

## Supplemental Senior Care Assessment

7. **Record how long it takes the applicant to complete the following task:** Get up from a seated position, walk 10 feet, return and sit again. **Time: \_\_\_\_\_seconds** (for entire process)

8. **Recognition Test** - Point to three objects and ask the applicant to tell you what they are.

Record the 3 objects: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Examiner-State the number of objects correctly identified: \_\_\_\_\_/3**

9. **Ask the applicant what is the:**

a.) month \_\_\_\_\_ b.) year \_\_\_\_\_ c.) day of the week \_\_\_\_\_ d.) day of the month \_\_\_\_\_  
e.) season \_\_\_\_\_

**Examiner-State the number of questions answered correctly: \_\_\_\_\_/5**

10. **Delayed Word Recall – Part II** – Tell the applicant – “A few minutes ago I read you some words and asked you to make a sentence with each of them. I would like you to tell me as many of the words as you remember?” Record the applicant’s responses below:

**Current Time (\_\_\_\_\_AM/PM)**

\_\_\_\_\_

11. Instruct the applicant to “***Draw me a clock that says 1:45. Set the hands and numbers on the face so that a child could read them.***” Repeat the instructions until they are clearly understood. No other instructions are allowed. Once the applicant begins to draw no further assistance is allowed.

### Examiner’s Information:

Examiner’s Name:

Last

First

Middle Initial

APPS Office No. and Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time of Exam: \_\_\_\_\_ ☐ AM

☐ PM

Place of Exam: ☐ Applicant’s Home

☐ Other: \_\_\_\_\_

Examiner’s Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

CHURCH

CUP

BABY

WINDOW

SNOW

HORSE

GREEN

PHONE

NEWSPAPER

HOOK