



IDD-04 Developmental Disabilities (DD) Registration and Review

Applicant/Person needing DD services

Name: _____ Male Female
 Date of Birth: _____
 Street address: _____ City/State/Zip: _____
 Mail address: _____ City/State/Zip: _____
 Phone:(Home) _____ (Cell) _____ (Work) _____
 Email address: _____ Preferred contact: Mail Phone Email
 Marital Status: Single Married
 Racial/Ethnic Background: (Optional. Check more than one if applicable.)
 Alaska Native/American Indian Hispanic/Latino
 Asian Native Hawaiian/Pacific Islander
 Black/African American White
 Other _____

Applicant eligible for Alaska Native/Indian Health Services benefits
 Applicant enrolled in Medicaid/Denali Kid Care/TEFRA. Medicaid Number: _____

In the next 12 months, applicant would accept:

- Individualized Supports Waiver Services
- People with Intellectual and Developmental Disabilities Waiver Services
- Both Programs

Legal Representative

Name: _____
 Street address: _____ City/State/Zip: _____
 Mail address: _____ City/State/Zip: _____
 Phone: (Home) _____ (Cell) _____ (Work) _____
 Email address: _____ Preferred contact: Mail Phone Email
 State agency interest: Public Guardian (OPA) Office of Children’s Services (OCS) Custody
 Representative Type: Parent Conservator
 Delegated Parental Authority Power of Attorney
 Full Guardian Representative Payee
 Partial Guardian Unknown
 Other: _____

Contact/Person completing form for applicant (if other than representative)

Name: _____
 Relationship to applicant/person needing services: _____
 Street address: _____ City/State/Zip: _____
 Mail address: _____ City/State/Zip: _____
 Phone: (Home) _____ (Cell) _____ (Work) _____
 Email address: _____ Preferred contact: Mail Phone Email

***If you need help completing this form, please contact:
 (907) 269-3666, Toll Free 1-800-478-9996***

Review of Current Life Concerns

Please review the following list of community participation, living situation, and caregiver concerns.

- Provide the additional information or description requested after each checked item. **Scoring will be based on the information provided. No points will be given if the required additional information or description has not been included.**
- Consider the level of need for supports and services for the problems created by each of the concerns checked. Show the level of need after each checked item by marking a number from 1 – 4.
- Use the following as a guide to help decide the level of need:

1 = No need/Not applicable: no services needed at this time, but possible need in the future.

2 = Minor need: manageable problems, but additional supports and services would help.

3 = Moderate need: some problems needing supports and services to manage.

4 = Major need: difficult problems needing extensive supports and services.

Community Participation Concerns

Level of Need

- | | | | | | |
|---|----|--------------------------|-----|---|---|
| <p>1. Behavior which causes physical harm to self or others.
Injures self (scratches, bites, etc.) or physically assaults others.
<i>Behavior <u>must</u> be described on page 5; mark as Item 1.</i></p> | 1 | <input type="checkbox"/> | 2 | 3 | 4 |
| <p>2. Behavior which interferes with home and/or community life.
Frequent, challenging behavior resistant to interventions.
<i>Behavior <u>must</u> be described on page 5; mark as Item 2.</i></p> | 1 | <input type="checkbox"/> | 2 | 3 | 4 |
| <p>3. Behavior leading to justice system involvement.
Within the last five years, arrested, charged, jailed, or placed on probation;
continues to engage in behaviors likely to result in further involvement in
the juvenile or adult justice system.
<i>Date of most recent justice system contact _____</i>
<i>Current status of applicant _____</i>
<i>If in jail, anticipated date of release _____</i></p> | No | <input type="checkbox"/> | Yes | | |
| <p>4. Victim of psychological, physical, sexual, and/or financial abuse.
Unable to make appropriate decisions regarding health and safety;
finances, living situation or other life circumstances may be at risk.
<i>Circumstances <u>must</u> be described on page 5; mark as Item 4.</i></p> | 1 | 2 | 3 | 4 | |
| <p>5. Complex, chronic medical condition.
Requires on-going care and frequent attention by medical professionals,
and routine supervision regarding medical needs.
<i>Condition <u>must</u> be described on page 5; mark as Item 5.</i></p> | 1 | <input type="checkbox"/> | 2 | 3 | 4 |
| <p>6. Applicant is caring for children or will be parent within eight months.
<i>Circumstances <u>must</u> be described on page 5; mark as Item 6;
include names and ages of children, and/or estimated due date.</i></p> | 1 | <input type="checkbox"/> | 2 | 3 | 4 |

Use the following as a guide to help decide the level of need:

- 1 = **No need/Not applicable:** no services needed at this time, but possible need in the future.
- 2 = **Minor need:** manageable problems, but additional supports and services would help.
- 3 = **Moderate need:** some problems needing supports and services to manage.
- 4 = **Major need:** difficult problems needing extensive supports and services.

