

**Purpose:** DHS gathers this information to give priority to those at greatest risk of out-of-home placement.

Date: \_\_\_\_\_ By: \_\_\_\_\_

Person applying: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Person answering questions: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Marital status:**

- Single
- Married
- Widowed
- Divorced
- Separated
- Other

**Gender:**

- Male
- Female

**Race:**

- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- White
- Other

Language spoken: \_\_\_\_\_

Let us know if need:  An interpreter  A sign language interpreter

Written materials translated (*what language*): \_\_\_\_\_

Materials in:  Braille  Large print  Audio tape  Computer disk  Oral presentation

Applied for or has Medicaid or Oregon Health Plan (OHP) benefits?  Yes  No

Served in the military (*self, spouse or significant other*)?  Yes  No

*If yes, do they receive veteran or military benefits?*  Yes  No

What kind of help is the person looking for?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Combined score for waitlist:**

**0 = No score (N) 1-5 = Low score (L) 6-10 = Moderate score (M) 11-17 = High score (H)**

**Waitlist score: No score**

Waitlist score  
(low, medium, high):

**0**

**For each question in this section, consider these things:**

- In the last **30 days** did the person **need hands on help from another person** to do these things? (*Answer yes or no.*)
- How often did the person need help (*daily, weekly, monthly or never*)? (*Frequency is critical information.*)
- Does the person feel their need is met, unmet or insufficiently met?

**To calculate the waitlist score in questions 1-10:**

- **If no**, go to the next question
- **If yes**, add .5 point if weekly or daily and add .5 point if unmet or insufficient

**There is a maximum of 1 point for each answer in 1-10.**

1. Needs help getting around inside the home (*even if the person uses a wheelchair, walker, cane or other equipment*)

- Yes       No  
 Daily       Weekly       Monthly       Never  
 Met       Unmet       Insufficient

2. Needs help with moving around or ambulating when outside of their home  Yes       No

- Daily       Weekly       Monthly       Never  
 Met       Unmet       Insufficient

3. Needs help getting out of bed or chair  Yes       No

- Daily       Weekly       Monthly       Never  
 Met       Unmet       Insufficient

4. Needs help bathing  Yes       No

- Daily       Weekly       Monthly       Never  
 Met       Unmet       Insufficient

5. Needs help dressing  Yes       No

- Daily       Weekly       Monthly       Never  
 Met       Unmet       Insufficient

6. Needs help going to the bathroom  Yes       No

- Daily       Weekly       Monthly       Never  
 Met       Unmet       Insufficient

7. Needs help communicating and expressing needs and urgent problems  Yes  No  
 Daily  Weekly  Monthly  Never  
 Met  Unmet  Insufficient

8. Needs help managing medication  Yes  No  
 Daily  Weekly  Monthly  Never  
 Met  Unmet  Insufficient

9. Has concerns about their memory (or their family does)  Yes  No  
 Daily  Weekly  Monthly  Never  
 Met  Unmet  Insufficient

10. Has concerns about their ability to manage health and stay safe in their home (or their family does)  
 Yes  No  
 Daily  Weekly  Monthly  Never  
 Met  Unmet  Insufficient

**There is one-point total for a yes answer to either or both questions in 11. For a no answer to both questions, there are no points.**

11. If they don't get help with the above do they believe they will (either or both):  
• Move out of their home?  
• Go into a place with services in the next six months to get the help they need?  
 Yes  No

**There are no points for either a yes or no answer in question 12.**

12. Does the person believe they have the means to pay for in-home assistance (or the increase of in-home assistance)?  
 Yes  No

**Medical and fall risk**

**To calculate the waitlist score in questions 13-15:**  
• If no, go to the next question  
• If yes, add 1 point for each yes answer

13. Fallen in the past six months?  
 Yes  No # of times: \_\_\_\_\_

14. Gone to the emergency room in the past six months?  
 Yes  No # of times: \_\_\_\_\_

15. Hospitalized during the past six months?  
 Yes  No # of times: \_\_\_\_\_

**To calculate the waitlist score in question 16:**

- **If no**, go to the next question
- **If yes**, add 3 points

16. Has a terminal illness or are on hospice?

Yes     No

**Follow up information**

Has someone:

- Hurt them physically
- Stolen from them
- Withheld help or essentials, or
- Threatened to do any of these things?

