



## Maintaining Community-Based Living Survey for Identifying the At-Risk Consumer

Consumer Name:			
LIFE Staff:		Date:	

<b><i>At-Risk Factors</i></b> <b><i>Yes (Y) or No (N)</i></b>	
1. Does the Consumer feel that he or she is at risk of institutionalization?	
2. Has the Consumer been institutionalized in a long-term care facility (i.e., nursing home, mental health facility, state school, prison/jail, etc.) within the last 12 months?	
3. Is the Consumer Homeless?	
4. Was the Consumer referred to the Center by Adult Protective Services, a physician, rehabilitation staff, etc., to avoid imminent placement into an institutional setting?	
5. Has the Consumer disclosed any current incidence(s) of abuse by a caregiver and/or someone in the home? <b><u>Note: If "yes", notify a supervisor immediately to initiate proper reporting procedures.</u></b>	
6. Has the Consumer been diagnosed with one or more of the following health conditions?	
Coronary Heart Disease	<input type="checkbox"/>
Fractures due to falling	<input type="checkbox"/>
Decubitus (pressure sore/bed sore)	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Stroke	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Incontinence (bowel and/or bladder)	<input type="checkbox"/>
Mental Illness (i.e., Bipolar Disorder, Major Depression, Schizophrenia, etc.)	<input type="checkbox"/>
Alzheimer's or other form of dementia	<input type="checkbox"/>
7. Has the Consumer, within the last 12 months, been hospitalized and/or made more than 5 visits to the emergency room for any of the health conditions mentioned above?	
8. Is the Consumer in critical need of assistive technology for the purpose(s) of mobility, bathing, toileting, eating, etc.?	
9. Does the Consumer need assistance with three or more activities of daily living (i.e., bathing, dressing, toileting, grooming, cleaning, laundry, etc.)? If the hours of care and/or quality of care are insufficient, indicate "Yes".	
10. Is the Consumer 65 years of age or older?	
11. Does the Consumer have issues with taking medication(s) as prescribed?	
12. Does the Consumer live alone? Note: If the Consumer is homeless, indicate "No".	
13. Is the Consumer's current housing situation suitable (i.e., safe, accessible, rent and utilities current, etc.)?	
14. Is the Consumer's income sufficient enough to cover basic living expenses such as, rent, utilities and food?	
15. Does the Consumer have a history of drug and/or alcohol abuse?	
16. Does the Consumer have informal supports (i.e., help from spouse, children, siblings, friends, etc.)?	

<b><u>At-Risk Score</u></b>	<b>0</b>
<b><u>At-Risk</u></b>	<b>No</b>

Consumer Name:	0
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<b><u>At Risk Factors</u></b>	<b><u>Score</u></b>
1. Does the Consumer feel that he or she is at risk of institutionalization?	0
2. Has the Consumer been institutionalized in a long-term care facility (i.e., nursing home, mental health facility, state school, prison/jail, etc.) within the last 12 months?	0
3. Is the Consumer Homeless?	0
4. Was the Consumer referred to the Center by Adult Protective Services, a physician, rehabilitation staff, etc., to avoid imminent placement into an institutional setting?	0
5. Has the Consumer disclosed any current incidence(s) of abuse by a caregiver and/or someone in the home? Note: If "yes", notify a supervisor immediately to initiate proper reporting procedures.	0
6. Has the Consumer been diagnosed with one or more of the following health conditions? Coronary Heart Disease Fractures due to falling Decubitus (pressure sore/bed sore) Diabetes Stroke Cancer Incontinence (bowel and/or bladder) Mental Illness (i.e., Bipolar Disorder, Major Depression, Schizophrenia, etc.) Alzheimer's or other form of dementia	0
7. Has the Consumer, within the last 12 months, been hospitalized and/or made more than 5 visits to the emergency room for any of the health conditions mentioned above?	0
8. Is the Consumer in critical need of assistive technology for the purpose(s) of mobility, bathing, toileting, eating, etc.?	0
9. Does the Consumer need assistance with three or more activities of daily living (i.e., bathing, dressing, toileting, grooming, cleaning, laundry, etc.)? If the hours of care and/or quality of care are insufficient, indicate "Yes".	0
10. Is the Consumer 65 years of age or older?	0
11. Does the Consumer have issues with taking medication(s) as prescribed?	0
12. Does the Consumer live alone? Note: If the Consumer is homeless, indicate "No".	0
13. Is the Consumer's current housing situation suitable (i.e., safe, accessible, rent and utilities current, etc.)?	0
14. Is the Consumer's income sufficient enough to cover basic living expenses such as, rent, utilities and food?	0
15. Does the Consumer have a history of drug and/or alcohol abuse?	0
16. Does the Consumer have informal supports (i.e., help from spouse, children, siblings, friends, etc.)?	0

<b><u>At-Risk Score</u></b>	<b>0</b>
<b><u>At Risk</u></b>	<b>No</b>