

AgingIS Data Assessment Form

(FOR III-B AND III-E OUTREACH, CAREGIVER SERVICES, GAP OR HOME MOD)

CLIENT'S NAME: (IIIB - AGE 60+) _____

Address _____ City _____

Phone # _____ Birth date _____ Gender: Male ___ Female ___ Other ___

Hispanic: Y ___ N ___ **Low Income:** Y ___ N ___ **Limited English Speaking:** Y ___ N ___

Race: (circle) African American; Asian; Hawaiian/Pacific Islander; Indian/Alaskan; White; Other

Is this person Socially Isolated? Yes No **If Yes or are lonely, complete the UCLA Loneliness Assessment.**

Lives Alone? Yes No **Lives with others?** Yes No **Number in Household** _____

Are they able to leave the home Homebound _____ Can leave home _____

Services Currently Receiving

In-Home Care _____	Cong. Meals _____	Legal Asst. _____	Mental Status
ADS _____	Delivered Meals _____	Case Mgmt. _____	Alert _____
Emer Response _____	Transportation _____	Home Health _____	Variable _____
Money Mgmt. _____	Senior Center _____	Caregiver _____	Confused _____
VA _____	SNAP _____	TANF _____	
Other _____			

Enrolled in: CCP MCO Unknown **Referred to CCU:** Yes No N/A

Assessment of Need (document any observations, concerns, needs, limitations, etc., including follow-up contacts):

If potential abuse, neglect, exploitation, date of referral to Shawnee Alliance (1-800-642-7773) _____

CAREGIVER or NON-PARENT: (IIIE-"Caregiver" cares for person 60+ or "NP/GRG" cares for relative's children.

Caregiver/NP Name _____ DOB _____ Gender: Male Female Other

Address _____ City _____

Phone # _____ Relationship to care receiver(s) _____

Does the Caregiver/Non-Parent live with the care receiver(s): Yes No

Caregiver/NP gives care: Daily Weekly Other _____

If Respite is needed (In-Home or ADS): Refer to Shawnee Alliance (1-800-642-7773)

If NP/GRG: SNAP, TANF, Medical Card may be available: Refer to Local DHS office

Assessment of Need (document any observations, concerns, needs, limitations, etc., including follow-up contacts):

If a Non-Parent/GRG: Number of children: _____ Children's ages: _____

If a Non-Parent/GRG, Are parents incarcerated? Yes No **If yes (circle):** One Parent Both Parents

If potential abuse, neglect, exploitation, date of referral to Shawnee Alliance (1-800-642-7773) _____

FOR HOME MODIFICATION & GAP FILLING -- Check with your Central Office to see if funds are available

Which service? III-B Home Mod _____ III-E GAP _____ Dementia Home Mod _____ Dementia GAP _____
(Refer persons with dementia to Shawnee Alliance)

Describe in detail the need for this service: _____

Who will pay if cost exceeds max amount? _____

Is the recipient paid staff of your agency or their family or is sub-contracted with your agency?
Yes No (If yes, email EAAA for prior approval)

Is this a person who has received a gap in recent years? Yes No (If yes, email EAAA for prior approval)

Circle what other sources were explored: Insurance Medicaid Medicare Community Funds Other agency

If this is a utility bill payment, explain how this need will be paid in the future _____

What actions were taken to meet this need: _____

Signature of Staff _____ **Date** _____

NOTICE: If Home Mod/GAP provided, have senior/caregiver/NP sign below if satisfied with the service:

Signature of Senior/Caregiver/NP/GRG _____ **Date** _____

Outreach is initiated by the Outreach provider agency. The AgingIS Data Assessment Form *IS* required.

One Outreach unit is generated by each “agency” initiated contact with a client. A follow-up contact made to confirm the initial information could be counted as one additional unit.

The Assessment takes place face-to-face. The Assessment may take place in the home, senior center, ADRC, or other appropriate place.

The informant is usually the senior adult, but their caregiver or a non-parent (NP) raising the children of their relatives can be the informant if it is more appropriate for the Assessment.

1. Page 1, top section. Client's name is the senior, care receiver or person with a disability. Never name children under age 18.
 - a. Enter the person’s name, their address, and other demographics.
 - b. If the senior is socially isolated, complete the UCLA Universal Loneliness Assessment.
 - c. Complete the remaining questions including the Assessment of Needs.

2. Page 1, bottom section. For Caregiver & Non-Parent/GRG” section, *if applicable*.
 - a. Caregivers of older people may be family members, spouse, adult child, a friend, or a companion. Caregivers must be age 18 and over.
 - Do not include paid caregivers.
 - Caregivers must have assumed some caregiving role that they carry out on a regular basis.
 - Grandchildren, or children cared for by older relatives, must be age 18 or younger.
 - b. Make a special effort to have information available for Non-Parents/GRG raising children, such as the IDoA brochure for GRG, referral to the Childcare Resource Centers or other. Remember that Gap Filling can also be used in Non-Parent (NP/GRG) situations.
 - d. If the Caregiver and Care Receiver do not live together, a home visit & Assessment may be completed for both. This would generate two units of Outreach/Assessment, one under III-B and one under III-E.

3. Page 2, For Home Modification & Gap Filling” section, *if applicable*.
 - a. If the care receiver has dementia, refer the caregiver to Shawnee Alliance if for Dementia Gap.
 - b. Describe in detail the need for the Gap or Home Mod
 - c. Describe what actions were taken to meet the described need.
 - d. Agency staff need to sign and date the assessment.
 - e. NOTICE: the Senior/caregiver/NP/GRG needs to sign at the bottom indicating satisfied with Gap or Home Mod.