Has concerns about finances or is unable to pay bills:

Referral to other Older Americans Act (OAA) programs:

Community resource referral:

Needs medical equipment or assistive technology to meet needs:

Other information and chronic health conditions:

**Insufficient:** Insufficient could mean:

- Inadequate
- Need is only met sometimes, or
- Caregiver is not able to help every time there is a need.

- 
- Question 1:** Needs help getting around inside the home (*even if the person uses a wheelchair, walker, cane or other equipment*)
- Instruction:** Find out if they need hands-on help from someone to move around inside their home (*even if they use mobility equipment*).
- Question 2:** Needs help with moving around or ambulating when outside of their home
- Instruction:** Find out if they need help from someone to get from one point to another moving around outside of their home. Even if the person uses a walker, canes, or a manual or electric wheelchair or scooter.
- Question 3:** Needs help getting out of bed or chair
- Instruction:** Find out if they can stand up or sit down into or out of a chair or bed or if they need someone to help them.
- Question 4:** Needs help bathing
- Instruction:** Find out if they need someone to help them take a bath or shower. This can include whatever they consider a bath, such as a bed bath.
- Question 5:** Needs help dressing
- Instruction:** Find out if they need help to put on or take off clothes. This can include if they need help to put on or take off braces, compression stockings, etc.
- Question 6:** Needs help going to the bathroom
- Instruction:** Find out if they have toileting needs. This includes help with incontinence supplies, adjusting clothing, wiping or cleansing. It also includes catheter care or ostomy care.
- Question 7:** Needs help communicating and expressing needs and urgent problems
- Instruction:** Find out if the person can identify their urgent needs and safety-related needs. Find out if they need help to find the right words or to finish their thoughts. **Note:** this is not a language issue. If they speak or read another language please note this on page 1.
- Question 8:** Needs help managing medication
- Instruction:** Find out if they need help from someone to order, organize, remind or give them their medication.
- Question 9:** Has concerns about their memory (*or their family does*)

**Instruction:** Find out if they need another person to help them remember to pay bills or manage their money. Find out if they have trouble remembering when they drive. For example, do they have a history of getting lost or not being able to find their way home. Find out if they have trouble remembering to eat or to take their medications. Find out how concerned the person is with this.

**Question 10:** Has concerns about their ability to manage health and stay safe in their home (*or their family does*)

**Instruction:** Find out if they need someone to check in with them to make sure they are safe. Find out if they need someone to check in on them, or if they have trouble trying to recall how or when to:

- Cook
- Eat
- Take medications
- Bathe
- Drive (*or have a history of getting lost or not finding their way home*)
- Go to the doctor (*or their instructions to act on*)

Find out how concerned they are with this ability

**Question 11:** If they don't get help with the above do they believe they will (*either or both*):

- a. Move out of their home?
- b. Go into a place with services in the next six months to get the help they need?

**Instruction:** Find out if, in the next six months, they would consider moving out of their home or into a place with services if they do not get help in these areas.

**Question 12:** Does the person believe they have the means to pay for in-home assistance (*or the increase of in-home assistance*)?

**Instruction:** Self-disclosed financial needs. Opportunity to share information on Medicaid programs and services.

**13. Fallen in the past six months?**

**14. Gone to the emergency room in the past six months?**

**15. Hospitalized during the past six months**

**Instruction:** There is no need to verify the number of times. Take their best guess to the number of times.

**Question 16:** Has a terminal illness or are on hospice

**Instruction:** Find out if they have a life expectancy of less than six months