DSS-AA-634-01/99

Initial and Continuing Need For Care Report

Identifying Information:			
Last Name,	First Name	Date of Birth	Social Security Number
Address	Name of Current Facility		
Family or Guardian	Address	Date admitted to your facility	

Current Status of client:

State your observations of the client. Include cognitive status, decision making ability, communication ability, mood and behavior, psycho-social well being etc.

Current capabilities for Activities of Daily Living (ADL):

State your observation of clients ability to complete ADLs.

Changes in Last Year:

What changes have you observed in the client in the last year?. Include prior living arrangements, cognitive ability, mood and behavior, ADLs, medications, etc.

Discharge Planning Options: (Please circle appropriate answer)

Does the client express a desire to return home?	Yes	No	Does the client have a capable caregiver?.	Yes	No
Are Assistive Devices required?	Yes	No	Has a referral to DSS Adult Services and Aging been made?	Yes	No
Can client administer own medications?	Yes	No	Has a Pre-Admission Assessment been done?	Yes	No

Additional comments: (please use other side if necessary)

Date Signature Title