case Management: Describe Needed Service: \_\_\_\_\_

Case Management: Comments: \_\_\_\_\_

<b>LEGAL/REGULATORY</b>	Potential Need	Date Determined	Status Change Date
Guardian – Public	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardian – Private	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Conservator – Public	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Conservator – Private	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Correspondent – CAB	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Correspondent – Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Legal/Regulatory: Describe Needed Service: \_\_\_\_\_

Legal/Regulatory: Comments: \_\_\_\_\_

<b>FINANCIAL</b>	Potential Need	Date Determined	Status Change Date
BDS Representative Payee	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Representative Payee	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Money Management	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortuary Trust (Over Age 50)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Financial: Describe Needed Service: \_\_\_\_\_

Financial: Comments: \_\_\_\_\_

<b>ENVIRONMENTAL MODIFICATION /ADAPTIVE EQUIPMENT</b>	Potential Need	Date Determined	Status Change Date
Environmental Access Modification	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Non-Access Modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adaptive Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Environmental: Describe Needed Service: \_\_\_\_\_

Environmental: Comments: \_\_\_\_\_

<b><i>SAFETY</i></b>	Potential Need	Date Determined	Status Change Date
Emergency Prevention Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Crisis Behavior Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Safety: Describe Needed Service: \_\_\_\_\_

Safety: Comments: \_\_\_\_\_

<b>COMMUNITY ACTIVITIES</b>	Potential Need	Date Determined	Status Change Date
Recreation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Religious/Spiritual	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Community Activities: Describe Needed Service: \_\_\_\_\_

Community Activities: Comments: \_\_\_\_\_

<b><i>HOUSING</i></b>	Potential Need	Date Determined	Status Change Date
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Type: (Please check housing type that is needed)	<input type="checkbox"/> Own Apartment/Home (No Support) <input type="checkbox"/> Own Apartment/Home (Partial Support) <input type="checkbox"/> Living with parents/relatives <input type="checkbox"/> Boarding/Lodging House <input type="checkbox"/> Assisted Living Program (Congregate) <input type="checkbox"/> Unlicensed Residential Care Facilities (1-2 Beds) <input type="checkbox"/> Level I Residential Care Facilities (1-2 Beds) <input type="checkbox"/> Level II Residential Care Facilities (3-6 Beds) <input type="checkbox"/> Level III Residential Care Facilities (3-6 Beds, Level I plus) <input type="checkbox"/> Level IV Residential Care Facilities (7 or more Beds) <input type="checkbox"/> ICF/MR Group <input type="checkbox"/> ICF/MR Nursing <input type="checkbox"/> General ICF Nursing <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Hospital – Psychiatric <input type="checkbox"/> Hospital – Medical <input type="checkbox"/> Residential Treatment – Substance Abuse <input type="checkbox"/> Residential Treatment – Mental Health <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Correctional Halfway House		
Housing Level of Support: (Please choose level of support needed)	<input type="checkbox"/> Occasional family respite <input type="checkbox"/> Non-scheduled or on-call assistance <input type="checkbox"/> No support <input type="checkbox"/> Regularly scheduled part-time assistance and/or supervision <input type="checkbox"/> 24 hour on site assistance with intensive medical and/or behavioral supports <input type="checkbox"/> 24 hour on site assistance and training available <input type="checkbox"/> Support of housemates and/or relatives		

Planned Respite	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Housing: Describe Needed Service: \_\_\_\_\_

Housing: Comments: \_\_\_\_\_

<b>EDUCATION</b>	Potential Need	Date Determined	Status Change Date
Education	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Type: (Please check education type that is needed)	<input type="checkbox"/> Public/Private School <input type="checkbox"/> Adult Education <input type="checkbox"/> Post Secondary <input type="checkbox"/> Secondary/Vocational School		
Transition Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Education: Describe Needed Service: \_\_\_\_\_

Education: Comments: \_\_\_\_\_

<b>TRANSPORTATION</b>	Potential Need	Date Determined	Status Change Date
Transportation – Routine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation – Non-Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Transportation: Describe Needed Service: \_\_\_\_\_

