

IN HOME SERVICE SCREENING TOOL

Client Name: _____ Screen Date: _____

Prescreen: ☐ Re-Screen: ☐

Instructions

- The tool is structured to be used for interviewing potential clients or referral sources.
- Ask all questions on the tool.
- Choose one answer for each question that best describes the client's condition or situation. A score of 0, 1, 2 or 4 is assigned to each answer.
- Record the corresponding point value for each question in the score section on the right hand column of the page.
- Add comments to reflect the client's situation more definitively for your own AAA use on the screening tool.
- If the total score is 20 points or above, the client is eligible for Case Management.
- If the total score is below 20 points the client is not eligible for Case Management,
- If the client is incapable of performing a task and help is in there, it should be scored in the medium range to reflect a need.

ADLs/Living Skills

1. Do you require assistance to move about your home or have you experienced any falls recently?

- ☐ No, fully capable or is able to manage adequately. No problem evident = 0 points
- ☐ Yes, but receives help as needed and assistance will continue = 1 point
- ☐ Yes, is receiving help, but caregiver is stressed or assistance is not sufficient to meet total needs. = 2 points
- ☐ Yes, does not have assistance. = 4 points

Comments :

Score:

2. Are there stairs or obstacles on your home that make it difficult for you to get around? (Is the home cluttered, walker/wheelchair accessible?)

- ☐ No, home is obstacle/clutter free = 0 points
- ☐ Yes, is receiving help, but caregiver is stressed or assistance is not sufficient to meet total needs. = 1 point
- ☐ Yes, does not have assistance. = 2 points

Comments :

Score:

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3. Can you do housework?

- ☐ Yes, fully capable or is able to manage. No problem is evident = 0 points
- ☐ No, is receiving help, but caregiver is stressed or assistance is not sufficient to meet total needs. = 1 point
- ☐ No, does not have assistance. = 2 points

Comments :

Score:

4. Can you prepare your own meals?

- ☐ Yes, fully capable or is able to manage. No problem is evident = 0 points
- ☐ No, is receiving help, but caregiver is stressed or assistance is not sufficient to meet total needs. = 1 point
- ☐ No, does not have assistance. = 2 points

Comments :

Score:

5. Are you eating a well-balanced diet? Describe what is being for breakfast, lunch and dinner. (You must indicate a meal pattern)

- ☐ Yes, client regularly eats a well-balanced diet. = 0 points
- ☐ Yes, client eats a well-balanced diet but, on an irregular basis or, has services in place to provide a balanced diet. = 1 point
- ☐ No, client does not eat a balanced diet. = 2 points

Comments :

Score:

6. Can you wash or bathe yourself?

- ☐ Yes, fully capable or is able to manage adequately. No problem evident. = 0 points
- ☐ No, but receives help as needed and assistance will continue = 1 point
- ☐ No, is receiving help, but caregiver is stressed or assistance is not sufficient to meet total needs. = 2 points
- ☐ No, does not have assistance. = 4 points

Comments :

Score:

7. Do you require assistance to get to the toilet or have you experiences an occasional accident?

- ☐ No, fully capable or is able to manage adequately. No problem evident. = 0 points
- ☐ Yes, has problem but receives help as needed and assistance will continue = 1 point
- ☐ Yes, has problem. Is receiving help, but caregiver is stressed or assistance is not sufficient to meet total needs. = 2 points
- ☐ Yes, has problem and is presently not receiving any assistance. = 4 points

Comments :

Score:

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Psycho/Social

8. Do you have friends or family living nearby that are in contact with you on a regular basis?

- ☐ Yes, has contact on a regular basis. = 0 points
- ☐ Yes, but relationships or contact is strained. = 1 point
- ☐ Yes, but contact is limited or too infrequent. = 1 point
- ☐ No, isolation or loneliness is apparent and problematic. = 2 points

Comments :

Score:

9. Have you been feeling depressed or experiencing problems that are difficult to cope with?

- ☐ No, there are no problems evident. = 0 points
- ☐ Yes, a specific event is delineated (ex: "I just lost my husband" or "my friends are always dying"). = 2 points

Comments :

Score:

Behavior

10. Is the person confused or disoriented to time, date or place?

- ☐ No, not confused, disoriented or experiencing behavior problems or symptoms of mental disorder. = 0 points
- ☐ Yes, some confusion of forgetfulness but the problem is not severe or assistance is provided and will continue. = 2 points
- ☐ Yes, some combativeness exhibited, person is confused and forgetful. = 4 points

Comments :

Score:

Health

11. Have you been in the hospital in the last year?

- ☐ No. = 0 points
- ☐ Yes, one time in the last year. = 1 point
- ☐ Yes, two or more times in the last year. = 2 points
- ☐ Add two points if currently in the hospital. = 2 points

Comments :

Score:

12. Have you been in a nursing home or other institution or rehabilitation facility in the last two years?

- ☐ No. = 0 points
- ☐ Yes, 1-2 years ago = 1 point
- ☐ Yes, currently or in the last year. = 2 points

Comments :

Score:

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13. Has anyone discussed placement in a nursing home or other care facility?

- ☐ No. = 0 points
- ☐ Yes, discussed by a physician, hospital or spouse as an option. = 2 points
- ☐ Yes, has definitely been recommended by physician or spouse. = 4 points

Comments :

Score:

14. Are you considering moving into a nursing home?

- ☐ No. = 0 points
- ☐ Yes, is considering a move. = 2 points

Comments :

Score:

15. Have you sought medical attention for reasons other than regular check-up appointments in the last six months?

- ☐ No. = 0 points
- ☐ Yes, has had a follow up or unexpected office visit at least once. = 1 points
- ☐ Yes, emergency room or two or more unexpected office visits. = 2 points

Comments :

Score:

16. Do you need help taking medications?

- ☐ No, or has assistance that is sufficient and will continue, = 0 points
- ☐ Yes, has assistance but caregiver is stressed or unavailable at times = 2 points
- ☐ Yes, lacks sufficient assistance. = 4 points

Comments :

Score:

Benefits

17. Do you require assistance with Medicare, Medicaid, VA benefits or supplemental insurance?

- ☐ No. = 0 points
- ☐ Yes, needs assistance. = 2 points

Comments :

Score:

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18. Are there public benefit issues that need to be addressed? (POA, Conservator, Guardian, Advanced Directives)?

- ☐ No. = 0 points
☐ Yes, needs assistance. = 2 points

Comments :

Score:

19. Is the existing service system insufficient to address the complexity of needs? Are there any unmet needs?

- ☐ No. = 0 points
☐ Yes. = 2 points

Comments :

Score:

Score Evaluation

TOTAL POINTS:

20. If the total value of this screening is 20 points or more, has the client been referred to Care Management?

- ☐ Yes.
☐ No.

If no, why:

Assessor Signature

Date