DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services F-20817 (09/2019)

STATE OF WISCONSIN

Completion of this form is required by Wis. Stat. § 49.77(3s)(b)

ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING

Name – 551 Recipient (Last, First, MI)					
wh pa § 4	nen the spouse or parent is awurent is physically or mentally in 49.77(3s)(b) 1 and 2.	ay from tl	ninor child residing with a legal he residence for purposes of er of providing count toward the 4	mployment or which the spou	use or
SUPPORT	TIVE HOME CARE (SHC)				
If the person <u>requires</u> the assistance of <u>ano</u> Care of the Person 1. Eating meals		nother pe	erson in the following areas, engates. 8. Planning/accessing leisure time activities	rer the approximate hours per month. Respite 15. Respite	
	2. Changing position in bed		9. Finance/bill paying		
	Transferring from bed/ wheelchair		10. Physically accessing medical care	Other	
	Using the toilet and/or controlling bladder or bowel	Chore	_ 11.On-site supervision	16. Other—specify:	
	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 He	ours 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		Purchasing necessities: food/clothes	11.BIRTH to 3 progra	m for
2	. Planning/preparing food/clean-up		7. Socialization skills/leisure activities	12.Medical support	
3	. Laundry activities		Developing appropriate sexual behaviors	13.Consumer training	J
4	. Housekeeping		Parenting skills/family relationships	14.Other—specify:	
5	. Budgeting and/or using the banking system		Accessing public/private transportation	TOTAL Monthly Hou	ırs 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.