HEALTH ASSESSMENT TOOL Revised 3/11/02

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5) Date of entrance into waiver: 6) Current ISP date: 7 Name & Title of Reviewer: 8 Residential Provider Agency: Day Program Agency: 9 Level of Service (home based, assisted living, supported living):	1) Po	erson's Name:2) Soc. Sec. #:
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limited use of their extremities. The person may need some assistance to propel their wheelchair. The person may require lateral stabilizers, belts, trays, or harness in wheelchair to maintain upright position. 4. The person's disability prevents them from sitting in an upright position. The person served requires staff assist to change their position, shift their weight in wheelchair or bed and/or to propel the wheelchair. The person is non	_	
require lateral stabilizers, belts, trays, or harness in wheelchair to maintain upright position. 4. The person's disability prevents them from sitting in an upright position. The person served requires staff assist to change their position, shift their weight in wheelchair or bed and/or to propel the wheelchair. The person is non	3.	
 The person's disability prevents them from sitting in an upright position. The person served requires staff assist to change their position, shift their weight in wheelchair or bed and/or to propel the wheelchair. The person is non 		
to change their position, shift their weight in wheelchair or bed and/or to propel the wheelchair. The person is non	4.	
		ambulatory.