

**1. Provide assessment details**

☐ New Assessment      ☐ Reassessment      Case number: \_\_\_\_\_

Previous assessed level of support: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

Care Coordinator name: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**2. Give personal information**

Name: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Verified: ☐ Yes ☐ No

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone (xxx-xxx-xxxx): \_\_\_\_\_ Health Card number: \_\_\_\_\_

Preferred language: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Marital status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed

Primary diagnosis: ☒ Physical Disability ☒ Long Term Mental Illness ☒ Intellectual Disability ☒ Other

Specify diagnosis (primary/secondary and other related): \_\_\_\_\_

Current living situation: \_\_\_\_\_

Name on wait list: ☐ Yes ☐ No      Comments: \_\_\_\_\_

Support/Service Provider name: \_\_\_\_\_ Phone (xxx-xxx-xxxx): \_\_\_\_\_

Contact information: \_\_\_\_\_

Current vocational/program involvement (Employment, Adult Service Centre, P50, Volunteer, etc.): \_\_\_\_\_

Location and contact information: \_\_\_\_\_

Educational level:      Read ☐ Yes ☐ No      Write ☒ Yes ☒ No

Provide details: \_\_\_\_\_

**3. Provide person acting on individual's behalf and/or primary emergency contact**

Legal Guardianship	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Personal Directive	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Statutory Decision Maker (PDA)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Power of Attorney	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Adult Protection Order	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Community Treatment Order	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Public Trustee	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Verified	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Provide contact information:

Name	Relationship	Address	Phone (xxx-xxx-xxxx)	Type of Support/Role

#### 4. Provide individual's perception and collateral information

Events leading up to Request for Assessment:

☐ Initial Assessment    ☐ Reassessment    ☐ Major health change    ☐ Inability of present support to continue

What are the individual's current circumstances and requests for services?

Collateral information regarding individual's circumstances and request for services (may include family, health, professionals, friends, etc.):

#### 5. Give social history

Describe cultural, religious, ethnic, familial and community circumstances, personal interests/activities, and history of living circumstances, placements, etc.:

#### 6. Give employment information

Describe past employment history and future interests:

#### 7. Give health history

Professionals:

Name	Profession	Contact Information

Recent or significant past hospitalizations:

Other presenting issues (other health factors affecting daily functioning and that may require monitoring/support):

Allergies/sensitivities:

Medication(s) (including over-the-counter and other aids). Please specify corresponding medical conditions:

Medications last reviewed (dd/mm/yyyy):

Describe symptoms of acute illness and characteristics of wellness:

Safety/Risk considerations:

☐ Fire and Life Safety   ☐ Elopement   ☐ Aggression   ☐ Sexuality   ☐ Addictions   ☐ Communicable Disease   ☐ Other

Comments:

## 8. Give justice history

Is there a history of police involvement and/or involvement in the criminal justice system?   ☐ Yes   ☐ No

Is there a conviction?   ☐ Yes   ☐ No

If **no**, continue to section 9 Provide assessment related financial data.

If **yes**, what was the nature and extent of the involvement, violent/non-violent and outcome?

Current Charges:  
Probation:

☐ Yes  
☐ Yes

Absolute Discharge:  
Parole:

☐ Yes  
☐ Yes

Conditional Discharge:  
Pardon:

☐ Yes  
☐ Yes

## 9. Provide assessment related financial data

Financially eligible for SPD:   ☐ Yes   ☐ No   ☐ Partial contribution

Please provide details regarding any income, family contribution, etc.: \_\_\_\_\_

Benefit plan:   ☐ Yes   ☐ No   Provide details: \_\_\_\_\_

Funeral arrangements:   ☐ Yes   ☐ No   Prepaid funeral:   ☐ Yes   ☐ No

If yes, please provide details, including contact name and information: \_\_\_\_\_

