



FAMILY SUPPORT SERVICES PROGRAM MOST IN NEED ASSESSMENT (FSSP MIN)

CHILD'S NAME: _____ DOB: _____ AGE: _____ DATE COMPLETED: _____

FORM COMPLETED BY: _____ RELATIONSHIP TO CHILD: _____

INSTRUCTIONS: In each category below, please check the best area that you feel best describes your family member's developmental disability or delay.

Please check ONLY ONE BOX in the Needs area AND in the Resources area for each category.

1a. MOBILITY - NEEDS		1b. MOBILITY - RESOURCES	
Consider balance, coordination, and amount of assistance needed for mobility and transfers; compare to typical development, consistent with age		Access to adaptive equipment, therapies, support from other people, agencies, and funding sources	
<input type="checkbox"/>	Person can walk independently; mobility is not limited, person has full use of hands and feet.	<input type="checkbox"/>	No Needs in this area.
<input type="checkbox"/>	Person can walk with some assistance, has use of hands and feet.	<input type="checkbox"/>	Needs are completely met .
<input type="checkbox"/>	Limited use of hands and feet; person is unable to walk; person can partially assist with transfers; weight/size is not a problem.	<input type="checkbox"/>	Needs are mostly met .
<input type="checkbox"/>	Person is unable to walk or move around alone; unable to assist with transfers and/or their weight/size makes transfers difficult.	<input type="checkbox"/>	Needs are occasionally met .
<input type="checkbox"/>		<input type="checkbox"/>	Needs are not met at all .

COMMENTS:

2a. HEARING – NEEDS		2b. HEARING - RESOURCES	
Compare to typical development, consistent with age		Availability of hearing devices, specialists, and funding sources	
<input type="checkbox"/>	There are no hearing concerns.	<input type="checkbox"/>	No Needs in this area.
<input type="checkbox"/>	The person has mild hearing loss.	<input type="checkbox"/>	Needs are completely met .
<input type="checkbox"/>	The person has moderate hearing loss.	<input type="checkbox"/>	Needs are mostly met .
<input type="checkbox"/>	The person has severe to profound hearing loss.	<input type="checkbox"/>	Needs are occasionally met .
<input type="checkbox"/>		<input type="checkbox"/>	Needs are not met at all .

COMMENTS:

3a. VISION - NEEDS		3b. VISION - RESOURCES	
Compare to typical development, consistent with age		Availability of corrective lenses or assistive technology, specialists, and funding sources	
	There are no vision concerns.		No Needs in this area.
	Vision is correctable with glasses or contacts.		Needs are completely met .
	There is a reduced ability to see, even with glasses or contacts.		Needs are mostly met .
	There is little or no functional sight.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

4a. MEDICAL/NURSING CARE – NEEDS		4b. MEDICAL/NURSING CARE - RESOURCES	
Compare to typical development, consistent with age		Adequate medical coverage, access to healthcare, etc.	
	Person does not require any more medical care than routine medical appointments.		No Needs in this area.
	Person requires more medical care than routine medical visits.		Needs are completely met .
	Person requires medical care for a frequent and acute illness or medical condition		Needs are mostly met .
	Person has medical needs that significantly impact their ability to participate in home, school, and community activities.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

5a. TRANSPORTATION – NEEDS		5b. TRANSPORTATION – RESOURCES	
Is the vehicle adequately equipped for your child? Is transportation difficult? Do you spend excessive amounts of time transporting for medical appointments?		Availability or presences of ramps, vehicle adaptations, other persons/agency support)	
	Person/family has a typical transportation situation.		Needs are completely met .
	Person/family’s participation in home, school, or community activities is interrupted by access to transportation at least once a week.		Needs are mostly met .
	Person/family’s participation in home, school, or community activities is interrupted by access to transportation more than once a week.		Needs are occasionally met .
	Person/family has no reliable access to transportation.		Needs are not met at all .

COMMENTS:

6a. SELF-CARE SKILLS (feeding, bathing, dressing, toileting) - NEEDS		6b. SELF-CARE SKILLS (feeding, bathing, dressing, toileting) - RESOURCES	
Compare to typical development, consistent with age		Availability of support from family, neighbors, friends, agencies	
	Person is able to consistently perform self-care tasks.		No Needs in this area.
	Person requires verbal reminders to start/complete some tasks.		Needs are completely met .
	Person requires hands-on assistance to complete most tasks.		Needs are mostly met .
	Person requires total care not consistent with others their age.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

