

Date:	In-Home Assessment	<input type="checkbox"/> Home-Delivered Meals	<input type="checkbox"/> In-Home Services
<input type="checkbox"/> New client (Start date: Click or tap to enter a date.)		<input type="checkbox"/> Re-Assessment	
Assessor:			

Demographics (fill from MARC Client Intake Screen)

Last Name	First Name	MI	
Address	City	Zip	
Phone	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)
Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	County	<input type="checkbox"/> Cass <input type="checkbox"/> Clay <input type="checkbox"/> Jackson <input type="checkbox"/> Platte <input type="checkbox"/> Ray
What is your income?	<input type="checkbox"/> <\$20k ... list amount _____ <input type="checkbox"/> \$21-49k <input type="checkbox"/> \$50k+		
Race	<input type="checkbox"/> Afr Am <input type="checkbox"/> Am Ind/Nat AK <input type="checkbox"/> Asian <input type="checkbox"/> Nat HI/Pac Island. <input type="checkbox"/> White <input type="checkbox"/> Other		
Hispanic, Latino, or Spanish Origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Caregiver (Family Caregiver Programs) –or– Emergency Contact
Gather additional bolded information for Family Caregiver Programs funding

Last Name	First Name		
Address	City	Zip	
Phone	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	DOB (mm/dd/yyyy)
Relationship			Lives Alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your income?	<input type="checkbox"/> <\$20k ... list amount _____ <input type="checkbox"/> \$21-49k <input type="checkbox"/> \$50k+		
Race	<input type="checkbox"/> Afr Am <input type="checkbox"/> Am Ind/Nat AK <input type="checkbox"/> Asian <input type="checkbox"/> Nat HI/Pac Island. <input type="checkbox"/> White <input type="checkbox"/> Other		
Hispanic, Latino, or Spanish Origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Nutritional Status	Source: ACL Mandatory
I have an illness or condition that made me change the kind/amount of food I eat	<input type="checkbox"/> Yes (2)
I eat fewer than 2 meals per day	<input type="checkbox"/> Yes (3)
I eat few fruits, vegetables, or milk products	<input type="checkbox"/> Yes (2)
I have 3 or more drinks of beer, liquor, or wine almost everyday	<input type="checkbox"/> Yes (2)

Date:	Initials:
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I have tooth or mouth problems that make it hard for me to eat	<input type="checkbox"/> Yes (2)
I don't always have enough money to buy the food I need	<input type="checkbox"/> Yes (4)
I eat alone most of the time	<input type="checkbox"/> Yes (1)
I take 3 or more different prescribed or over-the-counter drugs a day	<input type="checkbox"/> Yes (1)
Without wanting to, I have gained or lost 10 pounds in the past 6 months	<input type="checkbox"/> Yes (2)
I am not always physically able to shop, cook, or feed myself	<input type="checkbox"/> Yes (2)
At risk if ≥ 6	<input type="checkbox"/> At Risk

Rapid Cognitive Screen (RCS)					Source: SLU Rapid Geriatric Assessment
1. Please remember these five objects. I will ask you what they are later. [Read each object using 1 second intervals]					
Apple	Pen	Tie	House	Car	
2. Clock Drawing Task. Provide client with separate sheet of paper with pre-drawn clock. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock. Score (2 points/hr markers ok; 2 pts/time correct) _____/4					
3. What were the five objects that I asked you to remember? <input type="checkbox"/> Apple <input type="checkbox"/> Pen <input type="checkbox"/> Tie <input type="checkbox"/> House <input type="checkbox"/> Car Score (1 pt/ea) _____/5					
4. I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it. Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Wichita. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after. What state did she live in? (1 pt) _____/1					
8-10 normal; 6-7 Mild Cognitive Impairment; 0-5 dementia At risk if ≤ 7					<input type="checkbox"/> At Risk

Functional Assessment					Source: ACL Mandatory
Levels of Assistance:					
0 = Independent – Completes the task independently					
3 = Minimum Assistance – Occasional assistance or supervision may be necessary					
6 = Moderate Assistance – Assistance or supervision is always necessary					
9 = Maximum Assistance – Totally dependent on others					
Activities of Daily Living (ADLs)					
Eating	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)	
Bathing	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)	
Grooming	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)	
Dressing	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)	
Toilet Use	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)	

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Mobility	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Transferring	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Instrumental Activities of Daily Living (IADLs)				
Laundry	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Shopping	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Light Housework	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Heavy Housework	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Telephone	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Financial Management	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Transportation	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Meal Preparation	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Medication Management	<input type="checkbox"/> Ind (0)	<input type="checkbox"/> Min (3)	<input type="checkbox"/> Moderate (6)	<input type="checkbox"/> Max (9)
Notes (client notes, or any reason client may not be eligible for MARC services?):				
Client Signature		Assessor Signature		

Date:

Initials:

