

Appendix 28 Functional Needs Assessment Grid

Participant/Resident: _____ **MSSP #:** _____ **Date:** _____

ADL/IADL FUNCTIONING	Safe Functioning Level: Mark the box indicating the level at which the participant/resident can safely perform the function.	Current Help: Mark the box(s) indicating the type (if any) of help the participant/resident currently receives.	For Deinstitutionalization only: 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.
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*ADLs / IADLs	Independent	Verbal Cueing	Stand-by Assist	Hands-on Assist	Dependent	Para Medical	Formal Help	Informal Help	Needs More Help	Comments
Eating*										
Dressing*						N/A				
Transferring*										
Bathing*						N/A				
Toileting*										
Grooming*										
Medications										
Stair Climbing						N/A				
Mobility Indoor						N/A				

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*ADLs / IADLs	Independent	Verbal Cueing	Stand-by Assist	Hands-on Assist	Dependent	Para Medical	Formal Help	Informal Help	Needs More Help	Comments
Mobility Outdoor						N/A				
Housework						N/A				
Laundry						N/A				
Shopping/Errands		N/A				N/A				
Meal Prep/Cleanup						N/A				
Transportation			N/A							
Telephone			N/A			N/A				
Money Management			N/A			N/A				

DEINSTITUTIONALIZATION ONLY- CHECK EVALUATION NEEDED: _____

- PHYSICAL THERAPY NUTRITION
 SPEECH OCCUPATIONAL THERAPY

NOTE: Not required if already completed on the IPISA. Required for Reassessments.

Environmental Safety Special Equipment Checklist	Does Participant Have?	Does Participant Use? (Optional)	Does Participant Need?	Comments
Tub	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-held shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bath bench/chair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab bars, toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab bars, shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grab bars, tub	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Raised toilet seat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bedside commode	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incontinence supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulation aids, cane	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulation aids, walker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulation aids, wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulation aids, scooter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulation aids, other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency response system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Smoke alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carbon monoxide alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	