7a. SUPERVISION – NEEDS		7b. SUPERVISION - RESOURCES	
Compare to typical development, consistent with age		Shared caregiving in the home, support by extended family, friends, neighbors, agencies	
	Supervision typical for that age.		No Needs in this area.
	Person needs occasional supervision.		Needs are completely met .
	Person requires frequent supervision.		Needs are mostly met .
	Person requires constant supervision (can never be unsupervised)		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

8a. BEHAVIOR – NEEDS		8b. BEHAVIOR – RESOURCES	
Inappropriate behaviors against self, others and/or property, running, wandering, spontaneous crying/screaming; compare to typical development consistent, with age		Breaks from caregiving, therapies, support from others/agencies	
	There are no behavioral concerns.		No Needs in this area.
	There are mild behavioral concerns. May require verbal reminders, redirection or supervision but usually do not result in injury to self, others or property.		Needs are completely met .
	There are moderate behavioral concerns. Exhibits inappropriate behaviors that put self or others at risk; requires frequent interventions at least weekly.		Needs are mostly met .
	There are extreme behavioral concerns. Exhibits inappropriate behaviors that put self or others at risk; requires frequent interventions at least daily.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

9a. SLEEP – NEEDS		9b. SLEEP – RESOURCES	
Compare to age-appropriate sleep patterns		Shared care-giving, breaks from constant supervision, sleep aids/medications, modified sleeping environment	
	There are no sleep problems.		No Needs in this area.
	There are mild disturbances in sleep patterns that occur approximately once a week.		Needs are completely met .
	There are moderate disturbances in sleep patterns that occur approximately two to five times a week.		Needs are mostly met .
	There are high disturbances in sleep patterns that require many interventions throughout the night.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

10a. COMMUNICATION – NEEDS		10b. COMMUNICATION – RESOURCES	
Compare to typical development, consistent with age		Availability of communication devices, sign language, caregivers understanding of personal language/gestures/expressions	
	There are no communication concerns.		No Needs in this area.
	There are mild communication concerns. Can consistently meet needs & wants through limited verbal skills with familiar and unfamiliar people.		Needs are completely met .
	There are moderate communications concerns. Uses alternative means to communicate such as pointing, PECS, or device; understood only by familiar people.		Needs are mostly met .
	There are extreme communication concerns. Limited or inconsistent ways of communicating with others.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

11a. ACCESS TO SUPPORT NETWORKS – NEEDS		11b. ACCESS TO SUPPORT NETWORKS – RESOURCES	
Compare to typical family routines, activities/leisure and community involvement		Shared care-giving, support from extended family/friends, church, community organizations, agencies	
	These are not affected by having a person with DD in the home.		No Needs in this area.
	These are mildly affected by having a person with DD in the home.		Needs are completely met .
	These are moderately affected by having a person with DD in the home.		Needs are mostly met .
	These are extremely affected by having a person with DD in the home.		Needs are occasionally met .
			Needs are not met at all .

COMMENTS:

12. FAMILY COMPOSITION & STABILITY:Please mark **ONE** box that best represents your family/living situation:**0 = no problem or does not apply 1 = mild problems 2 = moderate problems 3 = severe problems**

0	1	2	3	
				a) Relationships are strained within the family.
				b) There are other children or adults with disabilities/delays/illnesses in the home.
				c) Siblings show signs of stress due to a family member with a developmental disability living in the home.
				d) Our family has responsibility for other extended family members.
				e) There has been a recent (within the last year) divorce, separation, death or addition of a family member.
				f) Our family's activities center around the needs of the family member with a developmental disability.
				g) Caregiver spends excessive time away from job to meet the needs of family member with a developmental disability.
				h) Caregiver has had to quit their job or is unable to work due to the needs of the family member with a developmental disability.
				i) Caregiver spends excessive time coordinating various needs for the family member with a developmental disability.
				j) There is stress on the caregiver.
				k) There are additional difficulties due to the aging/health of caregiver.
				l) Caregiver experiences additional difficulties due to family member with a developmental disability being home all day (no school/respite).

COMMENTS:**13. ADDITIONAL RESOURCES:**

Please check the resources any member of your household currently receives:

CHP+ _____ Commodities _____ HCA _____ HCBS _____ Early Intervention _____ LEAP _____
 Medicaid _____ Quest Card _____ RCCO _____ SNAP _____ Section 8 _____ SSI _____ TANF _____
 WIC _____ Other _____

Check here if you would like an FSSP Navigator to contact you to discuss any of your needs or resources

I verify that the information stated above is true to the best of my knowledge

(Signature)_____
(Date)**PLEASE RETURN ALL FIVE COMPLETED PAGES**

Imagine!
1400 Dixon Ave
Lafayette, CO 80026
Attn: FSSP