## 10. For reassessment only

Change in Income/Financial status:   ☐ Yes   ☐ No   Details: \_\_\_\_\_

# Level of Support Assessment

## A. Activities of daily living

Care / Support (0 – 5)	1. Bathing	
0 Independent - no concerns or support required		3 High Level of Support - consistent prompts or reminders - requires supportive presence or partial assistance - monitoring regarding safety issues - may require assistance with setting water temperature, getting in/out of tub ☆
1 Minimal Level of Support - minimal prompts/reminders only		4 Enriched Level of Support - always requires prompting, supervision and/or assistance in bathing activities - may attempt to do for self but requires support to complete - bathing activities may be initiated and carried out by provider
2 Moderate Level of Support - occasional supervision - frequent verbal prompts, encouragement or motivation - minor assistance with specific tasks (shampooing) - education, informal teaching		5 Intense Level of Support - behaviour or resistance challenges present - may require additional support (more than one person) - intensive level of monitoring/intervention because of safety/risk issues
Comments (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	2. Grooming/Hygiene	
0 Independent - no concerns or support required		3 High Level of Support - frequent prompts and daily monitoring to ensure attendance to grooming and hygiene - teaching and skill development - needs assistance with certain tasks (nail care, shaving, menstrual care)
1 Minimal Level of Support - minimal supervision required - may require minimal verbal prompts		4 Enriched Level of Support - full support required with all grooming activities
2 Moderate Level of Support - requires intermittent verbal prompts and monitoring for initiating and/or carrying out grooming tasks appropriately - occasional assistance and education with specific techniques ☆		5 Intense Level of Support - behavioural challenges present - may resist grooming aspects of care - intensive level of education/teaching/skill development
Comments (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	3. Toileting/Continence	
0 Independent - no concerns or support required		3 High Level of Support - regular support/intervention to maintain routines including monitoring of bladder or bowel issues - frequently incontinent - medication, aids, special diet, etc. may be a part of the daily regime - daily peri-care (wiping support, etc.)
1 Minimal Level of Support - some issues with continence, however, independent with incontinence supplies - may require some support with hygiene, teaching/reminders, bowel/bladder issues (medication, aids, special diet, etc.)		4 Enriched Level of Support - incontinent of bowel/bladder; uses incontinent supplies day and night - close monitoring of bowel and bladder issues; interventions as required - requires support for all toileting activities
2 Moderate Level of Support - intermittent support/intervention to maintain routines (medication, aids, special diet, etc.) - may use liners through day, incontinent supplies at night - may require some assistance/monitoring with hygiene - gets up on own at night if necessary ☆		5 Intense Level of Support - behavioural challenges present - intensive level of support/intervention
Comments (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	4. Dressing/Clothing	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> - requires frequent supervision, prompting and/or partial assistance with dressing, choosing and maintenance of clothing - always requires assistance with more difficult articles of clothing and difficult closures (shoes, laces, etc.) - may require assistance with braces and special shoes, etc.
	<b>1 Minimal Level of Support</b> - requires minimal prompts regarding changing, choice, suitability, maintenance or cleaning of clothing	<b>4 Enriched Level of Support</b> - all/most dressing activities are carried out by support provider - may require specialized adapted clothing
	<b>2 Moderate Level of Support</b> ☆ - intermittent reminders and monitoring, verbal prompts regarding changing, choice, suitability, maintenance or cleaning of clothing - may require supervision and/or assistance required for difficult closures, shoes, etc.	<b>5 Intense Level of Support</b> - behavioural challenges present - resistance to dressing or disrobes frequently - intensive level of monitoring/intervention
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	5. Mobility (Ambulation/Transferring/Stairs)					
	Full Use <input type="checkbox"/> Partial Use <input type="checkbox"/> No Use <input type="checkbox"/> Amputations <input type="checkbox"/>	<b>Right Arm</b> <input type="checkbox"/> <b>Left Arm</b> <input type="checkbox"/> <b>Right Leg</b> <input type="checkbox"/> <b>Left Leg</b> <input type="checkbox"/>	<b>Accessibility Requirements</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None Details:			
	<b>0 Independent</b> - no concerns or support required					<b>3 High Level of Support</b> - physical ability to move about in familiar settings - often requires physical assistance (balance, aids) - physical therapy/exercise programs may be required - cooperates/helps when being transferred - unable to self-evacuate without assistance
	<b>1 Minimal Level of Support</b> - uses aids with minimal support - physically able to self-evacuate during emergencies - may require occasional support with stairs, uneven terrain, and long distances					<b>4 Enriched Level of Support</b> - physical assistance required for mobility and transfers (lifting to/from bed, wheelchair, etc.) - mechanical aids may be used - requires full support when evacuating
	<b>2 Moderate Level of Support</b> ☆ - able to self-evacuate - may require accessible setting - occasional assistance with the use of aid or transferring - may require some level of support for long distances - may require physical assistance/supervision in some situations, however, presents no fire and life safety concerns					<b>5 Intense Level of Support</b> - behavioural challenges present - may demonstrate resistance to support (may drop to floor, may require 2 person assistance) - requires supervision, assistance or more than one staff, when evacuating
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)						

Care / Support (0 – 5)	6. Eating/Mealtime Support	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> - due to safety concerns and/or requires specific food preparation/presentation (cut-up into small pieces, etc.) - monitoring intake, restriction of certain foods; thickening agents may be required
	<b>1 Minimal Level of Support</b> - requires minimal support - minimal prompts about diet, etiquette	<b>4 Enriched Level of Support</b> - constant supervision and physical assistance - hand over hand or requires to be fed - often requires special seating adaptation during feeding - swallowing difficulties and requires close observation while eating - specialized food preparation - often requires evaluation of nutrition
	<b>2 Moderate Level of Support</b> ☆ - prompting/teaching about appropriate mealtime behaviour - encouragement/prompts to eat - may require specialized diet/utensils	<b>5 Intense Level of Support</b> - behavioural challenges present - resistant or other mealtime challenges to self or others - intensive level of monitoring/intervention
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		



Care / Support (0 – 5)	7. Communication/Comprehension	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - requires repetition of instructions/information, uses short sentences - communicates well with known individuals, but may have difficulty expressing complex thoughts or maintaining conversations with unknown individuals because of speech patterns - significant literacy issues; may benefit from formal communication enhancement programs - context is important to facilitate comprehension
	<b>1 Minimal Level of Support</b> - demonstrates socially appropriate communication skills with minimal support - able to follow multi-step commands with minimal difficulty - able to get wants and needs met verbally, sign language, etc., with little difficulty - able to communicate with a variety of individuals	<b>4 Enriched Level of Support</b> - comprehension of spoken language limited - may be verbal, expressive language skills are limited (phrases) - may be unable to communicate with a variety of individuals - demonstrates comprehension of some single step commands/requests in familiar routines - non-verbal or demonstrates single word utterances - may use gestures/pointing/manual signs/pictures or other forms of communication
	<b>2 Moderate Level of Support</b> - enhancing communication abilities, including literacy - expressing ideas, emotions, needs, wants - individual program support may be required - communication is assisted by devices - context dependent - clarification and rephrasing - able to communicate appropriately with periodic, brief support	<b>5 Intense Level of Support</b> - lack of ability to communicate presents challenges - requires enhanced/specialized supports to communicate - may present unwillingness or lack of interest - inability to express pain and frustration and may result in self abuse or aggression - intensive level of support/monitoring
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	8. Sensory Hearing/Vision	
	<b>0 Independent</b> - full hearing/vision - no concerns or support required	<b>3 High Level of Support</b> - sensory loss significantly affects interactions with others - environmental modifications required - prompts/aids and support required to respond to environment and decrease barriers
	<b>1 Minimal Level of Support</b> - in some environments special issues (noisy/depth perception) - some attention to environment to maximize independence - minimal support with use and care of hearing aids/glasses - may require monitoring by specialist, use of OTC/drugs may be required - impaired but does not affect independence	<b>4 Enriched Level of Support</b> - affects all aspects of independence - program in place to provide regular periods of individual attention and sensory stimulation - dependent on provider
	<b>2 Moderate Level of Support</b> ☆ - hypo or hyper sensitivity to sound and noise/support in unfamiliar environment (vision) - difficulty following instructions/conversations need to be face to face (hearing) - assistance with use and care of hearing and vision aids - environmental enhancements required (door bell, telephone, fire alarm/lighting)	<b>5 Intense Level of Support</b> - may result in safety or behavioural issues - interactions may require a specialized approach, resistance issues may be present - intensive level of support/monitoring
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Goals for Activities of Daily Living

