

Demographic Event

Provider/Location

[lookup](#)

[clear](#)

Event Date

[Use Current Date](#)

Wraparound services

☐

Yes

☐

No

☒

Unspecified

Number of dependents

Corrections-related status

07-Not under jurisdiction



Residential living arrangement

05-Foster family home



Number of licensed beds (for foster home, specialized or general residential home, or institutional setting)

* Select



Total annual income

20000.00

Substance abuse

☐

No, individual does not have an SUD

☐

Not evaluated for SUD (e.g., person is an infant, in crisis situation, etc.)

☐

Individual has one or more DSM-IV substance use disorder(s), diagnosis codes 291xx, 292xx, 303xx, 304xx, 305xx, with at least one disorder either active or in partial remission (use within past year).

☐

Individual has one or more DSM-IV substance use disorder(s), diagnosis codes 291xx, 292xx, 303xx, 304xx, 305xx, and all coded substance use disorders are in full remission (no use for one year). This includes cases where the disorder is in full remission and the consumer is on agonist therapy or is in a controlled environment.

☐

Results from a screening or assessment suggest substance use disorder. This includes indications, provisional diagnoses, or 'rule-out' diagnoses.

Parental Status (consumer, no matter what age, is the natural or adoptive parent of a minor child [under 18 years old])

☐

Yes

☐

No

☐

Unspecified

Children Served by Family Independence Agency

Child served by FIA for abuse and neglect

☐

Yes

☒

No

☐

Unreported

Child served by another FIA program:

☒

Yes

☐

No

☐

Unreported

Children Enrolled in Early On

<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unreported
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Payment source

Employment status

01-Employed full time ▼

Minimum wage

<input type="radio"/> Unreported	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Applicable
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Commercial Health Insurance or Service Contract (EAP, HMO)

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unreported
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Education

* Select ▼

Adoption subsidy

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unreported
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Health Conditions

Ability to hear (with hearing appliance normally used)

<input type="radio"/> Unreported	<input type="radio"/> Adequate—No difficulty in normal conversation, social interaction, listening to TV
<input type="radio"/> Minimal difficulty—Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)	<input type="radio"/> Moderate difficulty—Problem hearing normal conversation, requires quiet setting to hear well
<input type="radio"/> Severe difficulty—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)	<input type="radio"/> No hearing

Hearing aid used

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unreported
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Ability to see in adequate light (with glasses or with other visual appliance normally used)

<input type="radio"/> Unreported
<input type="radio"/> Adequate—Sees fine detail, including regular print in newspapers/books or small items in pictures
<input type="radio"/> Minimal difficulty—Sees large print, but not regular print in newspapers/books or cannot identify large objects in pictures
<input type="radio"/> Moderate difficulty—Limited vision; not able to see newspaper headlines or small items in pictures, but can identify objects in his/her environment
<input type="radio"/> Severe difficulty—Object identification in question, but the person's eyes appear to follow objects, or the person sees only light, colors, shapes
<input type="radio"/> No vision—eyes do not appear to follow objects; absence of sight

Visual appliance used

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unreported
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Pneumonia (2 or more times within past 12 months) ? including Aspiration Pneumonia

- ☐ Unreported
- ☐ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months
- ☐ Information unavailable

Asthma

- ☐ Unreported
- ☐ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months
- ☐ Information unavailable

Upper Respiratory Infections (3 or more times within past 12 months)

- ☐ Unreported
- ☐ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months
- ☐ Information unavailable

Gastroesophageal Reflux, or GERD

- ☐ Unreported
- ☐ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months
- ☐ Information unavailable

Chronic Bowel Impactions

- ☐ Unreported
- ☐ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months

☐ Information unavailable

Seizure disorder or Epilepsy

☐ Unreported

☐ Never present

☐ History of condition, but not treated for the condition within the past 12 months

☐ Treated for the condition within the past 12 months and seizure free

☐ Treated for the condition within the past 12 months, but still experience occasional seizures (less than one per month)

☐ Treated for the condition within the past 12 months, but still experience frequent seizures

☐ Information unavailable

Progressive neurological disease, e.g., Alzheimer's

☐ Unreported

☐ Not present

☐ Treated for the condition within the past 12 months

☐ Information unavailable

Diabetes

☐ Unreported

☐ Never present

☐ History of condition, but not treated for the condition within the past 12 months

☐ Treated for the condition within the past 12 months

☐ Information unavailable

Hypertension

☐ Unreported

☐ Never present

☐ History of condition, but not treated for the condition within the past 12 months

☐ Treated for condition within the past 12 months and blood pressure is stable

☐ Treated for condition within the past 12 months, but blood pressure remains high or unstable

☐ Information is unavailable

Obesity

☐ Not Present

☐ Medical diagnosis

☐ Unreported

of obesity present
or Body Mass
Index (BMI) > 30

DD Proxy (people with developmental disabilities only)

