HDM INITIAL A	SSESS	MENT ASSESOR	l:	DAT	E		
				ID NUMBER:			
				PHONE NUMBER:			
				LIVES WITH:			
PRIORITY NUMBE	R 1 2	3					
ANTICIPATED LENGTH OF SERVICE: Long Term Temporary CANCEL							
REASON: START DATE:							
EST. END DATE: Emergency Contact:: (Phone) (Relationship)							
(, (
ASSISTIVE DEVICE	S: (circle a	ıll that apply)					
walks without assistance Cane/crutches Walker Motorized Wheelchair/Scooter Wheelchair							
CAREGIVER? NONE IHSS PRIVATE PAY SPOUSE RELATIVE FRIEND / NEIGHBOR							
Caregiver Name: Relationship:							
Caregiver Phone: Lives with Senior? YES NO							
HOW MANY HOURS PER DAY DAYS PER WEEK Notes:							
DOES CLIENT DRIVE? YES NO DO THEY HAVE PAID CAREGIVER/IHSS AVAILABLE DURING THE DAY THAT DRIVES – HELPS WITH SHOPPING? YES NO Notes:							
Supplemental food: GOSPEL MISSION SALVATION ARMY LOVE CENTER UNITED SAMARITANS OTHER:							
Equipment check: (Circle all available) Refrigerator / stove / microwave In good working order? YES NO							
Can client heat food independently? YES NO							
*ADLs and IADLs (Activity of Daily Living and Instrumental Activities of Daily Living) *Need only verify that information completed on Intake form is accurate – note where different							
- Nee	Rated	erny mai miormanon	Rated	ted on intake form is	Rated	Rating	
ADLs	Value	IADLs		IADLs	Value]	
Eating		Meal Preparation		Light Housework		1 = Inde	pendent
Bathing		Shopping		Transportation		2 = Verb	oal Assistance
Toileting		Manage		Notes:	<u>.</u>	3 = Some Human Help	
Tuonafamina		Medications		_		4 = Lots	of Human
Transferring In/Out of Chair		Money Management				Help	
Walking		Telephone		-		5 = Dep e	endent
Dressing		Heavy Housework		_		6 = Decl	ined to State
Diessing		Ticavy Housework					
Over the past 2-weeks, how often have you been			Not at	Several		More than Nearly every	
Bothered by any of the following problems?			all	days		the day	day
1) Little of no interest in doing things			0	1		2	3
2) Feeling down, depressed or hopeless 0 1 2 3							
Score of 0 - No action needed, Score of 1 or more provide Project Hope brochure Score of 3 or more- ask if they would like to have someone call them – Make Referral to Project Hope							
REFER TO: Senior Info & Assist Family Care Support Program Homemaker/IHSS Move/ Transportation							
Senior Law Project Adult Protective Agency (APS) Health Insurance Counseling (HICAP) Project Hope							