|  |  |
| --- | --- |
| Name of Individual: | DOB:\_\_\_\_\_\_\_\_\_\_\_\_ |
| Form Completed By: |  |
| Relationship to Individual: | Delay/Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions:** In each section below, please check the option that you feel best describes your family member’s intellectual/developmental disability (I/DD) or developmental delay. There should be one check mark in the “Needs” area and one in the “Resources” area for each section. The number to the left is the score for each option. Your Resources score subtracted from your Needs score equals your score for that section.

**Please check which resources family members in the home receive, and consider those resources when completing this form:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home and Community Based Services Medicaid Waiver CES SLS EBD CWA CHCBS CLLI BI SCI** | | | | | |
|  | Private health insurance |  | Early Intervention (0 thru 2) |  | Family Income |
|  | Medicaid |  | WIC |  | LEAP |
|  | Medicaid Buy-In Program |  | Home Care Allowance (HCA) |  | TANF |
|  | Child Health Plan Plus (CHP+) |  | Quest Card |  | Section 8 Housing |
|  | SSI |  | Commodities |  | Special Needs Trust |

**Mobility**

**Needs**

*Consider balance, coordination, amount of assistance needed for mobility/transfers; compare to typical development, consistent with age*

|  |  |  |
| --- | --- | --- |
| 0 | Person can walk independently; mobility is not limited; person has full use of hands and feet. | |
| 1 | Person can walk with some assistance, has use of hands and feet. | |
| 2 | Limited use of hands and feet; person is unable to walk; person can partially assist with transfers; weight/size is not a problem. | |
| 3 | Person is unable to walk or move around alone; unable to assist with transfers or weight/size makes transfers difficult. | |
| Comments: | |  |

**Resources**

*Consider access to adaptive equipment, therapies, support from others/agencies, funding sources*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Needs**

**Medical/Nursing Care (Including hearing and vision)**

*Compare to typical development*

|  |  |  |
| --- | --- | --- |
| 0 | Person does not require any more medical care than routine medical appointments. | |
| 2 | Person requires more medical care than routine medical visits. | |
| 4 | Person requires medical care for a frequent and acute illness or medical condition. | |
| 6 | Person has medical needs that significantly impact their ability to participate in home, school, and community activities. | |
| Comments: | |  |

**Resources**

*Consider adequate medical coverage, access to healthcare, etc.*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Transportation**

**Needs**

*Consider: Is the vehicle adequately equipped for the person with the I/DD? Is transportation difficult? Do you spend excessive amounts of time transporting for medical appointments?*

|  |  |
| --- | --- |
| 0 | Person/family has a typical transportation situation. |
| 1 | Person/family’s participation in home, school, or community activities is interrupted by access to transportation at least once a week. |

|  |  |  |
| --- | --- | --- |
| 2 | Person/family’s participation in home, school, or community activities is interrupted by access to transportation more than once a week. | |
| 3 | Person/family has no reliable access to transportation. | |
| Comments: | |  |

**Resources**

*Consider ramps, vehicle adaptations, and other persons/agency support*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Self-Care (feeding, bathing, dressing, toileting)**

**Needs**

*Compare to typical development, consistent with age*

|  |  |  |
| --- | --- | --- |
| 0 | Person is able to consistently perform self-care tasks. | |
| 1 | Person requires verbal reminders to start/complete some tasks. | |
| 2 | Person requires hands-on assistance to complete most tasks. | |
| 3 | Person requires total care not consistent with others their age. | |
| Comments: | |  |

**Resources**

*Consider availability of support from family members, neighbors, friends, agencies*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet the need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Needs**

**Supervision**

*Compare to typical development, consistent with age*

|  |  |  |
| --- | --- | --- |
| 0 | Supervision typical for that age. | |
| 2 | Person needs occasional supervision. | |
| 4 | Person requires frequent supervision. | |
| 6 | Person requires constant supervision (can never be unsupervised) | |
| Comments: | |  |

**Resources**

*Consider shared care giving in the home, support by extended family, friends, neighbors, agencies*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Needs**

**Behavior**

*Consider inappropriate behaviors against self, others and/or property, running, wandering, spontaneous crying/screaming; compare to typical development consistent with age*

|  |  |  |
| --- | --- | --- |
| 0 | There are no behavioral concerns. | |
| 2 | There are mild behavioral concerns. May require verbal reminders, redirection or supervision but usually do not result in injury to self, others or property. | |
| 4 | There are moderate behavioral concerns. Exhibits inappropriate behaviors that put self or others at risk; requires frequent interventions at least weekly. | |
| 6 | There are extreme behavioral concerns. Exhibits inappropriate behaviors that put self or others at risk; requires frequent interventions at least daily. | |
| Comments: | |  |

**Resources**

*Consider breaks from care giving, therapies, support from others/agencies*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Sleep**