Predominant Communication Style

- ☐ Unreported
- ☐ English language spoken by the individual
- ☐ Assistive technology used (includes computer, other electronic devices) or symbols such as Bliss board, or other "low tech" communication devices.
- ☐ Interpreter used - this includes a foreign language or American Sign Language (ASL) interpreter, or someone who knows the individual well enough to interpret speech or behavior.
- ☐ Alternative language used - this includes a foreign language, or sign language without an interpreter.
- ☐ Non-language forms of communication used – gestures, vocalizations or behavior.
- ☐ No ability to communicate

Ability to Make Self Understood **TIP**

- ☐ Unreported
- ☐ Always Understood – Expresses self without difficulty
- ☐ Usually Understood – Difficulty communicating BUT if given time and/or familiarity can be understood, little or no prompting required
- ☐ Often Understood – Difficulty communicating AND prompting usually required
- ☐ Sometimes Understood - Ability is limited to making concrete requests or understood only by a very limited number of people
- ☐ Rarely or Never Understood – Understanding is limited to interpretation of very person-specific sounds or body language

Support with mobility

- ☐ Unreported
- ☐ Independent - Able to walk (with or without an assistive device) or propel wheelchair and move about
- ☐ Guidance/Limited Support - Able to walk (with or without an assistive device) or propel wheelchair and move about with guidance, prompting, reminders, stand by support, or with limited physical support.
- ☐ Moderate Support - May walk very short distances with support but uses wheelchair as primary method of mobility, needs moderate physical support to transfer, move the chair, and/or shift positions in chair or bed
- ☐ Extensive Support - Uses wheelchair exclusively, needs extensive support to transfer, move the wheelchair, and/or shift positions in chair or bed
- ☐ Total Support - Uses wheelchair with total support to transfer, move the wheelchair, and/or shift positions or may be unable to sit in a wheelchair; needs total support to shift positions throughout the day

Mode of nutritional intake

- ☐ Unreported
- ☐ Normal – Swallows all types of foods
- ☐ Modified independent – e.g., liquid is sipped, takes limited solid food, need for modification may be unknown
- ☐ Requires diet modification to swallow solid food – e.g., mechanical diet (e.g., purée, minced) or only able to ingest specific foods
- ☐ Requires modification to swallow liquids – e.g., thickened liquids
- ☐ Can swallow only puréed solids AND thickened liquids
- ☐ Combined oral and parenteral or tube feeding
- ☐ Enteral feeding into stomach – e.g., G-tube or PEG tube
- ☐ Enteral feeding into jejunum – e.g., J-tube or PEG-J tube
- ☐ Parenteral feeding only—Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)

Support with Personal Care **TIP**

- ☐ Unreported
- ☐ Independent - Able to complete all personal care tasks without physical support
- ☐ Guidance/Limited Support - Able to perform personal care tasks with guidance, prompting, reminding or with limited physical support for less than 25% of the activity
- ☐ Moderate Physical Support - Able to perform personal care tasks with moderate support of another person
- ☐ Extensive Support - Able to perform personal care tasks with extensive support of another person
- ☐ Total Support – Requires full support of another person to complete personal care tasks (unable to participate in tasks)

Relationships **TIP**

- ☐ Unreported
- ☐ Extensive involvement, such as daily emotional support/companionship
- ☐ Moderate involvement, such as several times a month up to several times a week
- ☐ Limited involvement, such as intermittent or up to once a month
- ☐ Involved in planning or decision-making, but does not provide emotional support/companionship
- ☐ No involvement

Status of Family/Friend support system **TIP**

- ☐ Unreported

- ☐ Care giver status is not at risk
- ☐ Care giver is likely to reduce current level of help provided
- ☐ Care giver is likely to cease providing help altogether
- ☐ Family/friends do not currently provide care
- ☐ Information unavailable

Support for accommodating challenging behaviors

- ☐ Unreported
- ☐ No challenging behaviors, or no support needed
- ☐ Limited Support, such as support up to once a month
- ☐ Moderate Support, such as support once a week
- ☐ Extensive Support, such as support several times a week
- ☐ Total Support – Intermittent, such as support once or twice a day
- ☐ Total Support – Continuous, such as full-time support

Presence of a behavior plan

- ☐ Unreported
- ☐ No Behavior Plan
- ☐ Positive Behavior Support Plan or Behavior Treatment Plan without restrictive and/or intrusive techniques requiring review by the Behavior Treatment Plan Review Committee
- ☐ Behavior Treatment Plan with restrictive and/or intrusive techniques requiring review by the Behavior Treatment Plan Review Committee

Major Mental Illness (MMI) Diagnosis

- | | | |
|---|--|----------------------------------|
| <input type="radio"/> One or more MMI diagnosis present | <input type="radio"/> No MMI diagnosis present | <input type="radio"/> Unreported |
|---|--|----------------------------------|

Number of anti-psychotic Medications

Number of other psychotropic Medications