## B. Instrumental activities of daily living

Care / Support (0 – 5)	9. Food Preparation	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - formal program and aids to enhance safety or skill development in food preparation and meal planning - requires support to prepare meals or utilize meals on wheels programs etc., due to individual preference
	<b>1 Minimal Level of Support</b> - minimal instructions required with basic food preparation and choice - may require assistance with menu planning	<b>4 Enriched Level of Support</b> - skill enhancement support and assistance with some aspects of food preparation required, OR - unsafe or unable to assist with food preparation activities
	<b>2 Moderate Level of Support</b> - independent in participating in making light lunches/snacks - requires minimal assistance with meal preparation and planning - teaching opportunities required to enhance skills	<b>5 Intense Level of Support</b> - behavioural challenges present - intensive program support and highly structured setting required - intensive level of monitoring/intervention
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	10. Housekeeping/Laundry	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - needs ongoing support, supervision to complete household routines - demonstrates ability to manage certain tasks - may require physical assistance to complete some household tasks - formal opportunities for skill development, independence, and enhancement - may assist with some task steps but is uninterested in performing whole task
	<b>1 Minimal Level of Support</b> - prompts/encouragement – minimal monitoring	<b>4 Enriched Level of Support</b> - may assist with some tasks but does not perform whole task or task thoroughly unless given constant direction/support - unable to assist with household activities
	<b>2 Moderate Level of Support</b> - requires intermittent support, regular reminders and encouragement and/or informal teaching opportunities to enhance skills, thoroughness	<b>5 Intense Level of Support</b> - behavioural challenges present - has potential but is resistant - highly structured setting required
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	11. Transportation	
	<b>0 Independent</b> - no concerns or support required - uses transit system or makes travel arrangements independently, etc.	<b>3 High Level of Support</b> - travel provided in private vehicle and requires support of an adult who is familiar and able to respond to support needs
	<b>1 Minimal Level of Support</b> ☆ - minimal support for regular or routine/limited routes - may use access-a-bus and/or prearranged travel with minimal supports - may need occasional assistance with directions or accessing public transportation - support required for new or changes in routines or route changes	<b>4 Enriched Level of Support</b> - may require specially equipped vehicle/ambulance or additional person(s) in attendance for support
	<b>2 Moderate Level of Support</b> - can travel on public transportation when accompanied by another person - uses arranged and supportive transportation (access-a-bus for vocational activities, or in rural areas travels in private vehicle with assistance of an adult to ensure safety)	<b>5 Intense Level of Support</b> - behavioural challenges present - may require accompaniment by more than one staff - highly structured supports required - requires extensive program support and monitoring - may be a risk to self or others
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	12. Financial Management	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - supervision and assistance in setting budget priorities - formal teaching program to enhance financial skills/independence - requires accompaniment and support with some aspects of financial management
	<b>1 Minimal Level of Support</b> - budgetary monitoring only - manages personal finances with minimal support	<b>4 Enriched Level of Support</b> - teaching and skill enhancement required to promote independence - others responsible for financial record keeping - requires accompaniment and support with all aspects of financial management, OR - unable to participate in these activities
	<b>2 Moderate Level of Support</b> - monitoring and minimal support and/or instruction in managing finances, paying bills, balancing budget - informal teaching opportunities utilized	<b>5 Intense Level of Support</b> - intensive level of support - may be complicated by issues such as gambling and other addictions
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	13. Shopping	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> - support/supervision, accompaniment, and/or assistance with most shopping - skill development to enhance independence
	<b>1 Minimal Level of Support</b> - manages these tasks independently - minimal monitoring	<b>4 Enriched Level of Support</b> ☆ - requires accompaniment and support on an ongoing basis - total support required but no behavioural challenges - others responsible for all aspects of shopping and financial records
	<b>2 Moderate Level of Support</b> - intermittent support and/or instruction in locating, choosing items and making purchases - accompaniment on some outings to offer informal teaching opportunities to enhance skills	<b>5 Intense Level of Support</b> - behavioural challenges present, may be unpredictable - requires close monitoring and support
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Goals for Instrumental Activities of Daily Living



## C. Health status

Care / Support (0 – 5)	14. Mental Health Status	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - clinical diagnosis, stable but may be cyclical in nature - regular monitoring and intermittent consultation with mental health professionals is required - monitoring of medications to maintain stability - individual's insight into their mental health requires ongoing support
	<b>1 Minimal Level of Support</b> - general support regarding mental health well being (adjustments in routine and situational pressures, etc.) - may not have a clinical diagnosis	<b>4 Enriched Level of Support</b> - clinical diagnosis, stable but presents challenges to daily routines - ongoing access to professional mental health services - has limited insight into their mental health issues
	<b>2 Moderate Level of Support</b> - clinical diagnosis, which is generally stable - support is intermittent - monitoring of mental health indicators - has insight into mental health issues	<b>5 Intense Level of Support</b> - daily intensive support - disrupts ADLs and IADLs - ongoing monitoring, support and intervention from mental health professionals - assistance required for getting to and from appointments concerning mental health issues - has no insight into mental health issues - specialized approach from provider required
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

15. Mental Health Diagnosis	
<b>Primary Mental Health Diagnosis</b> Please Check <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes ... proceed	<b>Secondary Mental Health Diagnosis</b> Please Check <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>1 Stable</b> - limited impact on daily routines	
<b>3 Periodic</b> - intermittent impact on daily routines	
<b>5 Ongoing Support</b> - regular impact on daily routines	
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)	

Care / Support (0 – 5)	16. Social Interaction (Relationships, sexuality, interpersonal skills and/or challenges)	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - requires ongoing support from support/education providers or clinical professionals - may isolate self from others
	<b>1 Minimal Level of Support</b> - situational/occasional support	<b>4 Enriched Level of Support</b> - requires daily support and intervention based on a formal program; involves regular support from clinical professionals or service providers
	<b>2 Moderate Level of Support</b> - requires support and education, verbal intervention and redirection on an intermittent basis	<b>5 Intense Level of Support</b> - all characteristics under 4 - may show aggressive behaviour towards others - significant risk to self and others
<b>Comments</b> (use this space to clarify and provide details including strengths, resources and challenges)		

