

# **Vermont Resident Service Coordinators Resource Guide**

**September 2008**



# Vermont Resident Service Coordinators Resource Guide

## Table of Contents

1.	Credits and Appreciation	3
2.	Introduction	4
3.	History of Resident Service Coordination in Vermont	5
4.	Role of the Resident Service Coordinator	6
5.	Welcome Interview	8
6.	Confidentiality	9
7.	Assessing Needs	11
8.	Communication	13
9.	Documentation and Reports	15
10.	Ethical Standards	17
11.	Working with Individual Residents	18
12.	Working with Resident groups:	19
	Supporting Resident Meetings and Resident Associations	
13.	Building Community in a Residential Setting	21
14.	Reasonable Accommodations & Fair Housing	22
15.	Resources	23
16.	Training for Resident Service Coordinators	24
17.	Quality Assessment	25
18.	List of Appendices	26

## CREDITS and APPRECIATION

Vermont Resident Service Coordinators, Inc. (VRSC) thanks the Vermont Department of Disabilities, Aging and Independent Living (DAIL) for providing a grant to put together this resource. VRSC thanks Vermont Housing Finance Agency (VHFA) for assistance with this grant's administration and for the continual support of VRSC to sustain and promote quality resident services in Vermont.

We want to recognize the following agencies and individuals who created the resources referenced in this guidebook. They are sources of abundant information for resident services program development. We appreciate and benefit from the work they have done to promote service coordination through developing these manuals, handbooks and resources.

Thank you.

American Association of Service Coordination  
Jan Monks, President  
[www.servicecoordinator.org](http://www.servicecoordinator.org)

MaineHousing, Opening Doors to Services in Housing...Maine State Housing Authority Program Guide to Service Coordination, revised by the RSC Manual Task Force lead by Kathy Poulin, Manager of Resident Services  
<http://www.mainehousing.org/Documents/ProgramGuides/ProgramGuide-ResidentServicesCoordination.pdf>

MassHousing, Massachusetts Resident Services Coordinator Handbook A Publication of MassHousing's Tenant Assistance Program (TAP) Supporting Management and Residents in Rental Housing, written by Susan S Stockard, Maloney Properties, Inc. under the Guidance and Support of Mass Housing's Community Services Department.  
[https://www.masshousing.com/portal/server.pt/gateway/PTARGS\\_0\\_2\\_2394\\_0\\_0\\_18/RSC\\_Handbook.pdf](https://www.masshousing.com/portal/server.pt/gateway/PTARGS_0_2_2394_0_0_18/RSC_Handbook.pdf)

New Hampshire Housing, Resident Service Coordinator Manual, prepared and compiled by the Housing Services group under the guidance of Lynn Lippitt, Director, Housing Services  
[http://www.nhhfa.org/bp\\_docs/rscdocs/RSCManual.pdf](http://www.nhhfa.org/bp_docs/rscdocs/RSCManual.pdf)

Pennsylvania Housing Finance Agency  
Carla Falkenstein, Manager of Housing Services  
<http://www.phfa.org/developers/serviceprovider/manuals.aspx>

Preservation Management, Inc., Preservation Management, Inc. Resident Service Coordinator Training Manual, developed by Mary Weiss, Director of Resident Services, compiled by Tina Lysogorski, Victoria Finazzi and Debbie Landry.

U.S. Department of Housing and Urban Development, A How-To Guide for Service Coordination – Elderly Persons and People with Disabilities, 1999. Prepared by Susan Lanspery (Ph.D.) under HUD Contract No. DU100C000005980, Task Order No. 4, National Neighborhood Networks.

# INTRODUCTION

In true Resident Service Coordinator (RSC) fashion, Vermont does not need to reinvent the wheel in creating our state's Resident Services Coordinator Resource Guide. Rather, we have referenced current resources available. This guidebook highlights information, policies and resources that are important for RSCs and related professionals in the state of Vermont.

The purpose of the guidebook is to put into the hands of very busy RSCs, the information and forms that are often helpful, time savers and, at times, crucial to the job. There are many wonderful, in-depth, comprehensive resources and manuals available. If there were only one great manual to use that met everyone's needs, it probably would be easier for current RSCs. The reality is there are many resources chock full of great information and we've tried to capture many of these resources within this guide.

One of the challenges for a RSC is finding the time to research and organize information because all of your precious time is spent coordinating services and interacting with residents (or going to great VRSC meetings☺)! It is a hard to put into practice taking time to research and organize information about RSC 'best practices' and 'how tos', which can save you time and improve your competency and success in the long run.

So, the purpose of this guide is to create a reference tool (coordinate a service, if you will) between the resources that exist and the Vermont RSCs and related professionals.

