

SUDS Requirements

Evidence-Based Disease Prevention and Health Promotion (EB)			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	
Evidence-Based Disease Prevention and Health Promotion Eligibility	Evidence Based	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60	X	X					
Evidence-Based Disease Prevention and Health Promotion Requirements	Evidence Based	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60	X	X					