



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

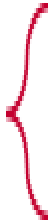
1. You have a client who received Homemaker Services but when you try and record a unit against the client, you receive an error.
2. According to the checklist below, to be eligible for Homemaker, the client must have a full name, age 60+, an IADL Score 2+ or a Cognitive Impairment.
3. You check your 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 in 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](https://sudscolorado.org) 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 Site²

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 Name³: 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 Aid⁵

[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.

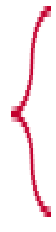
Nutrition Counseling

[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 Conversations⁶

[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

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