

ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING

Name – SSI Member (Last, First, MI) _____

NOTE: If a person resides with a spouse or is a minor child residing with a legal parent, only services received/needed when the spouse or parent is away from the residence for purposes of employment or which the spouse or parent is physically or mentally incapable of providing count toward the 40-hour requirement (s. 49.77(3s)(b) 1 and 2).

SUPPORTIVE HOME CARE (SHC)

If the person requires the assistance of another person in the following areas, enter the approximate hours per month.

Care of the Person			Respite
_____ 1. Eating meals	_____ 8. Planning/accessing leisure time activities	_____ 15. Respite	
_____ 2. Changing position in bed	_____ 9. Finance/bill paying		
_____ 3. Transferring from bed/wheelchair	_____ 10. Physically accessing medical care		Other
_____ 4. Using the toilet and/or controlling bladder or bowel	_____ 11. On-site supervision	_____ 16. Other—specify:	
_____ 5. Personal mobility	_____ 12. Grocery shopping/food preparation/clean-up		
_____ 6. Bathing, grooming/dressing	_____ 13. Housework/laundry		
_____ 7. Medical support	_____ 14. Yard work/snow shoveling	_____ TOTAL Monthly Hours of SHC	

DAILY LIVING SKILLS TRAINING (DLST)

If the person needs training in the following areas, enter the approximate number of hours per month.

_____ 1. Personal hygiene, grooming, and dressing	_____ 6. Purchasing necessities: food/clothes	_____ 11. BIRTH to 3 program for children
_____ 2. Planning/preparing food/clean-up	_____ 7. Socialization skills/leisure activities	_____ 12. Medical support
_____ 3. Laundry activities	_____ 8. Developing appropriate sexual behaviors	_____ 13. Consumer training
_____ 4. Housekeeping	_____ 9. Parenting skills/family relationships	_____ 14. Other—specify:
_____ 5. Budgeting and/or using the banking system	_____ 10. Accessing public/private transportation	_____ TOTAL Monthly Hours of DLST

If the total hours of SHC and DLST needed are 40 or more hours per month, the person is eligible for SSI-E.

Keep in agency case file