Appendix 19a ▪ Initial Psychosocial Assessment

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

Client Name		MSSP #	
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Family and Social Network

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.)

Name	Relationship	Describe support provided, problems, quality:

Is there an apartment manager or neighbor who can be called if necessary?

☐ Yes ☐ No	If yes, who?	Phone (optional)

Other comments:

Environmental Safety

Must client climb stairs to enter or leave house?

☐ Yes ☐ No	Particular problems, describe:

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Environmental Safety Special Equipment Checklist:

	Does Client **Have**?	Does Client **Need**?
Tub	☐ Yes ☐ No	☐ Yes ☐ No
Shower	☐ Yes ☐ No	☐ Yes ☐ No
Hand-held shower	☐ Yes ☐ No	☐ Yes ☐ No
Bath bench	☐ Yes ☐ No	☐ Yes ☐ No
Grab bars, toilet	☐ Yes ☐ No	☐ Yes ☐ No
Grab bars, shower	☐ Yes ☐ No	☐ Yes ☐ No
Grab bars, tub	☐ Yes ☐ No	☐ Yes ☐ No
Raised toilet seat	☐ Yes ☐ No	☐ Yes ☐ No
Emergency response system	☐ Yes ☐ No	☐ Yes ☐ No
Smoke alarm	☐ Yes ☐ No	☐ Yes ☐ No

Check any of the following which are problems:

☐ Loose rugs	☐ Inadequate kitchen facilities
☐ Electrical cords	☐ Inadequate bathroom facilities
☐ Cluttered house	☐ Inadequate heating
☐ Unclean house	☐ Inadequate cooling
☐ Unsafe stairs	☐ Phone Accessibility
☐ Other:	

Comments/Describe:

Formal Services Received Last Month (Pre-MSSP):

Comments/Describe:

IHSS: # ___ Hours

Transportation:

Meals:

Day Care:

Other: