SUDS Tip Sheet: Service Eligibility Checklist

This tip sheet is a checklist of SUDS requirements by service. Please use this tip sheet when you are entering service units. If SUDS prevents you from entering a unit, look at the service on this list and check that the required data elements are complete. If you cannot record a unit, a data point is either missing, overdue, or makes the client ineligible (example: under 60).
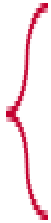
Client Example

1. You have a client who received Homemaker Services but when you try and record a unit against the client, you receive an error.
2. According to the checklist below, to be eligible for Homemaker, the client must have a full name, age 60+, an IADL Score 2+ or a Cognitive Impairment.
3. You check your client and their name and age are complete, but their IADL score is 1 and there is no Cognitive Impairment in SUDS.
4. You know the client has a Cognitive Impairment, but the data entry is SUDS was missed. Update the client's record to include Cognitive Impairment = Yes.
5. Record Homemaker Unit.

Regardless of service, all clients MUST have a Full Name in SUDS. You should NEVER create false client names (Example: First Name = Site A, Last Name = Meals). For more information on service eligibility in SUDS, please visit the SUDS website for additional resources, including live trainings, guides, and service swimlanes.

Older Adult Services

Adult Day Care/Adult Day Health

[SUA Standard Assessment Form: Homemaker, Personal Care, Adult Day Assessment](#)

- ☐ Full Name
- ☐ Age 60 or older
- ☐ ADL Assessment Module within the last 13 months with a final score of 2 or higher

    OR

- ☐ Cognitive Impairment = Yes

Assisted Transportation

[SUA Standard Assessment Form: Transportation Assessment](#)

- ☐ Full Name
- ☐ Age 60+

Case Management

[SUA Standard Assessment Form: Case Management Assessment](#)

- ☐ Full Name
- ☐ Age 60+

Chore

[SUA Standard Assessment Form: Chore Assessment](#)

☐ Full Name

☐ Age 60+

☐ Do you need help performing this chore?[1] Response must be "Yes"

☐ Chore service(s) being requested: Cannot be blank, enter the chore service(s) being requested from your agency, for example: Snow Shoveling

☐ Please share the reason(s) you need help with this chore: Cannot be blank, enter the reason the client needs help with the chore, for example, the client broke their hip

Congregate Meals

[SUA Standard Assessment Form: Congregate Meal Assessment](#)

☐ Full Name

☐ Age

　☐ If the client is over 60, they are automatically recorded as NSIP Eligible in SUDS.

　☐ If the client is under 60, you must pick an NSIP Eligibility selection other than "Individual Age: 60+."

☐ Meal Site[2]

---

[1] The Chore eligibility questions are found on the Client Info tab under the section, Chore Eligibility.

[2] Meal site is only required for eligibility when the client has a disability and lives in the building where a meal site is located. As part of registration, this can be filled out for all congregate clients.

☐ NSIP with one of the following selected:

    ☐ Individual Age: 60+ This will automatically populate if the client is 60 or older

    ☐ Self-Declared Spouse of participating individual aged 60+

        ☐ 60+ Spouse's Full Name[3]: Cannot be blank if "Self-Declared Spouse" is selected

    ☐ Volunteer for the meal programs Meal Site is required

    ☐ Individual with disabilities who lives in the building where the meal site is located (congregate only) Meal Site is required

    ☐ Individual with disabilities who lives with a participant aged 60+

        ☐ 60+ Participant's Full Name: Cannot be blank if "Individual with disabilities who lives with a participant aged 60+" is selected

Counseling

[SUA Standard Assessment Form: Basic Assessment](#)

☐ Full Name

☐ Age 60+

---

[3] This field is called "60+ Participants Full Name" in SUDS. It will automatically appear when required.

Evidence-Based Disease Prevention and Health Promotion (EB)

SUA Standard Assessment Form: Basic Assessment

- ☐ Full Name
- ☐ Age 60+

Home Delivered Meals

SUA Standard Assessment Form: Home Delivered Meals Assessment

- ☐ Full Name
- ☐ Age
- ☐ NSIP with one of the following selected:
    - ☐ Individual Age: 60+ This will automatically populate if the client is 60 or older
    - ☐ Self-Declared Spouse of participating individual aged 60+
        - ☐ 60+ Spouse's Full Name: Cannot be blank if "Self-Declared Spouse" is selected
    - ☐ Volunteer for the meal programs Meal Site is required
    - ☐ Individual with disabilities who lives with a participant aged 60+
        - ☐ 60+ Participant's Full Name: Cannot be blank if "Individual with disabilities who lives with a participant aged 60+" is selected

Homemaker

[SUA Standard Assessment Form: Homemaker, Personal Care, Adult Day Assessment](#)

- ☐ Full Name
- ☐ Age 60+
- ☐ IADL Assessment Module within the last 13 months with a final score of 2 or higher

    OR

- ☐ Cognitive Impairment = Yes

Information and Assistance, Education, and Outreach

[SUA Standard Assessment Form: Basic Assessment (only for registered clients)](#)

- ☐ Full Name
- ☐ Age 60+[4]

Material Aid[5]

[SUA Standard Assessment Form: Material Aid Food Assessment; Material Aid Health Assessment](#)

- ☐ Full Name
- ☐ Age 60+

---

[4] Clients under 60 may receive Information and Assistance Services through State Funding for Senior Services.

[5] Material Aid Food Assessment includes the following Material Aid Subtypes: Farmer's Market/CSA, Restaurant, Other Food, Groceries, Grab and Go Meal, Home Delivered Meals.

Material Aid Health Assessment includes the following Material Aid Subtypes: Assistive Technology, Audiology, Dental/Oral Treatment, Dentures, Emergency Assistance, Glasses/Contacts, Health Equipment, Hearing Aid, Optometry, Special Equipment for Visually Impaired.
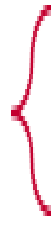
Nutrition Counseling

SUA Standard Assessment Form: Nutrition Counseling Assessment

- ☐ Full Name

- ☐ Age 60+

- ☐ Nutrition Counseling Under 60 Eligibility:

    - ☐ Current participant in congregate or home delivered meal program

    - ☐ Caregiver of an individual aged 60+

Personal Care

SUA Standard Assessment Form: Homemaker, Personal Care, Adult Day Assessment

- ☐ Full Name

- ☐ Age 60+

- ☐ ADL Assessment within the last 13 months with a final score of 2 or higher

    OR

- ☐ Cognitive Impairment = Yes

Reassurance

SUA Standard Assessment Form: Basic Assessment

- ☐ Full Name

- ☐ Age 60+

Screening

[SUA Standard Assessment Form: Basic Assessment](#)

- ☐ Full Name
- ☐ Age 60+

SNAP ED Fresh Conversations[6]

[SUA Standard Assessment Form: Basic Assessment](#)

- ☐ Full Name
- ☐ Age 60+

Transportation

[SUA Standard Assessment Form: Transportation Assessment](#)

- ☐ Full Name
- ☐ Age 60+

---

[6] All regions who implement SNAP ED Fresh Conversations need to go through the SUA Nutrition Director for training and resources

Caregiver Services

Caregiver Services (All Services)
[SUA Standard Assessment Form: Family Caregiver Assessment](#)

- ☐ Full Name
- ☐ Age 18+
- ☐ Caregiver/Care Recipient Relationship
    - ☐ OAA Caregiver Services Eligibility (must be one of the following categories):
        - ☐ Family caregiver of an older adult age 60+
        - ☐ Family caregiver of an individual age <60 with Alzheimer's disease or related disorder

Older Relative/Grandparent Caregiver Services (All Services)
[SUA Standard Assessment Form: Older Relative/Grandparent Caregiver Assessment](#)

- ☐ Full Name
- ☐ Age 55+
- ☐ Caregiver/Care Recipient Relationship
    - ☐ OAA Caregiver Services Eligibility (must be one of the following categories):
        - ☐ Grandparent/Older Relative caregiver of a child (age <18)
        - ☐ Grandparent/Older Relative caregiver of an individual (age 18-59) with a disability

The Colorado Department of Human Services (CDHS) is committed to accessibility. For more on CDHS's accessibility policies, please visit Accessibility at CDHS. If you have difficulty using this document's content, please email the State Unit on Aging at cdhs_stateunitonaging@state.co.us or call 303-866-2800.