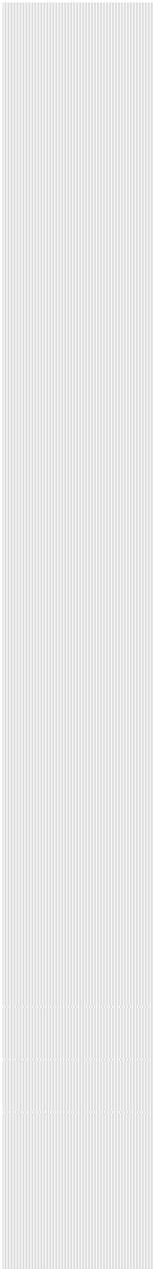


Appendix 18 ■ Initial Health Assessment Cover Sheet (Optional)

	Multipurpose Senior Services Program
	Initial Health Assessment
	Site Code
	Client Name
	MSSP Number
	MSSP Staff Name/Title
	MSSP Staff Signature
Date of Assessment	