

Section I – Applicant Data

1. Applicant Name (Last, First, MI)	2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Social Security No.	4. Date of Birth (mm/dd/yy)
5. Presenting Diagnoses		6. Informant/Responsible Party	7. Relationship to Applicant

Section II – Functional Limitation Areas (Note to Case Manager: Check "Yes" only when a **substantial** limitation is present.)
(Age Four and Older)

- A. SELF CARE: Individual often needs the help of another person or mechanical device, or takes a long time to take care of:
- 1. Personal hygiene – toileting, washing and bathing, toothbrushing. Yes No
 - 2. Grooming – dressing, undressing, hair and nail care, overall appearance Yes No
 - 3. Feeding – eating/drinking, use of utensils, chewing and swallowing Yes No
 - 4. Needs to be prompted to take care of personal hygiene, grooming or feeding Yes No
- Describe: _____
- B. RECEPTIVE AND EXPRESSIVE LANGUAGE: Individual needs daily assistance from another person, or a person with special skill (such as sign language) or a mechanical device to communicate (verbally or non-verbally).
- 1. Has difficulty speaking intelligibly Yes No
 - 2. Has difficulty sharing information or communicating wants or needs Yes No
 - 3. Has difficulty hearing (without a hearing aid) Yes No
 - 4. Has difficulty understanding an ordinary conversation Yes No
- Describe: _____
- C. LEARNING: The individual needs special assistance to aid learning. The person may be unable, or very limited in ability, even with special intervention, to acquire knowledge or to transfer knowledge or skills to new situations. The person may have difficulties with:
- 1. Cognition – recognition of persons, places, events or objects Yes No
 - 2. Retention – short and/or long term memory Yes No
 - 3. Reasoning – ability to grasp concepts, to perceive "cause and effect" relationships, ability to generalize information from one situation to another Yes No
 - 4. Academic skills – reading and/or writing, numerical concepts (arithmetic, money and value of objects). Yes No
- Describe: _____
- D. MOBILITY: Individual needs the assistance of another person or a mechanical device, or takes a long time or requires a barrier-free environment in moving from place to place in home or community. **Note:** This does not refer to the ability to operate motor vehicles or use public transportation.
- 1. Individual needs or uses crutches, walker, or wheelchair for mobility Yes No
 - 2. Individual walks independently, but takes a long time due to gait and/or coordination difficulties. Yes No
 - 3. Individual requires assistance in performing activities requiring manual dexterity, fine motor control or eye-hand coordination, such as using locks, appliances or light switches Yes No
- Describe: _____

(Age Ten and Older)

- E. SELF-DIRECTION: Individual needs help in making judgements and decisions concerning his personal or social life. He may also need someone to help protect his interests or rights (property rights, civil rights, voting rights).
- Emotional Development – unable to routinely cope with fears, anxieties or frustrations; emotionally unstable; exhibits low self-esteem..... Yes No
- Interpersonal/Family Relations – has difficulties in establishing and maintaining relationships with family or peers; lacks social maturity and awareness; is unable to protect self from exploitation..... Yes No

3. Initiative – unable to make independent decisions regarding daily schedules or time management, unable to manage personal finances or initiate routine medical care..... Yes No
4. Personal Independence – unable to make major life decisions concerning work, marriage, voting, where to live. Yes No

Describe: _____

F. CAPACITY FOR INDEPENDENT LIVING: Individual is unable to live independently or to maintain normal societal roles and may present a danger to him/herself without the assistance of another person.

1. Cannot perform simple household tasks such as bedmaking, sweeping and washing dishes..... Yes No
2. Cannot manage multiple step activities, such as meal planning and preparation, house cleaning, laundry (care and selection of clothing), home repair and maintenance, household and personal safety. Yes No
3. Cannot travel around neighborhood independently without presenting significant risk of harm to self or others..... Yes No
4. Individual has difficulty using the telephone, using public transportation or going shopping... Yes No
5. Individual does not comprehend rules, restrictions, laws or contracts..... Yes No
6. The individual has physical impairments that prevent him/her from living independently unless support services (such as attendant care or homemaker services), special equipment, accessible environments.... Yes No

Describe: _____

(Age Sixteen and Older)

G. ECONOMIC SELF-SUFFICIENCY: Individual does not earn enough to be self-supporting. **Note:** this does not mean the individual is simply unemployed or underemployed, due to conditions unrelated to his disabilities.

1. Earning Capacity – unable to obtain or maintain a job without ongoing support that provides regular and adequate income to support him/herself..... Yes No

Describe: _____

Section III – Summary

This applicant's disability or disabilities meet **all** of the following conditions:

1. Is attributable to a physical impairment... Yes No
2. Is likely to continue indefinitely... Yes No
3. Results in substantial limitations in **one or more** of the following major life activities:
- | | |
|---|--|
| a. Self Care (one or more)..... <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Self-direction (one or more) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Receptive/expressive language (one or more). <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Capacity for independent living (one or more)..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Learning (one or more)..... <input type="checkbox"/> Yes <input type="checkbox"/> No | g. Economic self-sufficiency <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Mobility (one or more)..... <input type="checkbox"/> Yes <input type="checkbox"/> No | Total "Yes" answers _____ |
4. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are lifelong or of extended duration and are individually planned and coordinated..... Yes No

5. This applicant Does Does Not meet the functional eligibility requirements as outlined in the *Case Manager In-Home and Family Support Program Handbook*.

Signature – Case Manager

Date

This acknowledges that I was asked to respond to the questions on this document, and that my answers are true and correct to the best of my knowledge.

Esta certifica que el trabajador me pidió respuestas a las preguntas de este papel y que, a mi leal saber y entender, mis respuestas son verdaderas y correctas.

Signature – Applicant/Responsible Party/Firma Solicitante/Persona Responsable

Date/Fecha