

HCBS MEMBER NEEDS ASSESSMENT

Member's Name: _____

Date of Meeting: _____

AHCCCS ID: _____

This tool is to be used as a guide and is not intended to replace professional experience. If there are questions or comments about a specific task, please review with your supervisor.

Living Situation: Lives Alone Lives with Family Lives with Non-Family

Supervision Need: Wandering Risk Confused/Disoriented at risk to themselves Unable to call for help, even with lifeline N/A

Name/Relationship of Informal Supports (IFS) that will be assisting with care: _____

Tasks completed by Informal Supports must be marked "IFS" on the spreadsheet below in the appropriate space to clearly identify when IFS is being provided. Ensuring member's needs are met.

If lives with others, Days/Hours others are not available to assist the member _____

TASK	Description	Approx. Time	Tasks per day	Time to complete the needed task								Comments
				MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	
Housekeeping and Cleaning	Independent: no assistance needed.	0 min/day										
	Lives with others: Cleaning member's area only.	1 – 60 min/week										
	Without support: Member lives alone. Consider the size of the home.	1 – 120 min/week										
Laundry Folding and putting away laundry is included.	Independent: no assistance needed.	0 min/week										
	Washer and dryer are on-site, inside the member's home, garage or yard.	1 – 30 min/week										
	Washer is on-site but close are line dried.	1 – 60 min/week										
	Laundry is done in apartment laundry facility.	1 – 90 min/week										

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HABILITATION HOURLY OUTCOMES (HAH) N/A									
OUTCOME	Minutes to <i>teach</i> task (HAH)	Number of Times Paid Support is Needed						TOTAL	
		MON	TUE	WED	THU	FRI	SAT		SUN
Habilitation Hourly Outcomes Total									

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TOTAL PAID HOURS IDENTIFIED	AMOUNT OF TIME
Housekeeping and Cleaning Total Minutes	
Laundry Total Minutes	
Shopping Total Minutes	
Meal Prep and Clean Up Total Minutes	
Eating and Feeding Total Minutes	
Bathing Total Minutes	
Dressing and Grooming AM and PM Total Minutes	
Toileting Total Minutes	
Mobility Total Minutes	
Transferring Total Minutes	
Supervision Total Minutes <i>(if applicable)</i>	
Total Minutes	
Total Hours	

I have contacted the Informal Supports named above (Top of Page 1) and they voluntarily agree to provide the services indicated with no compensation.

Support Coordinator Signature

Original Date

I have contacted the Informal Supports named above (Top of Page 1) and they voluntarily agree to provide the services indicated with no compensation.

Support Coordinator Signature

1st Review Date

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Support Coordinator Signature

2nd Review Date

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Support Coordinator Signature

3rd Review Date