Care / Support (0 – 5)	17. Memory/Orientation	
	<b>0 Independent</b> - no concerns or support required - is completely aware of his/her environment and others within it - no issues or concerns with memory or orientation	<b>3 High Level of Support</b> - requires support on a consistent basis (regular routines or other tools to compensate and support memory) - regular support and intervention to maintain activities or routines and to respond to environment
	<b>1 Minimal Level of Support</b> - reminders, promoting only - may require temporary increase in support when actively ill or experiencing anxiety	<b>4 Enriched Level of Support</b> - requires constant support - significant memory impairment - specific period of time devoted daily to increase awareness of environment
	<b>2 Moderate Level of Support</b> ☆ - may require regular prompts to maintain activities/routines - increased support when outside normal routines - easily distracted, requires brief instructions	<b>5 Intense Level of Support</b> - behavioural challenges and safety issues due to memory or orientation issues - intensive level of monitoring
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	18. Judgment/Insight/Decision-Making	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - verbal prompts and some assistance to maintain daily routines - emphasis on supported decision-making, skill enhancement - vulnerable in unusual or outside routine situations
	<b>1 Minimal Level of Support</b> - day to day decision-making - has good insights into illness or disability - seeks assistance when required - may benefit from increased knowledge or education opportunities and support in making major decisions	<b>4 Enriched Level of Support</b> - ongoing support to maintain daily activities, routines, and decision-making - lacks insight, vulnerable to manipulation, predators - requires support for awareness and decision making in situations where the individual may only be passively engaged
	<b>2 Moderate Level of Support</b> - support to ensure that daily activities, routines and living patterns are appropriately maintained - may involve informal to formal teaching, skill enhancement opportunities	<b>5 Intense Level of Support</b> - behavioural challenges present - requires specific strategy or programs to manage safety/risk issues - intensive support/monitoring
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	19. Sleeping	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> - may experience temporary sleep disruptions when unwell - may require support to ensure safety and supervision at this time
	<b>1 Minimal Level of Support</b> ☆ - some difficulty settling, occasional waking through the night - no safety concerns	<b>4 Enriched Level of Support</b> - active support throughout the night on an ongoing basis - may require toileting assistance or other supports to resettle
	<b>2 Moderate Level of Support</b> - may wake through night and requires support to resettle	<b>5 Intense Level of Support</b> - requires active night awake supervision and support due to challenging behaviours and safety/risk issues
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	20. Safety (Self-injurious, disruptive behaviour, addictions, stress/trauma)	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - monitoring or intermittent assistance to participate in formal education or counselling programs - support programs in place to reduce safety risks to self, others or community at large
	<b>1 Minimal Level of Support</b> - education, teaching and/or informal support for issues relating to manageable behaviours such as attention-seeking, addictions or past stress and trauma - no unmanageable safety risks identified by the individual, family or professional(s)	<b>4 Enriched Level of Support</b> - presents some safety risks to self, others or community at large - support program and structure in place to manage risks - intermittent involvement from professionals
	<b>2 Moderate Level of Support</b> - past history, stable due to successful intervention - presents minimal safety risks - ongoing support and education	<b>5 Intense Level of Support</b> - may demonstrate unpredictable behaviour - requires ongoing monitoring and support - requires professional involvement, direction and intervention - requires a skilled approach and highly structured program - may involve physical aggression towards others
Comments (use this space to clarify and provide details including strengths and resources)		

