

ASSESSMENT OF NEED FOR CRITICAL/PRIORITY I

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Answer each question, giving detailed explanations, and provide documentation, when needed, to support the responses. Case Management Service Notes will be reviewed but copies need not be provided. This assessment must be completed with input from the person's current primary caregiver/family. Once completed, the Assessment must be signed by the person, his/her primary caregiver/family representative, and the person completing the assessment. **Each Question must be answered to be accepted.**

1. Describe where and with whom this person currently lives:

2. Describe any other services/supports that have been tried, but have failed to meet this person's needs. Indicate when the services/supports were tried and why the services/supports were ineffective:

3. Indicate any services/supports available to address this person's needs that have not been tried and indicate why they have not been tried.

4. Indicate which of these situations/circumstances exists for this person. For each situation/circumstance noted to exist, provide a detailed explanation of the situation/circumstance and provide documentation to support the existence of the situation/circumstance.

This person:

- Has been recently abused/neglected/exploited by his/her primary caregiver.

Documentation Provided: _____

- Is/will be homeless (is being discharged from placement and is unable to independently or with family; has no family or friends with whom he/she may live; is living with their family but the family will not continue to provide housing. * A statement signed by the waiver participant's family/primary caregiver must be included which clearly indicates that the waiver participant will no longer be permitted to live in the residence or will not be permitted to return to the family's/caregiver's home and that the family is unwilling to continue to care for and support the waiver participant. If the waiver participant refuses to return to his/her home after being away, he/she should indicate such.

Documentation Provided: _____

- Has seriously injured self or others and continues to pose a threat to the health and safety of others. Examples of documentation include, police reports and/or medical records specifying the injuries caused or threats posed must be included.

Documentation Provided: _____

Has recently lost a primary caregiver or is at imminent risk of losing a primary caregiver and no other caregiver is available. *Examples of documentation include obituary/death notices or medical records for the primary caregiver.*

Documentation Provided: _____

Has a primary caregiver who is 80 years of age or older with diminished ability to provide care. The caregiver's diminished capacity is likely to continue indefinitely due to the caregiver's physical or mental status. Care is provided now, but it is clear that the need for another caregiver is imminent and no other caregiver is available. *Examples of documentation include proof of age of the caregiver and medical records demonstrating his/her diminished capacity.*

Documentation Provided: _____

Has a history of significant behavioral challenges and is currently disruptive in his/her current living situation. Supports to prevent harm to the person and/or others will not likely continue to effectively address the situation. Residential Services will likely be required within the next twelve (12) months.

Documentation Provided: _____

Has significant medical challenges. Supports to prevent harm to the person will not likely to continue to effectively address the situation. Residential Services will likely be required within the next 12 months.

Documentation Provided: _____

5. If none of the situations/circumstances from question #4 exists, describe in detail why the person's current living arrangement cannot continue.

As the person completing this assessment, I attest that the information contained in this document is true and accurate.

Signature

Date: _____

Printed Name/Title

I, _____, as the primary caregiver/family representative of _____, attest that I have been given the opportunity to have input into the creation of this document, I have read it and I agree with the information it contains.

Signature of family/representative

Date: _____

Relationship to person

Signature person eligible for DDSN services

Date: _____