INNOVATIONS

SUPPORT • OPPORTUNITY • INDEPENDENCE

Believing in the Potential of All Imagine! Innovative Resources For Cognitive and Physical Challenges

# ***ADMISSION ASSESSMENT***

***NAME:***_____ ***BIRTHDATE:*** _____

***CURRENT ADDRESS:*** _____

***GENDER:***_____ ***PRIMARY LANGUAGE:*** _____

***HEIGHT:*** _____ ***WEIGHT:*** _____

***EYE COLOR:*** _____ ***HAIR COLOR:*** _____

***CULTURAL VALUES:***_____ ***RELIGIOUS VALUES:*** _____

***GENERAL PHYSICAL DESCRIPTION:*** _____

***GENERAL PERSONALITY CHARACTERISTICS:*** _____

***MEDICAID NUMBER:*** _____ ***SSN:*** _____

***INSURANCE (Type and #):*** _____

***SECTION 8 (Circle One)*** *YES NO WAITLIST* ***REP PAYEE STATUS:*** *FULL EXCLUSIONS OTHER*

***IS THERE A GUARDIAN?*** *YES NO IN PROCESS* ***BANK ACCOUNT/TRUST:*** _____

***DAY PROGRAM/WORK:*** _____

***SUPERVISION LEVEL/NEEDS (circle one):***

*Extensive* *Moderate* *Needs access to 24/7 assistance* *Needs Occasional Support*

***TIER LEVEL:*** _____ ***FUNDING SOURCE:***_____ ***CASE MANAGER:***_____

***Please identify the individuals diagnosis(es) (Circle all that apply)***

ADHD
Asperger's Disorder
Autism
Behavioral Disorder (specify)
Cerebral Palsy
Down Syndrome
Learning Disability (specify)
Mental Illness (specify)
Mental Retardation, Mild
Mental Retardation, Moderate
Mental Retardation, Severe
Multiple Sclerosis
Muscular Dystrophy
Sensory Integration Concerns (specify)
Spina Bifida
Spinal Cord Injury
Traumatic Brain Injury

Specifications/Other(s):_____

***Please circle all medical considerations that apply to individual:***

| | | |
|---|---|---|
| Allergies (specify) | Ear Tubes | High Blood Pressure |
| Arthritis | Epilepsy | Migraines |
| Asthma | G-Tube | Scoliosis |
| Atlantoaxial Subluxation | Glasses | Shunt |
| Catheter | Hearing Aid | Tracheotomy |
| Diabetes | Hearing Impairment | Vision Impairment |
| Diet Restrictions | Heart Condition | Other: _____ |

Please provide **specific** information for medical conditions we should be aware of (allergy reactions, activity restrictions, increased possibility of sunburn, etc.)

_____

_____

Does this person have seizures? **Yes No**

If yes, what type?

Simple Partial (focal) Complex Partial (psychomotor) Absence (petit mal) Clonic Tonic

Tonic-Clonic (grand mal) Atonic (drop) Other_____

How often does the individual have seizures?_____

How are seizures handled? _____

**MEDICATION**

Please identify type, dosage, and time of any medication individual is currently taking or has taken within the last 12 months:

| TYPE | DOSAGE | USE |
|---|---|---|
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**UPCOMING APPOINTMENTS:**

**ASSESSMENTS IN THE LAST 12 MONTHS (PT, FA, etc):**

**DATES AND DESCRIPTIONS OF ILLNESSES, ACCIDENTS, SIGNIFICANT CHANGES OF CONDITION, TREATMENTS THEROF, AND IMMUNIZATIONS FOR THE PREVIOUS 12 MONTHS:**

**SUMMARY OF HOSPITALIZATIONS FOR THE PREVIOUS 12 MONTHS (INCLUDING RECOMMENDATIONS FOR FOLLOW UP AND TREATMENT):**

**CURRENT PHARMACY:**

**DISPOSABLE SUPPLIES NEEDED:**

**CURRENT BEHAVIOR PLAN:**

**OTHER INFORMATION RELEVANT TO THE HEALTH OF THE RESIDENT:**

**MEDICAL CONTACTS**

- ***PRIMARY PHYSICIAN:***
- ***DENTIST;***
- ***OPTHAMOLOGIST:***
- ***THERAPIST:***
- ***PSYCHIATRIST:***
- ***PODIATRIST:***
- ***PHYSICAL THERAPIST:***
- ***SPEECH THERAPIST:***
- ***OTHER:***

