|  |  |  |
| --- | --- | --- |
| ***Basic Client Information*** | **Date of Assessment: / /**(Today’s date – Assessment date in A&D) | Nickname: |
| Legal First Name: | Legal Last Name: | Middle Initial: |
| Date of Birth:/ / | Age: | Gender (check one): Female Male Other*(Optional)* Gender Identity for ‘Other’: Non-Binary Non-DiscloseTransgender-Female Transgender-Male Other |
| Residential Address: |  *Check if same as Residential Address*Mailing Address: |
| Residential City, State and Zip Code: | Mailing City, State and Zip Code: |
| Primary Phone Number: (Phone Type:  *Cell*  *Home* | ) |  |  | Secondary Phone Number: (Phone Type:  *Cell*  *Home* | ) |
| Email Address: | Are you willing to volunteer? Yes  No |
| What is your preferred language?English SpanishOtherList:  | Race (check one) White, non-Hispanic  White-HispanicAmerican Indian/Native Alaskan Asian or Asian American  Black/African American Native Hawaiian/Pacific Islander  Other | Ethnicity (check one) Hispanic or Latino Not Hispanic or Latino |
| Marital Status? (check one) Single  Married |  Widowed |  Other | Do you live alone? Yes  No | Are you working? Full Time  Part time  No |
| Are you disabled?Yes No | Are you a veteran? Yes  No | Are you the spouse or dependent of a veteran? Yes  No |
| Is your monthly income at or below this amount? Family size 1-$1,215 Family size 2- $1,643 |  |  |  Yes  No Family size 3- $2,072 | Family size 4- $2,500 |
| Emergency contact name: | Relationship: | Phone Number: ( )Phone Type:  *Cell*  *Home* |
| ***Use of Information:*** The information you provide on the AGNES form will be disclosed to the Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at <https://health.wyo.gov/admin/privacy/> or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856- 4398 or the WDH Aging Division, Community Living Section at 1 (800) 442-2766.**Signature Date**  |
| ***Office use only: What programs will the participant be enrolled in?*** Title III-B  Title III-C1  Title III-C2  Title III-D  Title III-E  WyHS |

\*This page is for WDH, Aging Division Title III-B, C1, C2, D, E and WYHS eligible participants.

|  |  |  |
| --- | --- | --- |
| **Nutrition Risk Assessment** | **YES**(please circle) | **NO**(please circle) |
| I have an illness or condition that made me change the kind and/or amount of food I eat. | **2** | **0** |
| I eat fewer than 2 meals per day. | **3** | **0** |
| I eat few fruits or vegetables or milk products. | **2** | **0** |
| I have 3 or more drinks of beer, liquor or wine almost every day. | **2** | **0** |
| I have tooth or mouth problems that make it hard for me to eat. | **2** | **0** |
| I don’t always have enough money to buy the food I need. | **4** | **0** |
| I eat alone most of the time. | **1** | **0** |
| I take 3 or more different prescribed or over-the-counter drugs a day. | **1** | **0** |
| Without wanting to, I have lost or gained 10 pounds in the last 6 months. | **2** | **0** |
| I am not always physically able to shop, cook, and/or feed myself. | **2** | **0** |
| What is the consumer’s nutrition risk score?- TOTAL (0-2= No Risk) (3-5= Moderate Risk) (6 or more= High Risk) |  |  |
| Are you interested in receiving nutrition counseling?  Yes  No |  |  |
| ***Nutrition Risk Action*** | ***Nutrition Risk Score*** |
| Good! Reassess in 6-12 months. | 0-2: No Risk |
| Offer nutrition education and counseling services. Reassess in 3-6 months. | 3-5: Moderate Risk |
| Recommend that the client discusses their score with a dietitian or health professional.Offer nutrition education and counseling services. | 6 or more: High Risk |

***Office use only: (Use this space to document any special needs or eligibility notes for all programs)***

Comments/Notes:

\*This page is for WDH, Aging Division Title III-C1, C2, E and WYHS eligible participants.

