



HOW DO I KNOW IF RESIDENTIAL CARE IS NEEDED?

1. How would you evaluate the individual's abilities in the following areas?
(Check all that pertain):

	NO ASSISTANCE	SOME ASSISTANCE	A LOT OF ASSISTANCE
Eating			
Toileting			
Bathing			
Dressing			
Grooming			
Walking			
Transferring			
Preparing Meals			
Shopping			
Transportation			
Housekeeping			
Preparing Medication			
Taking Medication			
Bill Paying			
Using the Telephone			



2. How would you answer the following questions about special care needs?

Is the individual incontinent in bladder?

Yes No

Is the individual incontinent in bowel?

Yes No

Does the individual wander off?

Yes No

Does the individual stay awake during the night?

Yes No

Does the individual show combative behaviors (e.g., shouting, hitting)?

Yes No

Does the individual require tube feeding?

Yes No

Does the individual require skin care treatment for an advanced stage bed sore?

Yes No

Does the individual require frequent assistance in transferring to prevent falls (e.g., going from a bed to a wheelchair)?

Yes No

**If you checked "yes" for any of the questions in #2, you may need to increase formal support services and/or start investigating out-of-home placement options.*