Transportation: Comments: \_\_\_\_\_

<b>WORK</b>	Potential Need	Date Determined	Status Change Date
Community Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sheltered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Work: Describe Needed Service: \_\_\_\_\_

Work: Comments: \_\_\_\_\_

**POTENTIAL PERSONAL/EVALUATION NEEDS**

<b>PERSONAL SUPPORTS</b>	Potential Need	Date Determined	Status Change Date
Family Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family/Contact/Visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Homemakers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent support/Skills training	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Funeral Planning (Over age 50)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Advocacy Training/Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sexuality Education	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Personal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Supports: Specify Other			

Personal Supports: Describe Needed Service: \_\_\_\_\_

Personal Supports: Comments: \_\_\_\_\_

<b>EVALUATION AND TREATMENT SERVICES</b>	Potential Need	Date Determined	Status Change Date
Audiological Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify Medical Specialist			
Annual Medical Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dental IV Sedation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapy – Day Hab	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapy – Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapy – Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupational Therapy – Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Therapy – Day Hab	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Therapy – Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Therapy – Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Therapy – Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychiatric Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psycho-active Med Review	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Psychological Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Counseling/Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Behavioral Consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mental Health Services Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mental Health Services Other: Specify			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Routine Crisis Team Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evaluation/Treatment Services Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evaluation/Treatment Services Other: Specify			

Eval/Treatment Services: Describe Needed Service: \_\_\_\_\_

Eval/Treatment Services: Comments: \_\_\_\_\_

**POTENTIAL COMMUNICATION NEEDS**

<b>COMMUNICATION</b>	Potential Need	Date Determined	Status Change Date
English as a second language	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech Therapy – Day Hab	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech Therapy – Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech Therapy – Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Speech Therapy – Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sign Language Training	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gestural Language Training	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Picture Books	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Facilitated Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electronic Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hearing Aids	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Communication: Describe Needed Service: \_\_\_\_\_

\_\_\_\_\_

Communication: Comments: \_\_\_\_\_

\_\_\_\_\_

**UNMET CASE MGMT/LEGAL NEEDS**

<b>CASE MANAGEMENT</b>		REASON FOR NEED	DATE DETERMINED	ISC WAITLIST PRIORITY	DATE MET	DATE DECLINED
Individual Support Coordinator – State	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Consumer Choice <input type="checkbox"/> No ISC (community or private available)		<input type="checkbox"/> No Health and Safety Jeopardy <input type="checkbox"/> Potential Health and Safety Jeopardy <input type="checkbox"/> Immediate Health and Safety Jeopardy		
Community Case Management (Adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Consumer Choice <input type="checkbox"/> No ISC (community or private available)		<input type="checkbox"/> No Health and Safety Jeopardy <input type="checkbox"/> Potential Health and Safety Jeopardy <input type="checkbox"/> Immediate Health and Safety Jeopardy		
Community Case Management (Children)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Consumer Choice <input type="checkbox"/> No ISC (community or private available)		<input type="checkbox"/> No Health and Safety Jeopardy <input type="checkbox"/> Potential Health and Safety Jeopardy <input type="checkbox"/> Immediate Health and Safety Jeopardy		
Family Member ISC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Consumer Choice <input type="checkbox"/> No ISC (community or private available)		<input type="checkbox"/> No Health and Safety Jeopardy <input type="checkbox"/> Potential Health and Safety Jeopardy <input type="checkbox"/> Immediate Health and Safety Jeopardy		

Case Management: Describe Needed Service: \_\_\_\_\_

Case Management Comments on Action to Meet Need: \_\_\_\_\_

<b>LEGAL/REGULATORY</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Guardianship – Public	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support <input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			
Guardianship - Private	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support <input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			
Conservator – Public	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support			

		<input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			
Conservator – Private	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support <input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			
Correspondent – CAB	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support <input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			
Correspondent – Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support <input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			
Legal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need decision making support <input type="checkbox"/> Need legal protection support <input type="checkbox"/> Need court representation <input type="checkbox"/> Need more accessible/ available support <input type="checkbox"/> Need legal Assistance/ Direction			

Legal Services: Describe Needed Service: \_\_\_\_\_

Legal ServicesComments on Action to Meet Need: \_\_\_\_\_

<b>FINANCIAL</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
BDS Representative Payee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need more support/time <input type="checkbox"/> Need same support with additional skills <input type="checkbox"/> Need more accessible/available support <input type="checkbox"/> Need reduced support <input type="checkbox"/> Need more planning <input type="checkbox"/> Need to learn new skill <input type="checkbox"/> Need for natural support <input type="checkbox"/> Consumer choice			
Other Representative Payee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need more support/time <input type="checkbox"/> Need same support with additional			

		skills <input type="checkbox"/> Need more accessible/available support <input type="checkbox"/> Need reduced support <input type="checkbox"/> Need more planning <input type="checkbox"/> Need to learn new skill <input type="checkbox"/> Need for natural support <input type="checkbox"/> Consumer choice			
Money Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need more support/time <input type="checkbox"/> Need same support with additional skills <input type="checkbox"/> Need more accessible/available support <input type="checkbox"/> Need reduced support <input type="checkbox"/> Need more planning <input type="checkbox"/> Need to learn new skill <input type="checkbox"/> Need for natural support <input type="checkbox"/> Consumer choice			
Mortuary Trust (Over Age 50)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need more support/time <input type="checkbox"/> Need same support with additional skills <input type="checkbox"/> Need more accessible/available support <input type="checkbox"/> Need reduced support <input type="checkbox"/> Need more planning <input type="checkbox"/> Need to learn new skill <input type="checkbox"/> Need for natural support <input type="checkbox"/> Consumer choice			

Financial: Describe Needed Service: \_\_\_\_\_

Financial Comments on Action to Meet Need: \_\_\_\_\_

**UNMET COMMUNITY/SAFETY/HOUSING NEEDS**

<b><i>ENVIRONMENTAL MODIFICATION/ADAPTIVE EQUIPMENT</i></b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Environmental Access Modification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need Barrier Free <input type="checkbox"/> Need Adaptive Equipment Training <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need Safety Equipment <input type="checkbox"/> Need Environmental Protections			
Other Non-Access Modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need Barrier Free <input type="checkbox"/> Need Adaptive Equipment Training <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need Safety Equipment <input type="checkbox"/> Need Environmental Protections			
Adaptive Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need Barrier Free <input type="checkbox"/> Need Adaptive Equipment Training <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need Safety Equipment <input type="checkbox"/> Need Environmental Protections			

Environmental Mod/Adapt. Equipment: Describe Needed Service: \_\_\_\_\_

Environmental Mod/Adapt. Equipment Comments on Action to Meet Need: \_\_\_\_\_

<b><i>SAFETY</i></b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Emergency Prevention Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unsheduled Transportation <input type="checkbox"/> Consumer Choice <input type="checkbox"/> Need Personal Protection <input type="checkbox"/> Need Available Intervention <input type="checkbox"/> Need Behavior Management Plan			
Emergency Crisis Behavior Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support			

		<input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unsheduled Transportation <input type="checkbox"/> Consumer Choice <input type="checkbox"/> Need Personal Protection <input type="checkbox"/> Need Available Intervention <input type="checkbox"/> Need Behavior Management Plan			
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Safety: Describe Needed Service: \_\_\_\_\_

Safety Comments on Action to Meet Need: \_\_\_\_\_

<b>COMMUNITY ACTIVITIES</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Recreation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need more Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unsheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Religious/Spiritual	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need more Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unsheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			

Community Activities: Describe Needed Service: \_\_\_\_\_

Community Activities Comments on Action to Meet Need: \_\_\_\_\_

<b>RESIDENTIAL</b>	REASON FOR NEED		DATE DETERMINED	DATE MET	DATE DECLINED
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Housing Type: (Please choose housing type needed)	<input type="checkbox"/> Own Apartment/Home (No Support) <input type="checkbox"/> Own Apartment/Home (Partial Support) <input type="checkbox"/> Live with parents/relatives <input type="checkbox"/> Boarding/Lodging House <input type="checkbox"/> Assisted Living Program (Congregate) <input type="checkbox"/> Unlicensed Residential Care (1-2 Beds) <input type="checkbox"/> Level I Residential Care Facilities (1-2 Beds) <input type="checkbox"/> Level II Residential Care Facilities (3-6 Beds) <input type="checkbox"/> Level III Residential Care Facilities (3-6 Beds, Level I plus) <input type="checkbox"/> Level IV Residential Care Facilities (7 or more Beds)		<input type="checkbox"/> ICF/MR Group <input type="checkbox"/> ICF/MR Nursing <input type="checkbox"/> General ICF Nursing <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Hospital – Psychiatric <input type="checkbox"/> Hospital – Medical <input type="checkbox"/> Residential Treatment – Substance Abuse <input type="checkbox"/> Residential Treatment – Mental Health <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Correctional Halfway House		
Housing Level of Support (Please choose Level of support needed)	<input type="checkbox"/> No Support <input type="checkbox"/> Support of Housemates and/or Supervision <input type="checkbox"/> Regularly Scheduled Part-Time Assistance and/or Supervision		<input type="checkbox"/> 24 hr on site assistance & training <input type="checkbox"/> 24 hr on site assistance with Intensive Medical and/or Behavioral Supports <input type="checkbox"/> Occasional Family Respite <input type="checkbox"/> Non-Scheduled or On-Call Assistance		
Relocation to Another Residence Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is New Development Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Planned Respite	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			

Housing: Describe Needed Service: \_\_\_\_\_

Housing Comments on Action to Meet Need: \_\_\_\_\_

**UNMET DAY SERVICE/WORK NEEDS**

<b>DAY/EVENING SERVICES</b>		REASON FOR NEED	DATE DETERMINED	ISC WAITLIST PRIORITY	DATE MET	DATE DECLINED
Day Habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need for Reduced Support <input type="checkbox"/> Need for Additional Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Retirement <input type="checkbox"/> Need Barrier Free Environment <input type="checkbox"/> Support/Service Not Available <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice		<input type="checkbox"/> No Health and Safety Jeopardy <input type="checkbox"/> Potential Health and Safety Jeopardy <input type="checkbox"/> Immediate Health and Safety Jeopardy		
Personal Enrichment Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need for Reduced Support <input type="checkbox"/> Need for Additional Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Retirement <input type="checkbox"/> Need Barrier Free Environment <input type="checkbox"/> Support/Service Not Available <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice		<input type="checkbox"/> No Health and Safety Jeopardy <input type="checkbox"/> Potential Health and Safety Jeopardy <input type="checkbox"/> Immediate Health and Safety Jeopardy		

Day/Evening Services: Describe Needed Service: \_\_\_\_\_

Day/Evening Services Comments on Action to Meet Need: \_\_\_\_\_

<b>EDUCATION</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Public School Program <input type="checkbox"/> Public School Unable or Unwilling to Meet Need <input type="checkbox"/> Needs Skill Development/ Personal Enrichment <input type="checkbox"/> Aged Out of School			

		<input type="checkbox"/> Support/Service Not Available <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Education Type: (Please choose type of education needed)	<input type="checkbox"/> No Educational Service Needed <input type="checkbox"/> Public/Private School <input type="checkbox"/> Adult Education	<input type="checkbox"/> Post Secondary <input type="checkbox"/> Secondary Vocational School			

Education Services: Describe Needed Service: \_\_\_\_\_

Education Services Comments on Action to Meet Need: \_\_\_\_\_

<b>TRANSPORTATION</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Transportation – Routine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> No Provider Available			
Transportation – Non-Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> No Provider Available			

