

### Appendix 19d ■ Functional Needs Assessment Grid

Client:						MSSP #:					Date:		
ADL/IADL FUNCTIONING	Safe Functioning Level						Current Help					Instructions for ADL/IADL Functioning	
	Independent	Verbal Cueing	Stand-by Assistance	Hands-on Assistance	Dependent	Para Medical	Device	Formal Help	Informal Help	Needs No Help	Needs More Help	<b>Safe Functioning Level:</b>	Mark the box indicating the level at which the client can safely perform the function.
												<b>Current Help:</b>	Mark the box(s) indicating the type (if any) of help the client currently receives.
												<b>Needs More Help:</b>	Mark the box if the client needs more help than currently receiving
<b>*ADLs</b>												<b>Comments</b>	
Eating*													
Dressing*													
Transferring*													
Bathing*													
Toileting*													
Grooming*													
Medications													
Stair Climbing													
Mobility Indoor													
Mobility Outdoor													
Housework													
Laundry													
Shopping & Errands													
Meal Prep & Cleanup													
Transportation													
Telephone													
Money Management													
<b>EQUIPMENT NEEDS</b>												Additional Comments:	