**EMERGENCY CONTACTS:**

1. _____ _____ _____
   ***NAME*** ***RELATIONSHIP*** ***CONTACT INFO***
2. _____ _____ _____
   ***NAME*** ***RELATIONSHIP*** ***CONTACT INFO***
3. _____ _____ _____
   ***NAME*** ***RELATIONSHIP*** ***CONTACT INFO***

**SELF-ADVOCACY/DIGNITY**

- How this person is able to express choices and make decisions which affect her/his daily life?

- Describe your opinion of the person's sense of personal safety and security.

- Describe how privacy and security are provided in the home.

- How does this person express or show her/his sense of self-respect and self-worth?

## Communication

__1. Communicates needs/wants with gestures or other non-verbal behavior
__2. Communicates needs/wants with basic sign language
__3. Communicates needs/wants with one or two statements
__4. Communicates through partial or complete spoken sentences
__5. Speaks clearly, can usually be understood
__6. Able to recall and relate information accurately
__7. Utilizes pictures/symbol to communicate needs/wants
__8. Utilizes technology to communicate needs/wants

Comments:

## Receptive Language

__1. Reacts or responds to various sounds
__2. Able to distinguish between different sounds
__3. Recognizes own name when called, spoken to
__4. Responds appropriately to simple one-step directions (within capabilities)
__5. Responds appropriately to two or three step directions (within capabilities)
__6. Responds appropriately to directions given collectively to a small group of participants
__7. Responds appropriately to directions given collectively to a larger group (6 or more)
__8. Asks questions if unsure or needing more information

Comments:

## Mobility

__1. Walks with full physical assistance
__2. Walk with some physical assistance
__3. Walks independently
__4. Able to maintain balance over uneven surfaces
__5. Walks up/down steps with physical assistance
__6. Walk up/down steps independently
__7. Able to walk continuously for 15 or more minutes
__8. Able to maintain balance while running

Comments:

**Mobility for Individuals Using Assistive Devices (if applicable)**

__1. While lying on a mat, is able to roll-over
__2. Able to crawl or scoot short distance
__3. Able to sit on floor/mat unsupported
__4. Uses a manual wheelchair
__5. Uses a motorized wheelchair
__6. Uses a walker or crutches
__7. Wheels self in wheelchair
__8. Able to transfer in/out of wheelchair with assistance
__9. Able to transfer in/out of wheelchair independently
__10. Able to negotiate minor barriers (doors, sloped surfaces, etc.)

Comments:

**Dressing (putting on, taking off clothing)**

__1. Total physical assistance with dressing, undressing
__2. Some physical assistance with dressing, undressing
__3. Dresses, undresses with verbal directions
__4. Dresses, undresses independently
__5. Ties own shoelaces
__6. Dresses appropriately for the weather independently
__7. Dresses appropriately for the weather with assistance

Comments:

**Eating/Drinking**

__1. Takes pureed/soft foods from a spoon
__2. Drinks from a cup with assistance
__3. Drinks from a cup independently
__4. Able to chew semi-solid food
__5. Finger feeds if food is pre-cut
__6. Able to use straw to drink
__7. Able to grasp; use spoon
__8. Able to unwrap, open containers
__9. Able to open drink containers
__10. Requires no assistance

Comments:

SPECIAL DIET: _____

**Personal Care**

__1. Wears diaper (Attends, Depends)
__2. Shows discomfort/prompts others when wet or soiled
__3. Gives notice when needing to use restroom
__4. Uses toilet with physical assistance (needs help wiping, etc.)
__5. Uses toilet with verbal direction
__6. Uses toilet independently
__7. Washes hands with physical assistance
__8. Washes hands with verbal direction
__9. Washes hands independently
__10. Bathes independently
__11. Bathes with prompting/assistance
__12. Bathes with full assistance
__13. Brushes teeth independently
__14. Brushes teeth with prompting/assistance

__15. Brushes teeth with full assistance

**If assistance is required with personal care needs, is opposite-sex assistance permitted?** Yes No

Comments:

