

## Appendix 19a • Initial Psychosocial Assessment

<b>Client Name</b>		<b>MSSP #</b>	
<b>Assessment Date</b>		<b>Staff Code</b>	
<b>Staff Signature/Title</b>			
<b>Living Arrangements</b>			
What is the client's usual living situation?			
<input type="checkbox"/> Apartment	<input type="checkbox"/> Board & Care	<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home
<input type="checkbox"/> Other:			
Describe:			
<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Subsidized	
Who lives with client?			
<b>General</b>			
Occupational history:			
Significant current and past activities and/or interests (including religious and social activities, pets, etc.)			
<b>Financial</b>			
How is client managing financially?			
<input type="checkbox"/> Problematic expenses		<input type="checkbox"/> Budget	
<input type="checkbox"/> Entitlements	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Medicare	<input type="checkbox"/> IHSS
<input type="checkbox"/> Other: Explain			
Does client have?			
<input type="checkbox"/> A Conservator	<input type="checkbox"/> Substitute Payee	<input type="checkbox"/> Someone with Power off Attorney	<input type="checkbox"/> Someone with Durable Power of Attorney for Health Care?

**California Department of Aging, Multipurpose Senior Services Program**

MSSP Site Manual

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<b>Family and Social Network</b>		
Who visits the client and how often?		
How often does client leave the house and where does client go?		
Describe the client's informal support system (direct help, emotional support, friendships, etc.)		
<b>Name</b>	<b>Relationship</b>	<b>Describe support provided, problems, quality:</b>
Is there an apartment manager or neighbor who can be called if necessary?		
<input type="checkbox"/> Yes	If yes, who?	Phone (optional)
<input type="checkbox"/> No		
Other comments:		
<b>Environmental Safety</b>		
Must client climb stairs to enter or leave house?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Particular problems, describe:

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Environmental Safety Special Equipment Checklist:		
	Does Client <b>Have</b> ?	Does Client <b>Need</b> ?
Tub	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand-held shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath bench	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grab bars, toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grab bars, shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grab bars, tub	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Raised toilet seat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency response system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Check any of the following which are problems:

<input type="checkbox"/> Loose rugs	<input type="checkbox"/> Inadequate kitchen facilities
<input type="checkbox"/> Electrical cords	<input type="checkbox"/> Inadequate bathroom facilities
<input type="checkbox"/> Cluttered house	<input type="checkbox"/> Inadequate heating
<input type="checkbox"/> Unclean house	<input type="checkbox"/> Inadequate cooling
<input type="checkbox"/> Unsafe stairs	<input type="checkbox"/> Phone Accessibility
<input type="checkbox"/> Other:	

Comments/Describe:

  

**Formal Services Received Last Month (Pre-MSSP):**

Comments/Describe:

IHSS: # \_\_\_ Hours

Transportation:

Meals:

Day Care:

Other: