

Appendix 11c ■ Deinstitutional Services Functional Needs Assessment Grid

Resident's Name:		Care Manager:										
Diagnoses:		Date:										
Cognitive/Behavioral Issues that Affect Functioning:		<p>Use instructions to score ADLs/IADLs. Functioning Level in Facility: Indicates the level at which the resident now performs the function. Current Help: Indicates the type (if any) of human assist the resident receives. Anticipated for Discharge: Will Need (More) Help or Change in Help: Note initial assessment of help/resources needed for resident to make a successful transition to community. Include IADLs resident may not be performing while living in the facility.</p>										
Instructions for Comments Comments need to support the scoring. Indicate how resident currently performs the activities. Identify source of limitation; note devices, formal/informal assistance and who is assisting the resident; note difficulties related to fatigue, length of time to complete, etc.		Functioning Level in Facility					Current Help				Anticipated for Discharge	
		Independent	Verbal Cueing	Stand-by Assistance	Hands-on Assistance	Dependent	Pure Medical	Device	Formal Help	Informal Help	Needs No Help	Will Need More Help or Change in Help
Activities of Daily Living (ADLs)	Comments											
Eating*												
Dressing*												
Transferring*												
Bathing*												
Toileting*												
Grooming*												
Instrumental ADLs		Comments										
Stair Climbing												
Mobility Indoor												
Mobility Outdoor												
Housework												
Laundry												
Shopping & Errands												
Meal Prep & Cleanup												
Transportation												
Telephone												
Medications												
Money Management												
Check Evaluations Needed		Comments										
<input type="checkbox"/> Physical Therapy												
<input type="checkbox"/> Nutrition												
<input type="checkbox"/> Speech												
<input type="checkbox"/> Occupational Therapy												
Other:												