

SECTION A. Identification Information

1. NAME
 a. (First) _____ b. (Middle Initial) _____ c. (Last) _____ d. (S, Jr, Sr)

2. GENDER
 1 Male 2 Female

3. BIRTHDATE
 Year: [][] [][] Month: [][] Day: [][]

4. MARITAL STATUS
 1 Never married
 2 Married
 3 Partner / Significant other
 4 Widowed
 5 Separated
 6 Divorced

5. NATIONAL NUMERIC IDENTIFIER [EXAMPLE — USA]
 a. Social Security number: [][][] — [][] — [][][][][][]
 b. Medicare number (or comparable railroad insurance number): []
 c. Medicaid number (Note: "N" if pending, "R" if not a Medicaid recipient): []

6. FACILITY / AGENCY PROVIDER NUMBER [EXAMPLE — USA]
 []

7. REASON FOR ASSESSMENT
 1 First assessment
 2 Routine assessment
 3 Return assessment
 4 Significant change in status reassessment
 5 Discharge assessment, covers last 3 days of service
 6 Discharge tracking only
 7 Other—e.g., research

8. ASSESSMENT REFERENCE DATE
 Year: [][] [][] Month: [][] Day: [][]

9. PERSON'S EXPRESSED GOALS OF CARE
 Enter primary goal in boxes at bottom
 []

10. POSTAL / ZIP CODE OF USUAL LIVING ARRANGEMENT [EXAMPLE — USA]
 []

11. RESIDENTIAL / LIVING STATUS AT TIME OF ASSESSMENT
 1 Private home / apartment / rented room
 2 Board and care
 3 Assisted living or semi-independent living
 4 Mental health residence—e.g., psychiatric group home
 5 Group home for persons with physical disability
 6 Setting for persons with intellectual disability
 7 Psychiatric hospital or unit
 8 Homeless (with or without shelter)
 9 Long-term care facility (nursing home)
 10 Rehabilitation hospital / unit
 11 Hospice facility / palliative care unit
 12 Acute care hospital
 13 Correctional facility
 14 Other

12. LIVING ARRANGEMENT
 1 Alone
 2 With spouse / partner only
 3 With spouse / partner and other(s)
 4 With child (not spouse / partner)
 5 With parent(s) or guardian(s)
 6 With siblings
 7 With other relative(s)
 8 With nonrelative(s)

SECTION B. Intake and Initial History

[Note: Complete at Admission / First Assessment only]

1. DATE CASE OPENED (this agency)
 Year: [][] [][] Month: [][] Day: [][]

2. ETHNICITY AND RACE [EXAMPLE — USA]
 0 No 1 Yes

Ethnicity
 a. Hispanic or Latino

Race
 b. American Indian or Alaska Native
 c. Asian
 d. Black or African American
 e. Native Hawaiian or other Pacific Islander
 f. White

3. PRIMARY LANGUAGE [EXAMPLE — USA]
 1 English
 2 Spanish
 3 French
 4 Other

4. RESIDENTIAL HISTORY OVER LAST 5 YEARS
 Code for all settings person lived in during 5 YEARS prior to date case opened (Item 81)
 0 No 1 Yes

a. Long-term care facility—e.g., nursing home
 b. Board and care home, assisted living
 c. Mental health residence—e.g., psychiatric group home
 d. Psychiatric hospital or unit
 e. Setting for persons with intellectual disability

SECTION C. Cognition

1. COGNITIVE SKILLS FOR DAILY DECISION MAKING
 Making decisions regarding tasks of daily life—e.g., when to get up or have meals, which clothes to wear or activities to do

0 Independent—Decisions consistent, reasonable, and safe
 1 Modified independence—Some difficulty in new situations only
 2 Minimally impaired—In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times
 3 Moderately impaired—Decisions consistently poor or unsafe; cues / supervision required at all times
 4 Severely impaired—Never or rarely makes decisions
 5 No discernable consciousness, coma [Skip to Section G]

2. MEMORY / RECALL ABILITY
 Code for recall of what was learned or known
 0 Yes, memory OK 1 Memory problem

Short-term memory OK—Seems / appears to recall after 5 minutes

3. CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)
 0 Improved 2 Declined
 1 No change 3 Uncertain