**Developmental Disabilities (DD) Level of Care**

1. **Condition**
	1. A medical or psychological evaluation from a qualified clinician must be on file. Submission of the standardized diagnosis form is required, including the clinician’s license number, signature, and date.
	2. Children birth through age 9 **(If yes to the following 3 questions, the individual has a DD level of care. No further assessment is required.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | Does the individual have a substantial developmental delay or a specific diagnosed congenital/acquired condition? |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Is the diagnosed delay or condition attributable to a mental or physical impairment or combination of mental/physical impairments **other than** an impairment solely caused by mental illness? |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Without services and supports, is the diagnosed condition likely to result in at least three substantial functional limitations, as defined in section 2, later in life? |
|  |  |  |  |

* 1. Ages 10 and above

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | Does the individual have a diagnosed severe, chronic disability? |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Is the diagnosed disability attributable to a mental or physical condition or combination of mental/physical impairments **other than** a sole mental health condition? |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Was the diagnosed disability manifested before the age of 22 |
|  |  |  |  |  |
|  | Yes |  | No | Is the diagnosed disability likely to continue indefinitely |
|  |  |  |  |  |

1. **Areas of major life activity**
	1. **Self-care**

|  |  |
| --- | --- |
| 1. | The individual is able to cleanse one’s body by showering, sponge bath, or other generally acceptable method  |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 2. | The individual is able to complete oral hygiene (tooth-brushing, denture care, etc.) tasks   |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 3. | The individual is able to perform tasks related to hair care (brushing, styling, etc.)  |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 4. | The individual is able to perform nail care tasks (cleaning, trimming, etc.)  |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 5. | The individual is able to shave (facial hair, underarms, legs, etc.), if needed |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 6. | The individual is able to apply deodorant |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 7. | The individual is able to complete activities necessary to eliminate and dispose of bodily waste by using a commode, bedpan or urinal; changing incontinence or feminine hygiene supplies; cleansing self (eliminate?); or managing an ostomy or catheter |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 8. | The individual is able to put on and fasten AND unfasten and take off items of clothing or prostheses |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 9. | The individual is able to feed oneself, including the processes of getting food into one’s mouth, chewing and swallowing and/or managing a feeding tube |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

* 1. **Receptive and expressive language**

|  |  |
| --- | --- |
| 1. | The individual is able to express needs and wants in a manner that is understandable to people who do not know the individual using spoken, written, signed, electronic, or mechanical means |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment |
|  |  |  |  |
|  | Yes |  | No | With the assistance of another person  |
|  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 2. | The individual is able to understand people who communicate through spoken, written, signed, electronic, or mechanical means |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment |
|  |  |  |  |
|  | Yes |  | No | With the assistance of another person  |
|  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

* 1. **Learning/Cognition**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes |  | No | The individual is able to identify the current year |
|  |  |  |  |  |
|  | Yes |  | No | The individual is able to identify the current season |
|  |  |  |  |  |
|  | Yes |  | No | The individual is able to identify the current day |
|  |  |  |  |  |
|  | Yes |  | No | The individual is able to identify the current month |
|  |  |  |  |  |
|  | Yes |  | No | The individual identifies own date of birth |
|  | Yes |  | No | Individual identifies education or employment location |
|  |  |  |  |  |
|  | Yes |  | No | Individual identifies own street address |

|  |  |
| --- | --- |
| 1. | The individual is able to complete activities within the home that require remembering, decision-making, or judgment (Should this be with learning/cognition or self-direction? For ages 16+ only?) |
|  | Yes |  | No | Independently - The person can be left alone without any supervision |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With assistive technology to obtain assistance, if needed |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With another person checking in daily. |
|  |  |  |  |  |
|  | Yes |  | No | With another person present for at least half of the person’s waking hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the presence of another person for all waking hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the presence of another person throughout the day and night |
|  |  |  |  |

* 1. **Mobility**

|  |  |
| --- | --- |
| 1. | The individual is able to move between locations by ambulation or other means, including the ability to use stairs, navigate curbs, and travel on uneven surfaces |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 2. | The individual is able to position oneself while in a seated position or turning from side to side while lying down |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 3. | The individual is able to transfer between surfaces, such as to/from bed, chair, tub, standing position  |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 4. | The individual is able to cross streets safely by using crosswalks, following traffic signals, etc. |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

* 1. **Self-direction**

|  |  |
| --- | --- |
| 1. | The individual is able to complete activities within the home that require remembering, decision-making, or judgment (Should this be here or with learning/congition? For ages 16+ only) |
|  | Yes |  | No | Independently - The person can be left alone without any supervision |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With assistive technology to obtain assistance, if needed |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With another person checking in daily. |
|  |  |  |  |  |
|  | Yes |  | No | With another person present for at least half of the person’s waking hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the presence of another person for all waking hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the presence of another person throughout the day and night |
|  |  |  |  |

