Child's Name: _____ Child's DOB: _____

Screener's Name: _____ Screen Date: _____

Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 18 Years and Up

Activities of Daily Living Section:

Choose only **one** response—the most representative need in each area. Choosing multiple responses will delay the final determination and result in the Functional Ability Screening Tool being returned. A detailed description of the child's strengths and needs in each domain is **required** in the "Notes" section.

If you select **"None of the above apply**," you **must** include comments related to the child's functioning in the "Notes" section. Be sure to indicate if the functional impairment is expected to last for at least one year in each domain.

Bathing: The ability to shower or bathe—does **not** include hair care. Does include the ability to get in or out of the tub, turn faucets on or off, regulate temperature and fully wash and dry.
(☒ Mark only **one** choice).

- ☐ Needs adaptive equipment.
- ☐ Is combative during bathing (for example: flails, takes 2 caregivers to accomplish task).
- ☐ Needs physical help with bathing tasks.
- ☐ Needs to be lifted in and out of bathtub or shower.
- ☐ Needs step-by-step cueing to complete the task.
- ☐ Lacks an understanding of risk and must be supervised for safety.
- ☐ Exhibits non-compliant behavior that is extreme to the point that child does not perform bathing tasks for at least 5 or more consecutive days.
- ☐ None of the above apply.

Is the bathing functional impairment expected to last for at least one year from the date of screening?

- ☐ Yes
- ☐ No

Notes:

Grooming: Brushing teeth, washing hands and face. Due to variation in hair care by culture, length of hair choice; hair care is **not** considered. (☒ Mark only **one** choice).

- ☐ Is combative during grooming (for example: flails, clamps mouth shut, takes 2 caregivers to accomplish task).
- ☐ Unable to wash hands.
- ☐ Needs physical help with grooming tasks.
- ☐ Needs step-by-step cueing to complete the task.
- ☐ Exhibits non-compliant behavior that is extreme to the point that child does not brush their teeth for at least 5 or more consecutive days.
- ☐ None of the above apply.

Is the grooming (brushing teeth, washing hands and face) functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Dressing: The ability to dress as necessary—does **not** include fine motor coordination for fasteners. (☒ Mark only **one** choice).

- ☐ Needs physical assistance with getting clothes on. This does **not** include fasteners such as buttons, zippers and snaps.
- ☐ None of the above apply.

  ⇒ **If "none of the above apply" is the most accurate response, please complete the Supplemental Screening Questionnaire related to Dressing on page 6.**

Is the dressing functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Eating: The ability to eat and drink by finger feeding or using routine and/or adaptive utensils; includes ability to swallow sufficiently to obtain adequate intake. Does **not** include cooking food or meal set-up. (☒ Mark only **one** choice).

- ☐ Receives tube feedings or Total Parenteral Nutrition (TPN).
- ☐ Needs to be fed.
- ☐ Needs one-on-one monitoring to prevent choking, aspiration, or other serious complication.
- ☐ None of the above apply.

Is the eating functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Toileting: The ability to use a toilet/urinal, transferring on/off a toilet and pulling down/up pants. Does **not** include behavioral challenges involving voiding and/or defecating.
(☒ Mark only **one** choice).

- ☐ Incontinent of bowel and/or bladder.
- ☐ Needs physical help, step-by-step cues, or toileting schedule.
- ☐ None of the above apply.

Is the toileting functional impairment(s) expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Mobility: The ability to move between locations within environments, including home, school and the community. This includes walking, crawling and wheeling oneself. (☒ Mark only **one** choice).

☐ Does not walk or needs physical help to walk.

⇒ **If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Mobility on page 7.**

☐ Uses wheelchair or other mobility device as primary method of mobility not including a single cane.

⇒ **If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Mobility on page 7.**

☐ None of the above apply.

Is the mobility functional impairment checked expected to last for at least one year from the date of the screening?

☐ Yes
☐ No

Notes:

Transfers: The physical ability to move between surfaces. For example: from bed/chair to wheelchair, walker or standing position. Does **not** include transfer into bathtub or shower, on/off toilet, or in/out of vehicle. Does **not** refer to a child's challenges related to transitions.
(☒ Mark only **one** choice).

- ☐ Needs physical help with transfers.

  ⇒ **If this is the most appropriate response, please complete the Supplemental Screening Questionnaire related to Transfers on page 8.**

- ☐ Uses a mechanical lift.
- ☐ None of the above apply.

Is the transfers (does not include bathtub or shower) functional impairment expected to last for at least one year from the date of this screening?

- ☐ Yes
- ☐ No

Notes:

⇒ **If directed by specific responses within a domain, go to pages 6-8 to complete all applicable sections of Supplemental Screening Questionnaire.**

If Supplemental Screening Questionnaire is not applicable, skip to page 9 to return to Functional Ability Screening Tool to complete Instrumental Activities of Daily Living portion.

Children's Personal Care Services—Supplemental Screening Questionnaire

Age Cohort: 18 Years and Up

The Supplemental Screening Questionnaire provides additional information related to previous responses in the Activity of Daily Living section of the Functional Ability Screening Tool. **Only** complete the Supplemental Screening Questionnaire if you are prompted to in the Functional Ability Screening Tool.

Dressing: The ability to dress as necessary; does **not** include fine motor coordination for fasteners.

If "none of the above apply", was selected, is the child's need best described as:
Needs step-by-step cueing to complete the task?

- ☐ Yes
- ☐ No

If no, specify child's individual needs/challenges below:

Notes:

Mobility: The ability to move between locations within environments, including home, school and the community. This includes walking, crawling and wheeling oneself.