Goals for Mental Health Status

Care / Support (0 – 5)	21. Physical/Medical Health Status	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - ongoing health interventions due to static/progressive complications or problems that are stable or well controlled once a month - may be prone to recurrent acute episodes, illness - may occasionally require clinical intervention, special care and monitoring - may require frequent blood or other tests to monitor health condition - may require assessment(s) services from O.T., physiotherapy, nursing - specialized training may be required for individual and/or support people to assist in daily therapies
	<b>1 Minimal Level of Support</b> - routine medical and dental care - evaluation of general health approximately once a year - requires usual medical care during acute illness - may require health care teaching - may require occasional First Aid	<b>4 Enriched Level of Support</b> - active treatment and ongoing assessment - may require frequent medical care and appointments and close monitoring when ill with an acute problem - requires reassessment and monitoring by personnel (nutrition, mental health, O.T., physiotherapy, nursing) - specialized training and monitoring by a health professional to assist in daily therapies - may have a seizure condition that requires monitoring
	<b>2 Moderate Level of Support</b> - routine health care and/or pre-scheduled appointments due to intermittent health problems more than once a year - may occasionally require simple tasks to be done by support provider (skin - acne care, treatment of minor infections) - may require simple OTC and/or PRN medications - may require quarterly routine blood or other tests to monitor chronic conditions	<b>5 Intense Level of Support</b> - behaviours interfere with ability to assess and/or treat medical issues - may require active rehabilitative or chronic care treatment
Comments (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	22. Medication Management	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> ☆ - capable of self-administering medications with available resources for ordering, monitoring, supervision and/or guidance - may have mental health outreach team assistance and/or reliable system of support which ensures medication taken appropriately
	<b>1 Minimal Level of Support</b> - with minimal or intermittent monitoring capable of safely managing own medications - knowledgeable with over the counter use/non-prescription medications	<b>4 Enriched Level of Support</b> - requires support with direct administration and with all medication management routines - requires support with ordering, storage and records
	<b>2 Moderate Level of Support</b> - capable of self-administering medications with monitoring - may require additional support with new prescriptions, changes in medication routines	<b>5 Intense Level of Support</b> - requires additional supervision of medication regime due to potential medication mismanagement, chemical dependency, compliance issues
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (0 – 5)	23. Diet/Nutrition	
	<b>0 Independent</b> - no concerns or support required	<b>3 High Level of Support</b> - requires consultation and education from health professionals and/or daily monitoring of food intake, special diets, food allergies, disordered eating, etc. - requires regular assistance with food preparation to ensure appropriate special diets
	<b>1 Minimal Level of Support</b> - requires teaching/counselling assistance - requires prompts/reminders to eat a well balanced diet with a variety of foods	<b>4 Enriched Level of Support</b> - requires total preparation and monitoring of special diets - requires ongoing support for disordered eating - requires full preparation and monitoring of special diets - severe food allergies
	<b>2 Moderate Level of Support</b> ☆ - requires teaching and or specialized preparation of diet - requires assistance and support with special diet requirements to treat disease or to promote health in conjunction with health professionals - may require intermittent monitoring for disordered eating	<b>5 Intense Level of Support</b> - requires additional supervision due to behaviour - resistance, compliance concerns - diagnosis of eating disorder requires constant monitoring and supervision
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Goals for Physical Health Status

## D. Community participation and overall resources

Care / Support (1 – 3)	24. Professional/Clinical Supports
	<b>1 Supports Available &amp; Accessed</b> - all professional supports identified in the functional assessment are available and individual is able to access them (transportation, frequency of visits, etc.) - arrangements made/or need to be made with minimal guidance
	<b>2 Partial Support Available &amp; Accessed</b> - key professional supports identified in the functional assessment are available and can be accessed with support ☆
	<b>3 No Supports Available or Accessible</b> - professional supports identified in the functional assessment are unavailable and/or individual is unable to access them (waitlists)
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)	

Care / Support (0 – 5)	25. Social/Community Involvement & Support	
	<b>0 Independent</b> - able to initiate and independently assume responsibility for leisure, religious, social, and recreational involvement	<b>3 High Level of Support</b> ☆ - requires regular assistance and intervention to initiate/maintain leisure, social, recreation, and religious involvement - requires assistance with identifying interests
	<b>1 Minimal Level of Support</b> - encouragement and information - minimal support in identifying interests and locating appropriate leisure, social, recreational, and community resources	<b>4 Enriched Level of Support</b> - requires continuing provider advocacy and ongoing intervention to ensure that leisure, social, recreational, and religious involvement are initiated and maintained - requires the provider to assume responsibility for social and recreational involvement and accompaniment
	<b>2 Moderate Level of Support</b> - requires encouragement, information, and support locating appropriate leisure, social, recreational, and community resources - may require intermittent support to initiate some activities and to access transportation	<b>5 Intense Level of Support</b> - behavioural challenges present - intensive level of assessment and monitoring - structured program to enhance skills, manage safety/risk issues - may require accompaniment
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

Care / Support (1 – 3)	26. Family/Personal Support Network
	<b>1 Well Connected To Natural Family, Friends, &amp; Support Network</b> - regular supportive contact by phone/visits with significant others - friends/family may be resource for relief/assistance - has regular contact on a pre-planned basis out of home (on outings, for occasional overnight visit(s), and/or holidays) - contact is positive
	<b>2 Intermittent Support</b> - intermittent contact/visits with family, friends out of home or within home - overnight visits rare, special occasions only - contact is irregular, but generally positive - resident may experience some challenges/stress associated with contact - supportive but unable to provide respite
	<b>3 Limited Involvement/Concerns</b> - contact is rare or significant stressors are associated with family contact - no respite/relief/assistance provided/available - requires support to build a personal network outside of home
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)	