|  |  |  |  |
| --- | --- | --- | --- |
| **Score** | **ADLs (Activities of Daily Living)** | **Score** | **IADLs (Instrumental Activities of Daily Living)** |
|  | **Rate client’s ability to perform BATHING.** |  | **Rate client’s ability to PREPARE MEALS.** |
| **0** | Independent | **0** | Independent/ prepares simple or partial meals |
| **2** | Intermittent supervision/ minimal assistance | **1** | Prepares with verbal cueing or reminding |
| **4** | Partial assistance | **2** | Prepares with minimal help |
| **6** | Total dependence | **3** | Does not prepare any meals |
|  | **Rate client’s ability to EAT.** |  | **Rate client’s ability to perform SHOPPING.** |
| **0** | Independent | **0** | Independent |
| **2** | Intermittent supervision/ minimal assistance | **2** | Does with supervision/reminding |
| **4** | Extensive help | **4** | Shops with hands-on help/ assistive devices |
| **6** | Total dependence | **6** | Done by others or shops by phone |
|  | **Rate client’s Bowel/Bladder CONTINENCE.** |  | **Rate client’s ability to MANAGE** |
| **0** | Independent |  | **MEDICATIONS.** |
| **1** | Requires assistance sometimes | **0** | Independent/ does not occur |
| **2** | Totally dependent | **2** | Done with help some of the time |
|  |  | **4** | Done with help all of the time |
|  | **Rate client’s ability to perform TRANSFER.** |  | **Rate client’s ability to MANAGE MONEY.** |
| **0** | Independent | **0** | Completely independent |
| **1** | Limited physical assistance | **2** | Needs assistance sometimes |
| **2** | Extensive assistance | **4** | Needs assistance most of the time |
| **3** | Total dependence | **6** | Completely dependent |
| **0****2****4****6****8** | **Rate client’s ability to perform TOILETING.**IndependentReminding, cueing or monitoring Limited physical assistance Extensive assistanceTotal dependence | **0****1****2****3** | **Rate the client’s ability to perform LIGHT HOUSEWORK.**IndependentNeeds assistance sometimes Needs assistance most of the time Unable to perform tasks |
|  | **Rate client’s ability to perform DRESSING.** |  | **Rate the client’s ability to perform LAUNDRY.** |
| **0** | Independent | **0** | No setup or physical help/ Independent |
| **1** | Limited physical assistance | **1** | Supervision/cueing required |
| **2** | Reminding, cueing or monitoring | **2** | Totally dependent |
| **3** | Extensive assistance |  |  |
| **4** | Total dependence |  |  |
| **ACC Signature:**  |  | **Rate client’s ability to USE THE TELEPHONE.** |
| **Date: Quarter Period:**  | **0****1****2** | IndependentCan perform with some helpCannot perform function at all without help |
| **ADL Total Number: ADL Total Score:**  |  | **Rate the client’s ability to access TRANSPORTATION.** |
| **IADL Total Number:**  | **0****1** | IndependentDone with help some of the time |
| **IADL Total Score:**  | **2** | Done by others |
| **Eligible Participant Initials:**  | **3** | Requires ambulance |

\*This page is for WDH, Aging Division Title III-B (**Chore Services Only**), Title III-C2, Title III-E and WYHS eligible participants. Initial ADL/IADL for new assessment or renewal, to be completed by an ACC, or your organization’s program support staff.

