

SUDS Requirements

Counseling			SUDS Client Record		SUDS Assessments				
Checkbox Name in SUDS	Service	Formula for SUDS Checkbox	First Name, Last Name	Date of Birth or Age	ADL	IADL	In Home Eligibility		Nutrition Screening
							Can Perform Chores Without Help	Cognitive Impairment Requiring Supervision Question	
Counseling Eligibility	Counseling	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60	X	X					
Counseling Requirements	Counseling	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60	X	X					