



**Arizona Bridge to Independent Living (ABIL)
Personal Assistance Services
Intake Assessment Summary**

Consumer:

Date:

(Use Last name, First name format)

People present during visit:

People living in the home:

Living Arrangements: Live Alone Live with Spouse Other

In case of emergency, contact:

Relationship:

Phone:

STATUS (Check as appropriate)

COGNITIVE: Alert Oriented Forgetful Confused Lethargic
 Comatose

LANGUAGE SPOKEN: English Spanish Other:
Translator Phone #

COMMUNICATION: Can make needs known Y N
 Understands speech Gestures

VISION: Adequate Adequate w/glasses Blind

HEARING: Adequate Adequate w/hearing aid HOH Deaf

LITERATE: Yes No

Do you need any accommodations such as Braille, taped or large print materials? YES NO

If yes, what kind:

CONTACT PERSON:

Phone:

Consumer's Condition:

Home Accessibility:

Condition of Home:

Safety Issues: *Consumer :*
Employee :
Home :
Smoker Y N *Comments*

Pets (Number of): Dogs Cats Birds Reptiles Other pets:

Support System:

Phone:

Backup Person: Family

Phone:

Additional comments / Instructions:

Centers for Independent living have programs to help people with disabilities and their families achieve the life you want. Now that you have heard about ABIL'S programs, do you believe you can benefit from ABIL'S independent living programs? **YES** ____ **NO** ____ **UNSURE** ____

What specific skills or information do you need to become more independent? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Consumer/Legal Rights | <input type="checkbox"/> Information Access/Technology |
| <input type="checkbox"/> Arch. Accessibility | <input type="checkbox"/> Communication Assistance | <input type="checkbox"/> Mobility/Transportation |
| <input type="checkbox"/> Self-Advocacy/
Self-Empowerment | <input type="checkbox"/> Community Services/Housing | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Attendant/Personal Care | <input type="checkbox"/> Counseling | <input type="checkbox"/> Personal Resource
Management/Financial |
| <input type="checkbox"/> Benefits Counseling | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Self-Care |
| <input type="checkbox"/> Social Security/Work
Incentives/PAS | <input type="checkbox"/> Employment/Vocational | <input type="checkbox"/> Social Recreation |
| <input type="checkbox"/> Other (please explain) | <input type="checkbox"/> Equipment/Assistive | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Health care/Nutrition | |

	ATTENDANT CARE	Date Defined	Time Frame To Be Accomplished	Action Steps	Person Responsible
AC311	Acquires/maintains personal care assistant services.				
AC222	Is able to manage personal care attendant services effectively (e.g., recruit, interview, hire, schedule, and pay).				

ETHNICITY

- Asian
- Black/African American
- Hispanic/Latino
- White/Caucasian
- American Indian/Alaskan Native
- Pacific Islander/Native Hawaiian
- Multi-Racial
- Other

REFERRAL SOURCE

- | | |
|---|--|
| <input type="checkbox"/> Eye Care Provider (Ophthalmologist, Optometrist) | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> General Practitioner, Primary Care Provider | <input type="checkbox"/> VA |
| <input type="checkbox"/> State Vocational Rehab Agency Counselor/
Other Agency Staff | <input type="checkbox"/> Senior Program |
| <input type="checkbox"/> Social Service Agency | <input type="checkbox"/> Religious Org. |
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Other Source |
| | <input type="checkbox"/> Community Rehab Program |

Form Completed by: _____
PCA Supervisor