<b>Care / Support (0 – 10)</b>	<b>27. Education, Work &amp; Day Activities</b>
	<b>0 Independent</b> - involved in full day program activities (approx. 6 hrs/day Mon-Fri) (workshop, supported full or part time paid employment, training, education, or self-directed activities) - has daily support funding or respite - support, supervision of day activities provided or available from sources outside of home, or individual is independent and does not require daytime support from care provider
	<b>1-9 Part-Time Support</b> - 2 pts per day (or 1 pt per half day) for support and supervision expected from care provider (approx. 6 hrs/day Mon-Fri) - participates in part-time formal programs - participates in part-time informal programs or self directed activities - has part-time day support funding or respite - support required in finding employment - ongoing support required in maintaining employment
	<b>10 Full Support</b> - no day program available or appropriate - daytime support or supervision required from the care provider - no additional funding for day supports or respite
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)	

<b>Care / Support (0 – 5)</b>	<b>28. Level of Supervision</b>	
	<b>0 Independent</b> - requires no support or supervision - is able to occupy time and pursue own interests with no concerns	<b>3 High Level of Support</b> - access to onsite supervision at all times when the resident is at home - may access community independently for brief periods of time to do routine or nearby errands - teaching, skill development and support and assistance is required with ADLs and IADLs
	<b>1 Minimal Level of Support</b> - comfortable with being alone and can remain at home for periods of time as outlined in the comments section - can access community independently for extended periods of time - contact name and number for emergencies, able to use emergency response system - may require teaching and skill development with IADLs	<b>4 Enriched Level of Support</b> - require active support to identify interests, occupy time, and/or assistance with ADLs and IADLs - access to support and supervision at all times; home and community
	<b>2 Moderate Level of Support</b> ☆ - intermittent supervision, access to support on 24 hour basis - is comfortable with being alone and can remain at home for certain periods of time as outlined in comments section - requires provider or alternate contact information - may access community independently for extended periods of time for routine or structured activities - teaching and skill development is required to further enhance independence with ADLs and IADLs - no overnight support required for ILS participants	<b>5 Intense Level of Support</b> - maximum supervision/support due to behavioural or complex care needs
<b>Comments</b> (use this space to clarify and provide details including strengths and resources)		

<b>Current goals for community participation and overall resources</b>

**For Direct Family Support for Adults (DFSA) please complete Section E on page 15 and for all other programs go directly to Section F on page 16.**

## E. Family factors – Direct Family Support for Adults (DFSA) Program

Care / Support (1 – 5)	29. Caregiver Factors	
	1 - two caregivers with extended family support	4 - single caregiver, limited family supports and other pressures
	2 - single caregiver, frequent and regular family support, few other pressures - 2 caregivers, few family supports, some outside pressures	5 - single caregiver, no other supports, many additional pressures/responsibilities
	3 - single caregiver, some family supports - 2 parents, one has all/most of responsibility	

Care / Support (0 – 20)	30. Caregiver Stress Factors	
	0 Caregiver Coping Well Overall - has access to required supports	5 - 10 Moderate Stress (2 or More) - caregiver has a lot of difficulty following through on goals - requires a high level of support from professionals - identifies stress as increasing, ability to provide required care diminishing - having marital difficulties - recent history of illness of family members, etc. - caring for aging family member(s)
	1 - 5 Mild Stress - caregiver copes well most of the time - on waitlist for professional intervention - needs may increase in the near future	10 - 15 High Stress (2 or More) - marital breakdown occurring/recent - caregiver is disabled/ongoing health problems - caregiver exhausted from lack of sleep - caregiver demonstrates high stress level - many agencies involved with family - caring for aging and/or other family member
		15 – 20 Urgent Situation - identified by family and/or formal supports as high priority - waitlist for immediate placement

Care / Support (0 – 3)	31. Caregiver Support Network	
	0 Well Supported - family well-connected in neighbourhood - supportive friends, church, groups, etc. - regular, consistent relief/recreational opportunities.	2 Minimal Support - sporadic access to support opportunities, ongoing issues with day time activities
	1 Moderate Support - one or two links to community which offer a moderate amount of support - friends, neighbours, church, Special Olympics - belongs to parent support group or advocacy organization	3 No Support - high level of isolation due to absence of supports - low availability and accessibility of community supports and services - limited neighbourhood supports

Care / Support (0 – 8)	32. Caregiver(s) Work/Life Routine	
	0 Regular Routine - caregiver(s) working/retired - dependant has day program or support - caregiver managing well	4 Significant Disruptions to Routine - very stressed due to responsibilities for dependant - feels overtired and overloaded and affecting ability to provide care - if working, must use a lot of special or family leave - job is threatened
	2 Moderate Disruptions to Routine - working/retired - stress associated with coordinating and managing services and resources required by adult dependant	8 Total Disruption to Routine - on leave of absence from work or not working due to challenges of dependant and non-availability of supports, OR - unable to continue to provide support and immediate placement has been requested