|  |  |  |  |
| --- | --- | --- | --- |
| **Score** | **ADLs (Activities of Daily Living)** | **Score** | **IADLs (Instrumental Activities of Daily Living)** |
|  | **Rate client’s ability to perform BATHING.** |  | **Rate client’s ability to PREPARE MEALS.** |
| **0** | Independent | **0** | Independent/ prepares simple or partial meals |
| **2** | Intermittent supervision/ minimal assistance | **1** | Prepares with verbal cueing or reminding |
| **4** | Partial assistance | **2** | Prepares with minimal help |
| **6** | Total dependence | **3** | Does not prepare any meals |
|  | **Rate client’s ability to EAT.** |  | **Rate client’s ability to perform SHOPPING.** |
| **0** | Independent | **0** | Independent |
| **2** | Intermittent supervision/ minimal assistance | **2** | Does with supervision/reminding |
| **4** | Extensive help | **4** | Shops with hands-on help/ assistive devices |
| **6** | Total dependence | **6** | Done by others or shops by phone |
|  | **Rate client’s Bowel/Bladder CONTINENCE.** |  | **Rate client’s ability to MANAGE** |
| **0** | Independent |  | **MEDICATIONS.** |
| **1** | Requires assistance sometimes | **0** | Independent/ does not occur |
| **2** | Totally dependent | **2** | Done with help some of the time |
|  |  | **4** | Done with help all of the time |
|  | **Rate client’s ability to perform TRANSFER.** |  | **Rate client’s ability to MANAGE MONEY.** |
| **0** | Independent | **0** | Completely independent |
| **1** | Limited physical assistance | **2** | Needs assistance sometimes |
| **2** | Extensive assistance | **4** | Needs assistance most of the time |
| **3** | Total dependence | **6** | Completely dependent |
| **0****2****4****6****8** | **Rate client’s ability to perform TOILETING.**IndependentReminding, cueing or monitoring Limited physical assistance Extensive assistanceTotal dependence | **0****1****2****3** | **Rate the client’s ability to perform LIGHT HOUSEWORK.**IndependentNeeds assistance sometimes Needs assistance most of the time Unable to perform tasks |
|  | **Rate client’s ability to perform DRESSING.** |  | **Rate the client’s ability to perform LAUNDRY.** |
| **0** | Independent | **0** | No setup or physical help/ Independent |
| **1** | Limited physical assistance | **1** | Supervision/cueing required |
| **2** | Reminding, cueing or monitoring | **2** | Totally dependent |
| **3** | Extensive assistance |  |  |
| **4** | Total dependence |  |  |
| **ACC Signature:**  |  | **Rate client’s ability to USE THE TELEPHONE.** |
| **Date: Quarter Period:**  | **0****1****2** | IndependentCan perform with some helpCannot perform function at all without help |
| **ADL Total Number: ADL Total Score:**  |  | **Rate the client’s ability to access TRANSPORTATION.** |
| **IADL Total Number:**  | **0****1** | IndependentDone with help some of the time |
| **IADL Total Score:**  | **2** | Done by others |
| **Eligible Participant Initials:**  | **3** | Requires ambulance |

\*This page is for WDH, Aging Division Title III-E and WYHS eligible participants. Quarterly ADL/IADL 1-3, to be completed by an ACC.

|  |  |  |  |
| --- | --- | --- | --- |
| **Score** | **ADLs (Activities of Daily Living)** | **Score** | **IADLs (Instrumental Activities of Daily Living)** |
|  | **Rate client’s ability to perform BATHING.** |  | **Rate client’s ability to PREPARE MEALS.** |
| **0** | Independent | **0** | Independent/ prepares simple or partial meals |
| **2** | Intermittent supervision/ minimal assistance | **1** | Prepares with verbal cueing or reminding |
| **4** | Partial assistance | **2** | Prepares with minimal help |
| **6** | Total dependence | **3** | Does not prepare any meals |
|  | **Rate client’s ability to EAT.** |  | **Rate client’s ability to perform SHOPPING.** |
| **0** | Independent | **0** | Independent |
| **2** | Intermittent supervision/ minimal assistance | **2** | Does with supervision/reminding |
| **4** | Extensive help | **4** | Shops with hands-on help/ assistive devices |
| **6** | Total dependence | **6** | Done by others or shops by phone |
|  | **Rate client’s Bowel/Bladder CONTINENCE.** |  | **Rate client’s ability to MANAGE** |
| **0** | Independent |  | **MEDICATIONS.** |
| **1** | Requires assistance sometimes | **0** | Independent/ does not occur |
| **2** | Totally dependent | **2** | Done with help some of the time |
|  |  | **4** | Done with help all of the time |
|  | **Rate client’s ability to perform TRANSFER.** |  | **Rate client’s ability to MANAGE MONEY.** |
| **0** | Independent | **0** | Completely independent |
| **1** | Limited physical assistance | **2** | Needs assistance sometimes |
| **2** | Extensive assistance | **4** | Needs assistance most of the time |
| **3** | Total dependence | **6** | Completely dependent |
| **0****2****4****6****8** | **Rate client’s ability to perform TOILETING.**IndependentReminding, cueing or monitoring Limited physical assistance Extensive assistanceTotal dependence | **0****1****2****3** | **Rate the client’s ability to perform LIGHT HOUSEWORK.**IndependentNeeds assistance sometimes Needs assistance most of the time Unable to perform tasks |
|  | **Rate client’s ability to perform DRESSING.** |  | **Rate the client’s ability to perform LAUNDRY.** |
| **0** | Independent | **0** | No setup or physical help/ Independent |
| **1** | Limited physical assistance | **1** | Supervision/cueing required |
| **2** | Reminding, cueing or monitoring | **2** | Totally dependent |
| **3** | Extensive assistance |  |  |
| **4** | Total dependence |  |  |
| **ACC Signature:**  |  | **Rate client’s ability to USE THE TELEPHONE.** |
| **Date: Quarter Period:**  | **0****1****2** | IndependentCan perform with some helpCannot perform function at all without help |
| **ADL Total Number: ADL Total Score:**  |  | **Rate the client’s ability to access TRANSPORTATION.** |
| **IADL Total Number:**  | **0****1** | IndependentDone with help some of the time |
| **IADL Total Score:**  | **2** | Done by others |
| **Eligible Participant Initials:**  | **3** | Requires ambulance |

