

SECTION A. Identification Information

1. NAME

a. (First) _____ b. (Middle Initial) _____ c. (Last) _____ d. (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)

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c. Medicaid number [Note: "+" if pending, "N" if not a Medicaid recipient]

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

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7. CURRENT PAYMENT SOURCES [EXAMPLE — USA]

[Note: Billing Office to indicate]

0 No 1 Yes

- a. Medicaid
- b. Medicare
- c. Self or family pays for full cost
- d. Medicare with Medicaid co-payment
- e. Private insurance
- f. Other per diem

8. REASON FOR ASSESSMENT

- 1 First assessment
- 2 Routine reassessment
- 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

9. ASSESSMENT REFERENCE DATE

20□□ — □□ — □□□□
 Year Month Day

10. PERSON'S EXPRESSED GOALS OF CARE

Enter primary goal in boxes at bottom

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

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12. 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

13. LIVING ARRANGEMENT

- a. Lives
 - 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 sibling(s)
 - 7 With other relative(s)
 - 8 With nonrelative(s)
- b. As compared to 90 DAYS AGO (or since last assessment), person now lives with someone new—e.g., moved in with another person, other moved in
 - 0 No
 - 1 Yes
- c. Person or relative feels that the person would be better off living elsewhere
 - 0 No
 - 1 Yes, other community residence
 - 2 Yes, institution

14. TIME SINCE LAST HOSPITAL STAY

Code for most recent instance in LAST 90 DAYS

- 0 No hospitalization within 90 days
- 1 31 – 90 days ago
- 2 15 – 30 days ago
- 3 8 – 14 days ago
- 4 In the last 7 days
- 5 Now in hospital

SECTION B. Intake and Initial History

[Note: Complete at Admission/First Assessment only]

1. DATE CASE OPENED (this agency)

20□□ — □□ — □□□□
 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 B1)

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