

ID/RC OR BRAIN INJURY NEEDS ASSESSMENT

Check one: new ID/RC assessment new Brain injury assessment update

Person's Name: _____ ID Number: _____

Date of Birth: _____ Worker: _____ Date: _____

Diagnosed Conditions: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Brain or neurological damage |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Intellectual Disability IQ Score: _____ | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Mental Illness (formal diagnosis): _____ | |
| <input type="checkbox"/> Other: _____ | |

_____ **1. Family Dynamics/Family composition:**

Number of parents, children & others, stability, and other children with special needs

_____ **2. Family Dynamics/Skills and Stress of primary caregiver(s):**

Coping skills, elderly, physical and mental health

_____ **3. Family Dynamics/Finances and insurances:**

Employment, income, financial stability, SSI, Medicaid, health insurance for the child with the disability.

_____ **4. Ability to be Self-Directing:**

Age appropriate adaptation behavior skills in areas of activities of daily living, communication and social interaction.

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5. Special Medical Needs:

Physical health problems, uncontrolled seizures, sleep problems, mental illness, dementia or related conditions, feeding tubes, special adaptive equipment, oxygen dependent, nursing, medication, treatments, etc.

6. Problem Behaviors:

Behavior problems with consideration of frequency and intensity.

7. Protective Service Issues:

Homeless, abuse, neglect, exploitation, financial exploitation. Previous referral with Child/Adult Protective Services, etc.

8. Resources/Supports Needed:

Considering all supports/resources (i.e., other agencies, church, friends, community, family, school, etc.) currently available to the family/individual, what further Division funded supports does the family/individual need?

9. Projected Deterioration Issues:

What will happen if this waitlist service is not provided? (divorce, deterioration of other family members, loss of skills, imminent death of primary care giver, family falling apart, etc.)

10. Time on immediate waiting list up to 5 years **Original date on immediate waiting list** _____
