**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Medicaid Services Completion of this form is

F-20817 (09/2019) required by Wis. Stat. § 49.77(3s)(b)

# ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name – SSI Recipient (Last, First, MI) | | | | | | | | | | |
| NOTE: If a person resides with a spouse or is a minor child residing with a legal parent, only services received/needed when the spouse or parent is away from the residence for purposes of employment or which the spouse or parent is physically or mentally incapable of providing count toward the 40-hour requirement, Wis. Stat. § 49.77(3s)(b) 1 and 2. | | | | | | | | | | |
| SUPPORTIVE HOME CARE (SHC) | | | | | | | | | | |
| If the person requires the assistance of another person in the following areas, enter the approximate hours per month. | | | | | | | | | | |
| **Care of the Person** | | | |  | |  | | **Respite** | | |
|  | | 1. Eating meals | |  | | 8. Planning/accessing leisure time activities | |  | | 15. Respite |
|  | | 2. Changing position in bed | |  | | 9. Finance/bill paying | |  | |  |
|  | | 3. Transferring from bed/ wheelchair | |  | | 10. Physically accessing medical care | |  | |  |
|  | |  | |  | |  | | **Other** | | |
|  | | 4. Using the toilet and/or controlling bladder or bowel | |  | | 11. On-site supervision | |  | | 16. Other—specify: |
|  | |  | | **Chore** | | | |  | |  |
|  | | 5. Personal mobility | |  | | 12. Grocery shopping/food preparation/clean-up | |  | |  |
|  | | 6. Bathing, grooming/dressing | |  | | 13. Housework/laundry | |  | |  |
|  | | 7. Medical support | |  | | 14. Yard work/snow shoveling | |  | | **TOTAL Monthly Hours of SHC** |
|  | | | | | | | | | | |
| **DAILY LIVING SKILLS TRAINING (DLST)** | | | | | | | | | | |
| If the person needs training in the following areas, enter the approximate number of hours per month. | | | | | | | | | | |
|  | 1. Personal hygiene, grooming, and dressing | |  | | 6. Purchasing necessities: food/clothes | |  | | 11. BIRTH to 3 program for children | |
|  | 2. Planning/preparing food/clean-up | |  | | 7. Socialization skills/leisure activities | |  | | 12. Medical support | |
|  | 3. Laundry activities | |  | | 8. Developing appropriate sexual behaviors | |  | | 13. Consumer training | |
|  | 4. Housekeeping | |  | | 9. Parenting skills/family relationships | |  | | 14. Other—specify: | |
|  | 5. Budgeting and/or using the banking system | |  | | 10. Accessing public/private transportation | |  | | **TOTAL Monthly Hours of DLST** | |

If the total hours of SHC and DLST needed are 40 or more hours per month, the person is eligible for SSI-E.

Keep in agency case file