Comments (use this space to clarify and/or provide further details on family factors as required)

## F. Summary of recommendations

Immediate Goals:

Short Term Goals:

Long Term Goals:

Level of support determination: \_\_\_\_\_

☐ New Applicant      Change from Previous Assessment    ☐ Yes    ☐ No

Comments:

Next recommended Review Date (dd/mm/yyyy) if applicable: \_\_\_\_\_

## 7 Sign level of support assessment

Care Coordinator (Please Print): \_\_\_\_\_

Contact address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (xxx-xxx-xxxx) Work: \_\_\_\_\_ Fax (xxx-xxx-xxxx): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Care Coordinator)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Casework Supervisor)

## 1 Individual Support Plan (ISP) information

The ISP should be completed within three months of a new placement and/or updated at the time of reassessment or annual review. The support plan should include identified goals and needs in the following areas, but is not limited to:

- Daily living situation – ADLs, IADLs, financial
- Family and person support networks
- Health – Mental and physical status
- Cultural/ spiritual
- Educational/vocational
- Leisure/ recreational

## 2 Give details

Name: \_\_\_\_\_

Care Coordinator: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Program option / status: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

## 3 Does this person manage their own finances?

☐ Yes – Fully

☐ Yes – Partially

☐ No

Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

## 4 Specify area and primary person responsible

Area 1 - Goal or need: \_\_\_\_\_

☐ Immediate

☐ Short term

☐ Long term

Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

Primary Person responsible:

☐ Individual

☐ Care coordinator

☐ Service Provider

☐ Family / Natural support

☐ Other

Comments, including resources available and / or required. Please specify:

Area 2 - Goal or need: \_\_\_\_\_

☐ Immediate      ☐ Short term      ☐ Long term      Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

Primary Person responsible:

☐ Individual      ☐ Care coordinator      ☐ Service Provider      ☐ Family / Natural support      ☐ Other

Comments, including resources available and / or required. Please specify:

Area 3 - Goal or need: \_\_\_\_\_

☐ Immediate      ☐ Short term      ☐ Long term      Review Date (dd/mm/yyyy): \_\_\_\_\_

Description:

Primary Person responsible:

☐ Individual      ☐ Care coordinator      ☐ Service Provider      ☐ Family / Natural support      ☐ Other

Comments, including resources available and / or required. Please specify:



## Level of Support / Classification Quick Reference Chart

Level of Support	Appropriate Support Options under the former Classification System
<b>Level 1 Support</b> Minimal	Level 1 support may be provided within the scope of services and the approved staffing complement of the following options: <ul style="list-style-type: none"> <li>Direct Family Support (no staffing attached to this program)</li> <li>Alternative Family Support</li> <li>Independent Living Support</li> <li>Small Option Homes</li> <li>Group Homes</li> <li>Residential Care Facilities</li> </ul>
<b>Level 2 Support</b> Moderate	Level 2 support may be provided within the scope of services and the approved staffing complement of the following options: <ul style="list-style-type: none"> <li>Direct Family Support (no staffing attached to this program)</li> <li>Alternative Family Support</li> <li>Independent Living Support</li> <li>Small Option Homes</li> <li>Group Homes</li> </ul>
<b>Level 3 Support</b> High	Level 3 support may be provided within the scope of services and the approved staffing complement of the following options: <ul style="list-style-type: none"> <li>Direct Family Support (no staffing attached to this program)</li> <li>Independent Living Support</li> <li>Alternative Family Support</li> <li>Small Option Homes</li> <li>Developmental Residences 1</li> <li>Adult Residential Centres</li> </ul>
<b>Level 4 Support</b> Enriched	Level 4 support may be provided within the scope of services and the approved staffing complement of the following options: <ul style="list-style-type: none"> <li>Direct Family Support (no staffing attached to this program)</li> <li>Independent Living Support</li> <li>Alternative Family Support</li> <li>Small Option Homes</li> <li>Developmental Residences 2</li> <li>Adult Residential Centres (including a specialized Adult Residential Centre)</li> </ul>
<b>Level 5 Support</b> Intensive	Level 5 support may be provided within the scope of services and the approved staffing complement of the following options: <ul style="list-style-type: none"> <li>Direct Family Support (no staffing attached to this program)</li> <li>Independent Living Support</li> <li>Alternative Family Support</li> <li>Small Option Homes</li> <li>Developmental Residences 3</li> <li>Regional Rehabilitation Centres</li> </ul>

Information collected during the person focused assessment and support planning process will assist in the determination of the required Level of Support.