

Summary of Client's Need for Service

Client No.:

Client Name:

Action Type:

Assessment Date:

1. Conditions which cause functional limitations:

2. Why is client unable to perform, or is limited in, activities of daily living?

3. Description of client's home environment:

Residence

- In town/suburb
- Rural area, easily accessible
- Rural area, difficult to access
- Isolated
- No residence
- Other:

Adequate

- Home equipped with electricity, heat, water, and plumbing

Miscellaneous

- Special-equipped vehicle for transport

Assistive Devices

- Ramp
- Hospital Bed
- Grab bars
- Portable toilet
- Other:

Other – Comments:

Laundry

- Washer and Dryer
- Washer only
- Neither

Explanation of specific problems that impact service delivery:

Unsafe

- Unsanitary
- Severe state of disrepair
- Other:

Questionable

- No water
- No plumbing/needs major repairs
- No electricity
- No A/C or fan

- No telephone
- Extreme clutter
- Dangerous pets
- Other:

4. Client's Living Arrangement:

5. Explanation of current and ongoing role of family or caregiver in meeting client's needs:

Support Name	Primary Support Type	Reason Why Need of Client Cannot Be Met
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6. Common Household Task(s) being purchased and the reason:

7. What other services is client currently receiving or being referred for?

8. Agency(ies) Selected:

Service:	Provider ID:	Provider DBA Name:	Method of Selection:
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