## Motor Coordination

__1. Follows movement of objects with eyes
__2. Able to reach toward objects
__3. Able to touch, grasp objects
__4. Able to release a grasped object when directed
__5. Able to transfer object from one hand to another
__6. Able to catch ball rolled
__7. Able to catch ball bounced
__8. Able to catch a ball tossed from a short distance
__9. Able to kick a stationary ball
__10. Able to kick a rolling ball

Comments:

## Social Skills

__1. Demonstrates awareness of others
__2. Responds to interaction of others
__3. Aware of personal space, maintains appropriate distance
__4. Will initiate interaction with others
__5. Will play/interact cooperatively with another participant
__6. Will play/interact cooperatively with a small group of participants
__7. Able to identify and take responsibility for personal belongings
__8. Aware of safety concerns when out in the community (traffic, staying with group, etc)
__9. Manages frustration, controls anger
__10. Able to adjust to changes in routine

Comments: _____

What (if any) situations are likely to upset this person? Please describe the individual's typical response to these situations:

Please identify any techniques used at home, school or other programs that successfully address the above challenges:

## Activity Skills, Leisure Interests

__1. Participation in activities requires much prompting/assistance
__2. Participation in activities requires some prompting/assistance
__3. Participation in activities requires little prompting/assistance
__4. Will participate in an activity of interest; __ 5 min. __ 10 min. ___15 min.
__5. Understands directions (left, right, over, under)
__6. Able to read a clock/watch __ digital __ analog
__7. Understands basic number concepts
__8. Understands concepts of time
__9. Identifies colors
__10 Able to work a simple puzzle
__11. Able to indicate an activity preference
__12. Able to sit and watch a video/program for 30 minutes or longer

Comments:

**Health/Safety/Community Skills**

__1. Can successfully access the community independently
__2. Can successfully access the community with minimal support
__3. Can successfully access the community with 1:1 support
__4. Understands community safety signs (stop sign, crosswalks, signals, etc)
__5. Can identify home and community emergencies independently
__5. Can evacuate a building with safety alerts (fire alarm, etc) independently
__6. Can evacuate a building with safety alerts (fire alarm, etc) with support
__7. Can evacuate a building with safety alerts (fire alarm, etc) with full support
__8. General vehicle safety requires much prompting/assistance
__9. General vehicle safety requires little prompting/assistance
__10. Street and parking lot safety requires much prompting/assistance
__11. Street and parking lot safety requires some prompting/assistance
__12. Street and parking lot safety requires little prompting/assistance
__13. Buckles seatbelt independently
__14. Buckles seatbelt with verbal prompt(s)
__15. Buckles seatbelt with hand-over-hand assistance
__16. Able to sit safely in front seat
__17. Able to sit safely in back seat
__18. Requires child locks on doors
__19. Schedules and attends medical appointments independently
__20. Schedules and attends medical appointments with assistance
__21. Individual can successfully identify and administer first aid/medication independently
__22. Individual can successfully identify and administer first aid/medication with assistance
__23. Individual needs full assistance to identify and administer first aid/medication

Comments:

**Individual's Interests**

*(Check all that apply)*

__ Outdoor activities
__ Pets/Animals
__ Travel/Trips
__ Radio/Music
__ Parties/Social
__ Conversation
__ Volunteer Work
__ Individual Sports
__ Team Sports
__ Cards
__ Games
__ Crafts
__ Drawing/painting
__ Reading
__ Writing
__ Drawing
__ Fishing
__ Hobbies
__ Exercise
__ Shopping
__ Walking
__ Watching TV
__ Watching Movies
__ Photography
__ Video Games
__ Gardening
__ Relaxation/Meditation

What are the person's favorite indoor activities?

What are the person's favorite outdoor activities?

Please list activities that the individual is **NOT** allowed to participate in (i.e. activities with flashing lights, rock climbing):

**CURRENT/PROJECTED GOALS**

Communication Skills: _____
_____
Social Skills: _____
_____
Cognitive: _____
_____
Motor Skills: _____
_____

**UTILITIES NEEDING TRANSFER:**

- **TELEPHONE**
- **TELEVISION**
- **WATER**
- **ELECTRIC**
- **GAS COMPANY**
- **OTHER**

**DAILY/WEEKLY SCHEDULE OR ROUTINE:**

**ADDITIONAL INFORMATION:**