

Supplemental Senior Care Assessment

1. Pro Last	posed Insured Nam Fi	ne: rst	Middle Initial	Da	ate of Birth		
2.		Male Female	3.	Social Sec	curity Number		
loud wor cur	d. Ask the applicant d. Repeat this proc	t to form a sent ess with all of watch as the	ow the applicant each wortence using that word. Wathe words. Do not reconsecond part of this quest)	ait for his/her i rd their respo	reply. Then proceed onse at this time,	ed to the ne but state t	ext t he
5. Dai	ly Activity Questior	ıs					
a.	Does the applicant drive? If No , provide details of when and why stopped						□ No
b.	Does the applicant work outside the home, do volunteer work, or travel? If Yes , provide details					□ Yes □ —	No
C.	Does the applicant exercise? If Yes , provide details capacity 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.			of falls?			□ 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						No
6. As	sistance/Mobility Q	uestions					
g.			ee with any of the following a Eating □ Tr	activities? ansferring	□ Toileting	□ Yes □	ı 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.						ı No
	□ Cooking□ Meal Preparation	□ House (□ Handlin			Shopping Faking Medication		
Rema	rks for Yes answers	s to Questions	5-6 above. If more space	is required, us	e 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	