Living Situation Concerns

Level of Need

- | | | | | |
|---|----|---|-----|---|
| 7. Death of primary caregiver within the past 12 months.
<i>Name of caregiver:</i>
<i>Date of death:</i> | 1 | 2 | 3 | 4 |
| 8. No long-term caregiver available to assist with daily care needs.
<i>Name of temporary caregiver:</i>
<i>Relationship to applicant:</i>
<i>End date of temporary care:</i> | 1 | 2 | 3 | 4 |
| 9. Homeless.
No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter.
<i>Location of night-time residence:</i>
<i>Length of time applicant has been homeless:</i>
<i>Date of discharge from institution:</i> | 1 | 2 | 3 | 4 |
| 10. Discharge from foster care/Office of Children’s Services within a year. Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified. | 1 | 2 | 3 | 4 |
| 11. Current residence is a nursing home, psychiatric treatment facility/hospital or intermediate care facility for individuals with intellectual disabilities (ICF/IID).
<i>Name of treatment facility:</i>
<i>Date of admission:</i> | No | | Yes | |

Caregiver Concerns

- | | | | | |
|--|----------------------|---|---|---|
| 12. Caregiver unable to provide adequate care.
Age, health, physical or psychological condition affects ability to continue providing care.
<i>Circumstances <u>must</u> be described on page 5; mark as Item 12; include caregiver’s birth date if age is a factor.</i> | Level of Need | | | |
| 1 | 2 | 3 | 4 | |
| 13. Caregiver unable to meet behavior or health needs of applicant. Supports, skills or training insufficient to meet applicant level of need.
<i>Circumstances <u>must</u> be described on page 5; mark as Item 13.</i> | 1 | 2 | 3 | 4 |
| 14. Caregiver unable to get or hold a job.
Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.
<i>Circumstances <u>must</u> be described on page 5; mark as Item 14.</i> | 1 | 2 | 3 | 4 |

Service Needs

SDS grants and programs make a variety of services available. The availability of a specific service will depend on the funding source. All services are subject to the limitations and requirements of state and federal regulations.

- Consider the service descriptions below, and determine which services are needed now, and which might be needed in the future.
- Check either the “Now” box or a multi-year box (1-2, 3-4, or 5-10 years) following the description.

Services coordination to gain access to, plan for, and monitor delivery of, medical, social, educational, and other services.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

In home supports: Services to help applicants acquire, retain, and/or improve self-help and social skills while living full time in the home of an unpaid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Family habilitation: Services in a family-like setting to help applicants acquire, retain, and/or improve self-help and social skills while living full-time in the licensed home of a paid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Shared care: Services in a family-like setting to help applicants acquire, retain and/or improve self-help and social skills while living part time in the licensed home of a paid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Group home: Services in a group setting to help applicants, age 18 or older, acquire, retain and/or improve self-help and social skills while living full time in a licensed assisted living home.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Supported living: Services in an independent setting to help applicants, age 18 or older, acquire, improve, and/or retain self-help and social skills while living full time in their own residences.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Day habilitation: Services (recreational and other activities) outside the home to help applicants acquire, improve, and/or retain self-help and social skills needed to participate in community life.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Chore: Regular cleaning and heavy household chores within a residence where no one else is available.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Respite: Relief services for caregivers which offer occasional breaks from the stress of caring for people with developmental disabilities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Supported employment: Services which provide training, support, and supervision to help applicants to find and keep a job, or to participate in subsistence activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Transportation: Services to enable applicants to reach work sites and various resources, and to participate in community activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Specialized medical equipment and supplies: which help applicants to experience their surroundings to communicate, and perform daily activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Nursing oversight: Services provided by a registered nurse to ensure that care of a medical nature is delivered in a manner that protects applicant health and safety.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Intensive active treatment: Professional treatment/therapy to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Environmental modifications: Home modifications necessary for applicant health and safety.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Other:

Now 1-2 yrs 3-4 yrs 5-10 yrs

Please provide additional information as required:

Item #

Item #

Item #

Item #

Item #

Item #

Item #

Item #