

## Appendix 11c ■ Deinstitutional Services Functional Needs Assessment Grid

<b>Resident's Name:</b>		<b>Care Manager:</b>										
<b>Diagnoses:</b>		<b>Date:</b>										
<b>Cognitive/Behavioral Issues that Affect Functioning:</b>		<p><b>Use instructions to score ADLs/IADLs. Functioning Level in Facility:</b> Indicates the level at which the resident now performs the function. <b>Current Help:</b> Indicates the type (if any) of human assist the resident receives. <b>Anticipated for Discharge: Will Need (More) Help or Change in Help:</b> Note initial assessment of help/resources needed for resident to make a successful transition to community. Include IADLs resident may not be performing while living in the facility.</p>										
		<b>Functioning Level in Facility</b>					<b>Current Help</b>				<b>Anticipated for Discharge</b>	
<p><b>Instructions for Comments</b>                  Comments need to support the scoring. Indicate how resident currently performs the activities. Identify source of limitation; note devices, formal/informal assistance and who is assisting the resident; note difficulties related to fatigue, length of time to complete, etc.</p>		Independent	Verbal Cueing	Stand-by Assistance	Hands-on Assistance	Dependent	Para Medical	Device	Formal Help	Informal Help	Needs No Help	<b>Will Need More Help or Change in Help</b>
<b>Activities of Daily Living (ADLs)</b>	<b>Comments</b>											
Eating*												
Dressing*												
Transferring*												
Bathing*												
Toileting*												
Grooming*												
<b>Instrumental ADLs</b>	<b>Comments</b>											
Stair Climbing												
Mobility Indoor												
Mobility Outdoor												
Housework												
Laundry												
Shopping & Errands												
Meal Prep & Cleanup												
Transportation												
Telephone												
Medications												
Money Management												
<p><b>Check Evaluations Needed</b>  <input type="checkbox"/> Physical Therapy  <input type="checkbox"/> Nutrition  <input type="checkbox"/> Speech  <input type="checkbox"/> Occupational Therapy  <input type="checkbox"/> Other:</p>	<b>Comments</b>											