**Needs**

*Compare to age-appropriate sleep patterns*

|  |  |  |
| --- | --- | --- |
| 0 | There are no sleep problems. | |
| 1 | There are mild disturbances in sleep patterns that occur approximately once a week. | |
| 2 | There are moderate disturbances in sleep patterns that occur approximately two to five times a week. | |
| 3 | There are high disturbances in sleep patterns that require many interventions throughout the night. | |
| Comments: | |  |

**Resources**

*Consider shared care giving, breaks from constant supervision, sleep aids/medications, modified sleeping environment*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Needs**

**Communication**

*Compare to typical development, consistent with age*

|  |  |  |
| --- | --- | --- |
| 0 | There are no communication concerns. | |
| 1 | There are mild communication concerns. Can consistently meet needs & wants through limited verbal skills with familiar and unfamiliar people. | |
| 2 | There are moderate communication concerns. Uses alternative means to communicate such as pointing, PECS, or device; understood only by familiar people. | |
| 3 | There are extreme communication concerns. Limited or inconsistent ways of communicating with others. | |
| Comments: | |  |

**Resources**

*Consider availability of communication devices, sign language, caregivers understanding of personal language/gestures/ expressions*

|  |  |  |
| --- | --- | --- |
| *4* | No needs in this area. This is not an area of need for our family member. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

**Access To Support Networks**

**Needs**

*Consider level of isolation or lack of support networks for the family*

|  |  |  |
| --- | --- | --- |
| 0 | These are not affected by having a person with an I/DD in the home. | |
| 1 | These are mildly affected by having a person with an I/DD in the home. | |
| 2 | These are moderately affected by having a person with an I/DD in the home. | |
| 3 | These are extremely affected by having a person with an I/DD in the home. | |
| Comments: | |  |

**Resources**

*Consider shared care giving, support from extended family/friends, church, community organizations, and agencies*

|  |  |  |
| --- | --- | --- |
| 4 | No needs in this area. This is not an area of need for our family. | |
| 3 | Needs are completely met. We are easily able to meet this need with the resources checked above and/or natural supports. | |
| 2 | Needs are adequately met. We have services or resources in place to address the need. No or low need for FSSP funds. | |
| 1 | Needs are met/partially met. Cost of services causes some financial stress. We need FSSP funds to help pay for services. | |
| 0 | Needs are not met. We are unable to meet the need without significant emotional, physical or financial stress. High need for funds. | |
| Comments: | |  |

# Family Composition & Stability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please mark the box that best represents your family/living situation. | N/A |  | Mild | Moderate |  | High |
| 0 |  | 1 | 2 |  | 3 |
| Relationships are strained within the family. |  | |  |  |  | |
| There are other children or adults with disabilities/delays/illnesses in the home. |  | |  |  |  | |
| Siblings show signs of stress due to a family member with an I/DD living in the home. |  |  |  |  |  |  |
| Our family has responsibility for other extended family members. |  | |  |  |  | |
| Within the last year there has been a divorce, separation, death, or addition to the family. |  | |  |  |  | |
| Our family’s activities center on the needs of the family member with an I/DD. Caregiver(s) spends excessive time coordinating various needs for family member with I/DD. |  | |  |  |  | |
| Caregiver(s) spends excessive time away from job to meet the needs of family member with an I/DD. Caregiver(s) has had to quit their job or is unable to work due to the needs of the family member with an I/DD. |  | |  |  |  | |
| There are additional difficulties due to the aging/health of caregiver(s). |  | |  |  |  | |
| Caregiver(s) experiences additional difficulties due to family member with an I/DD being home all day (no school/respite). |  | |  |  |  | |
| Other areas of stress on Caregiver(s) not addressed in assessment: | | | | | | |

### I verify that the information stated above is true to the best of my knowledge.

|  |  |
| --- | --- |
| Completed by | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information:** | | | |
|  | Parent Name |  |  |
| Parent Address |  |  |
| County |  |  |
| Parent Phone Number Daytime phone |  |  |

**Return this form by mail, email or fax to:** DDRC/CFS 11177 W. 8th Ave. Lakewood, CO 80215 Email: [FSSPMIN@ddrcco.com](mailto:FSSPMIN@ddrcco.com) Subject line: FSSP MIN or Fax: 303.462.6697

Families are *eligible* for the Family Support Services Program (FSSP) if they have a family member with a developmental delay or disability living in the family home. The Most In Need (MIN) assessment process determines your family’s *level of need* for FSSP per State guidelines. Families are enrolled in FSSP and prioritized for funds based on their total MIN Score, unless their family member is enrolled in a Medicaid Waiver or Early Intervention services. DDRC considers an individual enrolled in CES, SLS, or the EBD Medicaid Waiver as “least in need” regardless of his/her MIN score. Persons enrolled in other programs will have their level of need determined on an individual basis. The amount of funds approved is based on the services requested, supporting documentation, and available funds. If you have questions or need help to complete the form please contact your Resource Coordinator, or the CFS Administrative Assistant at 303.462.6576.

**Admin Use Only Below this line**

Date Received MIN: MIN Score: MIN Level:

Low (0-19) Moderate (20-39) High (40+)