Transportation: Describe Needed Service: \_\_\_\_\_

Transportation Comments on Action to Meet Need: \_\_\_\_\_

<b>WORK</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Community Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Job Ready <input type="checkbox"/> Need for Reduced Support <input type="checkbox"/> Need for Additional Support <input type="checkbox"/> Job Coaching Unavailable <input type="checkbox"/> Need for Job Change <input type="checkbox"/> Lost Job <input type="checkbox"/> Need Special Accommodations <input type="checkbox"/> Need Additional Training <input type="checkbox"/> Seeking More Hours of Work <input type="checkbox"/> Long Term Support <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Wants to Work – No Assessment/ Training <input type="checkbox"/> Support/Service Not Available <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			

Sheltered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Job Ready <input type="checkbox"/> Need for Reduced Support <input type="checkbox"/> Need for Additional Support <input type="checkbox"/> Job Coaching Unavailable <input type="checkbox"/> Need for Job Change <input type="checkbox"/> Lost Job <input type="checkbox"/> Need Special Accomodations <input type="checkbox"/> Need Additional Training <input type="checkbox"/> Seeking More Hours of Work <input type="checkbox"/> Long Term Support <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Wants to Work – No Assessment/ Training <input type="checkbox"/> Support/Service Not Available <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
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Work: Describe Needed Service: \_\_\_\_\_

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Work Comments on Action to Meet Need: \_\_\_\_\_

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**UNMET PERSONAL/EVALUATION NEEDS**

<b><i>PERSONAL SUPPORTS</i></b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Family Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Family/Contact/Visitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Homemakers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Parent Support/Skills Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional			

		Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Funeral Planning (Over Age 50)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Self-Advocacy Training/ Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Sexuality Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Other Personal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support With Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> Provider Not Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support			

		<input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
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Personal Supports: Describe Needed Service: \_\_\_\_\_

Personal Supports Comments on Action to Meet Need: \_\_\_\_\_

<b>EVALUATION AND TREATMENT SERVICES</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
Audiological Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Medical Specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Home health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Annual Medical Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist			

		<input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Dental IV Sedation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Occupational Therapy – Day Hab	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Occupational Therapy – Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Occupational Therapy – Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist			

		<input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Occupational Therapy – Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Physical Therapy – Day Hab	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Physical Therapy – Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Physical Therapy – Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Physical Therapy – Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist			

		<input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Psychiatric Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Psycho-active Med Review	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Psychological Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Counseling/Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Behavioral Consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist			

		<input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Mental Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Family Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			
Routine Crisis Team Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Change <input type="checkbox"/> Needs Assessment/Evaluation <input type="checkbox"/> Needs More Sessions/Time <input type="checkbox"/> Needs Same Services/Support with More Skilled Provider <input type="checkbox"/> Needs More Accessible/ Available Support <input type="checkbox"/> Needs Reduced Services/ Support <input type="checkbox"/> Needs Specialist <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Consumer Choice			

Eval/Treat Services: Describe Needed Service: \_\_\_\_\_

Eval/Treat Services Comments on Action to Meet Need: \_\_\_\_\_

**UNMET COMMUNICATION NEEDS**

<b>COMMUNICATION</b>		REASON FOR NEED	DATE DETERMINED	DATE MET	DATE DECLINED
English as a second language	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Speech Therapy – Day Hab	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Speech Therapy – Home Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Speech Therapy – Outpatient	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation			

		<input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Speech Therapy- Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Sign Language Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Gestural Language Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Picture Books	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Facilitated Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time			

		<input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			
Electronic Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Need <input type="checkbox"/> Need More Support/Time <input type="checkbox"/> Need Same Support with Additional Skills <input type="checkbox"/> Need More Accessible/ Available Support <input type="checkbox"/> No Provider Available <input type="checkbox"/> Need Reduced Support <input type="checkbox"/> Need More Planning <input type="checkbox"/> Need to Learn New Skill <input type="checkbox"/> Need for Natural Support <input type="checkbox"/> Need for Unscheduled Transportation <input type="checkbox"/> Funding Not Available <input type="checkbox"/> Consumer Choice			

Communication: Describe Needed Service: \_\_\_\_\_

Communication Comments on Action to Meet Need: \_\_\_\_\_