|  |  |
| --- | --- |
| 2. | The individual is able to make decisions about daily routines that are consistent with one’s own lifestyle, values, and goals (For ages 16+ only?) |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With assistance of another person for new/unfamiliar situations |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With assistance of another person for reminding, planning, or adjusting routine, even with familiar situations |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person most or all of the time. |
|  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| 3. | The individual is able to ask for help, when needed, for physical, emotional, or practical needs |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 4. | The individual is able to occupy self and follow rules for short periods of time |
|  | Yes |  | No | Independently - The person can be left alone without any supervision Under age 12 - able to be left alone for at least 2 hours with a responsible adult in another area of the houseAges 12 – 15 able to remain alone for at least two hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With assistive technology to obtain assistance, if needed |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With another person checking in daily |
|  |  |  |  |  |
|  | Yes |  | No | With another person present for at least half of the person’s waking hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the presence of another person for all waking hours |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the presence of another person throughout the day and night |
|  |  |  |  |

|  |  |
| --- | --- |
| 5. | The individual is able to make informed choices that are unlikely to result in harm to self or others |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently - Within a structured environment only |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With supervision of another person within a structured/familiar environment |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With supervision of another person in public/community settings |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of more than one person in public or unfamiliar settings |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 6. | Indicate frequency of support required by the individual within the past 12 months to prevent the following types of behaviors from occurring or to intervene when they occur. (May or may not factor into LOC determination, but is a BIPP core data element) |
|  | NotApplicable | Less than monthly | Monthly | At least once weekly | Daily | 2 or more times per day |
| Injury to self | ○ | ○ | ○ | ○ | ○ | ○ |
| Injury to others | ○ | ○ | ○ | ○ | ○ | ○ |
| Property destruction | ○ | ○ | ○ | ○ | ○ | ○ |
| Wandering | ○ | ○ | ○ | ○ | ○ | ○ |
| Sexual offending  | ○ | ○ | ○ | ○ | ○ | ○ |

* 1. **Capacity for independent living**

|  |  |
| --- | --- |
| 1. | The individual is able to identify grocery, clothing, and household items needing purchased |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable (N/A for individuals under age 16) |

|  |  |
| --- | --- |
| 2. | The individual is able to obtain or purchase needed items, including groceries, clothing, and other household items |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable (N/A for individuals under age 16) |

|  |  |
| --- | --- |
| 3. | The individual is able to prepare or cook food for oneself (Individuals under age 16 – able to prepare a snack) |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable  |

|  |  |
| --- | --- |
| 4. | The individual is able to maintain cleanliness of the living environment by completing essential housework tasks (For individuals under age 16 – Able to participate in housework tasks) |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 5. | The individual is able to use technology to connect to community services and supports, including phones, computers, mobile devices, etc. |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 6. | The individual is able to access and use transportation (For individuals under age 16 – Able to access neighborhood resources) |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 7. | The individual is able to wash and dry one’s clothing and household items by machine or by hand |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable (N/A for individuals under age 16) |

* 1. **Economic self-sufficiency** (\*\*\*\*CHANGE NAME\*\*\*\*) (N/A for individuals under age 16)

|  |  |
| --- | --- |
| 1. | The individual is able to maintain competitive community employment or self-employment earning at least minimum wage |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment or other reasonable accommodations |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With intermittent supports, coaching, or follow-along by another person |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With support/coaching by another person for the entire shift  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The individual is not able to maintain competitive community employment or self-employment. |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable (N/A for individuals under age 18) |

|  |  |
| --- | --- |
| 2. | The individual is able to identify money needed to make purchases |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 3. | The individual is able to secure money in a safe location and to access it , when needed (Does not include assistance with transportation) |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 4. | The individual is able to make simple purchases (Does not include transportation to locations) |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable |

|  |  |
| --- | --- |
| 5.  | The individual is able to pay all bills/household expenses |
|  | Yes |  | No | Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | With prompts to initiate from another person |
|  |  |  |  |  |
|  | Yes |  | No | With the assistance of another person to set-up or complete the task  |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | The activity must be performed by another person on the individual’s behalf |
|  |  |  |  |
|  |  |  |  |  |
|  | Yes |  | No | Not applicable (N/A for individuals under age 18) |

* 1. **Health-related supports**

|  |  |
| --- | --- |
| 1.  | Frequency with which the individual requires assistance with medication administration .  |
| Not applicable(N/A for individuals under 18) | Monthly | Weekly | Daily | Twice daily | More than twice daily |
| ○ | ○ | ○ | ○ | ○ | ○ |

|  |  |
| --- | --- |
| 2.  | Frequency with which the individual requires supports from the following health care providers for monitoring, assessment, or treatment of diagnosed conditions. Include direct service to the individual or any supervision of that service by the clinical specialist. Also include services provided by other specialists orassistants under the direct and regular supervision of the clinical specialist listed. |
|  | Not Applicable | Less than monthly | At least once per month | At least once per week | Daily | Two or more times daily |
| Nurse (RN/LPN) | ○ | ○ | ○ | ○ | ○ | ○ |
| Speech Therapist | ○ | ○ | ○ | ○ | ○ | ○ |
| Physical Therapist | ○ | ○ | ○ | ○ | ○ | ○ |
| OccupationalTherapist  | ○ | ○ | ○ | ○ | ○ | ○ |