If "uses wheelchair or other mobility device as primary method of mobility (not including a single cane)" was selected, does the child:

- ☐ Self-propel manual wheelchair for primary mobility.
- ☐ Drive power wheelchair for primary mobility.
- ☐ Require extensive assistance to operate the wheelchair and/or device.

If "does not walk or needs physical help to walk" was selected, does the child:

Walk with assistance for primary mobility?

- ☐ Yes
- ☐ No

If yes, what method and level of support does the child require?

Method:

- ☐ Hand held.
- ☐ Cane.
- ☐ Walker.
- ☐ Crutches.
- ☐ Orthotics.
- ☐ Other (must specify):

Level of Support:

- ☐ Supervision.
- ☐ Minimal Assist.
- ☐ Moderate Assist.

If the child does not walk with assistance, please specific child's individual needs/challenges below.

Notes:

Transfers: The physical ability to move between surfaces. For example: from bed/chair to wheelchair, walker or standing position. Does **not** include transfer into bathtub or shower, on/off toilet, or in/out of vehicle. Does **not** refer to a child's challenges related to transitions.

If "needs physical help with transfers" was selected to best describes the child's need:

What method and level of support does the child require? Choose only one in each category:

Method:

- ☐ Stand pivot.
- ☐ Lateral.
- ☐ Sliding board.
- ☐ Other (must specify):

Level of Support:

- ☐ Supervision.
- ☐ Minimal Assist.
- ☐ Moderate Assist.

Is the assistance:

- ☐ One-person.
- ☐ Two-person.
- ☐ Mechanical lift.
- ☐ Other (must specify):

Notes:

⇒ Return to Functional Ability Screening Tool to complete Instrumental Activities of Daily Living Section.

Children's Personal Care Services—Functional Ability Screening Tool

Age Cohort: 18 Years and Up

Instrumental Activities of Daily Living Section:

The sections below provide information to help determine the need for Children's Personal Care Services.

Choose as many options as apply. A description of the child's strengths and needs in each domain is **required** in the "Notes" section. If you select **"None of the above apply**," you **must** include comments related to the child's functioning in the "Notes" section. Indicate if the functional impairment is expected to last for at least one year in each domain.

Communication:

☐ A norm-referenced assessment in receptive language within the last six (6) months. (A substantial impairment is defined by results that indicated a delay in 30% or greater or 2 Standard Deviations (SD) below the mean).

Assessment Date:

Assessment Tool:

(See list of **"Norm-References Tools for Communication and Growth and Development"**).

Within normal limits.
Less than 30% delay.
Greater than or equal to 30% delay.
Less than 2 Standard Deviations (SD) below the norm.
Greater than or equal to 2 Standard Deviations (SD) below the norm.

☐ A norm-referenced assessment in expressive language within the last six (6) months. (A substantial impairment is defined by results that indicated a delay in 30% or greater or 2 Standard Deviations (SD) below the mean).

Assessment Date:

Assessment Tool:

(See list of **"Norm-References Tools for Communication and Growth and Development"**).

Within normal limits.
Less than 30% delay.
Greater than or equal to 30% delay.
Less than 2 Standard Deviations (SD) below the norm.
Greater than or equal to 2 Standard Deviations (SD) below the norm.

Communication (continued):

- ☐ Does not follow 3-step instructions that are related and are not routine.
- ☐ Does not follow 2 single-step instructions given at the same time that are unrelated and not routine.
- ☐ Does not use language to share information other than basic needs or wants.
- ☐ Is not understood by familiar people that have infrequent contact with the child.
- ☐ None of the above apply.

Is this communication functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Learning:

- ☐ Has a valid full-scale IQ (a substantial functional impairment is defined by a full-scale IQ of 75 or less).

  IQ Test: Score:

- ☐ A norm-referenced assessment in expressive language within the last six (6) months. (A substantial impairment is defined by results that indicated a delay in 30% or greater or 2 Standard Deviations (SD) below the mean).

  Assessment Date:

  Assessment Tool:

  (See list of **"Norm-References Tools for Communication and Growth and Development"**).

  Within normal limits.
  Less than 30% delay.
  Greater than or equal to 30% delay.
  Less than 2 Standard Deviations (SD) below the norm.
  Greater than or equal to 2 Standard Deviations (SD) below the norm.

Learning (continued):

- ☐ Is two or more grade levels behind in two academic subjects.
- ☐ Requires supervision due to inability to problem-solve routine issues.
- ☐ Does not use time to follow a schedule.
- ☐ None of the above apply.

Is the learning functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Meal Preparation:

- ☐ Needs help making simple meals for self.
- ☐ None of the above apply.

Is the meal preparation functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Money Management:

- ☐ Needs help with managing money.
- ☐ None of the above apply.

Is the money management functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes:

Social Competency:

- ☐ **Does not show respect for other people.**
  Does not get along with a variety of people, use pro-social manners, and/or show gratitude towards others.
- ☐ **Does not demonstrate the capacity for intimacy with another.**
  Has not established close relationships that are open, honest, caring and trusting.
- ☐ **Does not avoid situations that may get him/her into trouble.**
  Makes unhealthy and unsafe decisions concerning drinking alcohol, using drugs, safe driving, safe sex, use of the internet, or other comparable situations.
- ☐ None of the above apply

Is the social competency functional impairment expected to last for at least one year from the date of the screening?

- ☐ Yes
- ☐ No

Notes: