

Supplemental Senior Care Assessment

1. Pro Last	posed Insured	Name: First	Middle	Initial		Date of Birth		
2.	Gender	□ Male □ Female		3.	Social S	Security Number		
loud word cur i	l. Ask the appl d. Repeat this rent time on y	icant to form a se process with all	entence using the second part	hat word. Wa Do not recor	it for his/h d their res	ash cards and read ead er reply. Then procee sponse at this time, l be asked at the end	ed to the but stat	next e the
5. Dai l	y Activity Que	stions						
a.	Does the applicant drive? If No , provide details of when and why stopped					□ Yes -	□ No	
b.	Does the applicant work outside the home, do volunteer work, or travel? If Yes , provide details						□ Yes	□ No
C.	Does the appl If Yes , provide	icant exercise? e details capacity a	and frequency				_□ Yes	□ No
d.	Does the applicant use any assistive devices (cane, walker, etc.) or have any gait or mobility problems? If Yes , provide details					, -	□ Yes —	□ No
e.		icant have a histore details					□ Yes —	□ No
f.	Does the applicant have any evidence of a cognitive disorder (dementia, memory loss, confusion lack of comprehension, behavioral change)? If Yes , provide details						, □ Yes —	□ No
6. As :	sistance/Mobili	ty Questions						
g.	Does the appl ☐ Dressing	icant need assista	nce with any of		ctivities? ansferring	□ Toileting	□ Yes	□ No
h.	Does the applicant need assistance with any of the following activities? If Yes , check the boxes for those activities the applicant needs assistance with. Provide details in the below remarks section.						□ Yes	□ No
	□ Cooking □ Meal Prepa		e Cleaning lling Finances	□ Laundry□ Using the T		□ Shopping □ Taking Medication		
			501 16	more chase i	c roquirod	use the Continuation	Sheet	

		omplete the following task econds (for entire process)	Get up from a seated position,		
8. Recognition Test - Po	oint to three objects and	ask the applicant to tell you	what they are.		
Record the 3 obje	ects: 1	2	3		
Examiner-State	the number of objects	correctly identified:	/3		
9. Ask the applicant wh	nat is the:				
a.) month b. e.) season) year c.)	day of the week	d.) day of the month		
Examiner-State	the number of question	ons answered correctly:	/5		
asked you to make a	sentence with each of t the applicant's response AM/PM)	hem. I would like you to tel	ago I read you some words and I me as many of the words as you		
that a child cou	ald read them." Repeat	the instructions until they a	are clearly understood. No other no further assistance is allowed.		
Examiner's Information	n:				
Examiner's Name: Last Fi	rst Mi	ddle Initial			
APPS Office No. and AcTelephone Number:	ldress:				
Time of Exam:	☐ AM Applicant's Home	0.1			
Examiner's Signature		Date (mm/dd/yyyy)			
SeniorQuestionnaire3.6.	15.2017	APPS Qual	APPS Quality and Education Dept.		

CHURCH	CUP	
BABY	WINDOW	
SNOW	HORSE	
GREEN	PHONE	
NEWSPAPER	HOOK	