\*This page is for WDH, Aging Division Title III-E and WYHS eligible participants. Quarterly ADL/IADL 2-3, to be completed by an ACC.

|  |  |  |  |
| --- | --- | --- | --- |
| **Score** | **ADLs (Activities of Daily Living)** | **Score** | **IADLs (Instrumental Activities of Daily Living)** |
|  | **Rate client’s ability to perform BATHING.** |  | **Rate client’s ability to PREPARE MEALS.** |
| **0** | Independent | **0** | Independent/ prepares simple or partial meals |
| **2** | Intermittent supervision/ minimal assistance | **1** | Prepares with verbal cueing or reminding |
| **4** | Partial assistance | **2** | Prepares with minimal help |
| **6** | Total dependence | **3** | Does not prepare any meals |
|  | **Rate client’s ability to EAT.** |  | **Rate client’s ability to perform SHOPPING.** |
| **0** | Independent | **0** | Independent |
| **2** | Intermittent supervision/ minimal assistance | **2** | Does with supervision/reminding |
| **4** | Extensive help | **4** | Shops with hands-on help/ assistive devices |
| **6** | Total dependence | **6** | Done by others or shops by phone |
|  | **Rate client’s Bowel/Bladder CONTINENCE.** |  | **Rate client’s ability to MANAGE** |
| **0** | Independent |  | **MEDICATIONS.** |
| **1** | Requires assistance sometimes | **0** | Independent/ does not occur |
| **2** | Totally dependent | **2** | Done with help some of the time |
|  |  | **4** | Done with help all of the time |
|  | **Rate client’s ability to perform TRANSFER.** |  | **Rate client’s ability to MANAGE MONEY.** |
| **0** | Independent | **0** | Completely independent |
| **1** | Limited physical assistance | **2** | Needs assistance sometimes |
| **2** | Extensive assistance | **4** | Needs assistance most of the time |
| **3** | Total dependence | **6** | Completely dependent |
| **0****2****4****6****8** | **Rate client’s ability to perform TOILETING.**IndependentReminding, cueing or monitoring Limited physical assistance Extensive assistanceTotal dependence | **0****1****2****3** | **Rate the client’s ability to perform LIGHT HOUSEWORK.**IndependentNeeds assistance sometimes Needs assistance most of the time Unable to perform tasks |
|  | **Rate client’s ability to perform DRESSING.** |  | **Rate the client’s ability to perform LAUNDRY.** |
| **0** | Independent | **0** | No setup or physical help/ Independent |
| **1** | Limited physical assistance | **1** | Supervision/cueing required |
| **2** | Reminding, cueing or monitoring | **2** | Totally dependent |
| **3** | Extensive assistance |  |  |
| **4** | Total dependence |  |  |
| **ACC Signature:**  |  | **Rate client’s ability to USE THE TELEPHONE.** |
| **Date: Quarter Period:**  | **0****1****2** | IndependentCan perform with some helpCannot perform function at all without help |
| **ADL Total Number: ADL Total Score:**  |  | **Rate the client’s ability to access TRANSPORTATION.** |
| **IADL Total Number:**  | **0****1** | IndependentDone with help some of the time |
| **IADL Total Score:**  | **2** | Done by others |
| **Eligible Participant Initials:**  | **3** | Requires ambulance |

\*This page is for WDH, Aging Division Title III-E and WYHS eligible participants. Quarterly ADL/IADL 3-3, to be completed by an ACC.