

ADL/Personal Care Needs: DAILY PHYSICAL ASSIST OR C&S DURING ENTIRE TASK (LEVEL 1)

Use Codes: I (Independent) D (Dependent) PA (Assist) CS (Cueing and Supervision)

_____ Bathing: _____
_____ Dressing: _____
_____ Toileting/Incontinence Care: _____
_____ Ambulating: _____
_____ Eating: _____
_____ Transferring: _____

How long can member be left unsupervised? _____

Behavioral/Cognitive/ Mental Health problems requiring Caregiver assistance up to 24 hours per day (Wandering, verbal/physical abuse, socially inappropriate behavior, resist care).

MEMBER/CG HAVE BEEN ADVISED TB'S WILL BE REQUIRED FOR BOTH (& PE FOR CG) BEFORE ORIENTATION CAN BE SCHEDULED? YES _____ NO _____

Home Safety Checklist

Are there any firearms in the house? _____

If yes, is it licensed _____ and where is it stored? _____

Are there any pets in the house? _____ What type of pet(s)? _____

Does anyone in house have medical marijuana license? _____

Is there supplemental oxygen present in the home? _____

Does anyone in the house currently smoke cigarettes? _____

How did you find out about Tempus' AFC Program? _____

Other Supports/Providers:

Emergency Contact: _____ Phone: _____

Rep Payee: _____ Phone: _____

Guardian: _____ Phone: _____

(IF PARENT IS GUARDIAN & WANTS T/B CG, GUARDIANSHIP MUST BE RELINQUISHED)

Health Care Proxy: _____ Phone: _____

PCA/VNA/other in-home services: _____

Present Day Services/ Phone: _____

Address: _____ Schedule: _____
