# Harbor House Ministries

Assessment for Residential Care and Support

| **Name:** | | **Date:** | |
|---|---|---|---|
| **Street:** | **City:** | **State:** | **Zip:** |

| **Diagnosis:** | |
|---|---|
| **Assessed Mental Age:** | **Assessed Physical Age:** |

| **Medications** | |
|---|---|
| **Name:** | **Use:** |
| | |
| | |
| | |
| | |

**Directions:** Mark the box that most defines the support for **DAILY TASKS** and the frequency of actions for **PERSONAL BEHAVIOUR.**

| **Daily Activity** | **Total Support** | **Physical Assistance** | **Verbal Prompt** | **No Help Needed** |
|---|---|---|---|---|
| Movement (Indoors & Outdoors) | | | | |
| Negotiates Stairs | | | | |
| Moves/Positions & Transfers Self | | | | |
| Toileting | | | | |
| Bathing | | | | |
| Washes Face/Hands | | | | |
| Mouth Care | | | | |
| Hair Care | | | | |
| Applies Deodorant/Make-up | | | | |
| Nail Care | | | | |

| | | | | |
|---|---|---|---|---|
| Shaves (Men & Women) | | | | |
| Menstrual Care | | | | |
| Selection of Clothes | | | | |
| Puts On/Removes Own Clothes | | | | |
| Eating – Opens, Pours, Cuts, etc. | | | | |
| Eating – Uses Utensils/Equipment | | | | |
| Eating – Chews, Swallows, Drinks | | | | |
| G-Tube Feedings | | | | |

| **Personal Behavior** | **Frequently Each Day** | **Infrequently Each Day** | **Less than Daily** | **Not Applicable** |
|---|---|---|---|---|
| Up at Night | | | | |
| Handles Property Inappropriately | | | | |
| Verbally Assaults Others | | | | |
| Physically Assaults Others | | | | |
| **Personal Behavior** | **Frequently Each Day** | **Infrequently Each Day** | **Less than Daily** | **Not Applicable** |
| Is Self-Injurious | | | | |
| Eats Inedible Objects | | | | |
| Elopes | | | | |
| Repetitive Behaviors | | | | |
| Makes Inappropriate Noises/Gestures | | | | |
| Intrusive Behavior (Infringes Others Personal Space) | | | | |
| Urinates/Defecates in Inappropriate Places | | | | |
| Strips Clothes | | | | |
| Sexually Inappropriate | | | | |
| Sets Fires | | | | |

| **Medical Intervention** | **Total Support** | **Physical Assistance** | **Verbal Prompt** | **Independent** |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| Medical Condition #1: | | | | |
| Medical Condition #2: | | | | |
| Medical Condition #3: | | | | |
| Medical Condition #4: | | | | |

| **Physical Support** | | |
|---|---|---|
| Yes / No | Total Care/Wheelchair Bound / 2 Person Lift | Cause: |
| Yes / No | Total Care/Wheelchair Bound / 1 Person Lift | Cause: |
| Yes / No | Severe Visual and Auditory Impairments | Cause: |
| Yes / No | Severely Behaviorally Challenged, Requires 2-staff | Cause: |
| Yes / No | Severely Behaviorally Challenged, Requires 1-staff | Cause: |

**Relevant Background or History:**

| **Signature:** | **Date:** |
|---|---|

Revised 11/04