This RSC Guide is funded by a grant to Vermont Resident Service Coordinators, Inc. (VRSC) from the Vermont Department of Disabilities, Aging and Independent Living (DAIL). Cathedral Square Corporation (CSC) has been contracted to create this guide. Jennifer Hunter, Resident Services Specialist at CSC, has prepared this guide with help from many individuals and organizations, including other states' materials, which are liberally referenced. While both DAIL and CSC serve primarily elders and people with disabilities, much of the information included in this guide is relevant to RSCs and other professionals who work with families, particularly those living in subsidized housing settings. All of the resources and manuals referenced in the guide are available via the links noted in the Introduction.

# HISTORY OF RESIDENT SERVICE COORDINATION IN VERMONT

From TEAM coordinator to RSCs in Vermont:

Vermont was one of ten states nationally to receive a Robert Wood Johnson Foundation grant. The original position was called TEAM (Tenant Education and Assistance Model) Coordinator in Vermont. The U.S. Administration on Aging also provided financial support for regional TEAM coordination services in Vermont. VHFA, as administrators of the grant, described to goals, “At the heart of both the RWJF and AoA grant efforts was our objective to increase the level of awareness and availability of services that are offered through the existing service provider networks, and identify areas where elderly residents’ expressed needs could be met in an efficient and cost effective manner.” The TEAM Coordinator term evolved into Residents Service Coordinators, matching the national profession.

## **The History of Vermont Resident Service Coordinators, Inc.**

How did the Vermont Resident Service Coordinators, Inc. (VRSC) organization begin? Informal meetings began after Carole Rayl from VNA of Southeastern Vermont sent out an inquiry letter to Service Coordinators in 1995, asking if anyone would like to get together for networking, support and information. Those who responded were included in a group mailing list.

Shortly thereafter, HUD issued training requirements for service coordinators serving elders or people with disabilities. The training is not mandated for projects serving families; however, HUD does recommend training for these service coordinators.

A meeting with interested service coordinators and Sam Falzone of VHFA was held to discuss this new HUD mandate, and the HUD training requirement led to the creation of a training tracking policy developed by the RSC team at Rutland VNA and Hospice in 1995. Carmey Munzner was part of the early organizing team and helped VRSC become what it is today.

VRSC grew out of RSCs shared need and interest in networking and professional support and, as VRSC became more organized, there was a desire to create resources to meet RSCs’ training needs. VRSC began offering RSC training approximately four times per year. In 2002, VRSC's by-laws were written, the first officers were elected, and the group incorporated to become Vermont Resident Service Coordinators, Inc.

Vermont’s Department of Aging and Independent Living (DAIL) began funding the Housing and Supportive Services (HASS) program in 2001. While HASS Coordinators have special policies specific to the HASS program, there are many similarities between the HASS Coordinator role and that of the RSC.

## ROLE OF THE RESIDENT SERVICE COORDINATOR

The RSC focus is to improve the quality of life for residents living in congregate housing settings and to build a sense of community in those settings. The RSC determines individual resident needs through one-on-one conversations and interviews and works to connect each resident to services that meet their needs. The RSC is familiar with the eligibility requirements for public benefits and other public services and assists the resident in connecting with the appropriate agencies. The RSC may also work to develop services where there are unmet community needs.

The RSC works in partnership with the housing property management staff. RSCs in Vermont are employed by a public or private housing provider or by a home health or other agency contracted by the housing provider to deliver RSC services. Regardless of the employer, a RSC's role is to assist the residents, foster good communications, help residents understand lease requirements and, when needed, help residents develop the skills required to comply with their lease.

The RSC is not a direct service provider, but researches and coordinates services, and will assist residents in accessing available services to meet the individual's need for assistance. This may include making a phone call, explaining in clear, simple terms what eligibility requirements are for a particular program, and what the service includes.

The RSC is not a case manager, but does assist the resident to identify what is needed to support their daily living and help identify tasks required to meet those needs. If a resident appears to need case management assistance, the RSC will assist the resident in deciding whether case management is a viable and desirable service option.

The RSC is not an Activities Coordinator, but helps resident groups discuss and plan activities. The RSC will evaluate how much assistance the group needs, dependent on the activity, to ensure successful community and rapport building.

The RSC must find a balance between working with individual residents and working with groups and community building.

The RSC must be knowledgeable about Fair Housing regulations and is responsible for educating residents in this content area. This includes 'promoting inclusion and tolerance by and for all residents and staff' as stated in MassHousing's "Massachusetts Resident Service Coordinators Handbook".

The RSC works in partnership with the property manager. Good communication and collaborative work is important to success. The RSC and property manager need to understand the responsibilities and boundaries of the two roles in their relationship to the residents.

See Appendix:

Additional Sample Job Description for Resident Service Coordinators

Referral form for resident services

Incident Report form

## Sample Job Description

Based on copyrighted information from Enterprise Foundation, to be used for non-commercial purposes only.

# Resident Service Coordinator

The primary function of the Resident Service Coordinator (RSC) is to effectively assist residents that have requested support in enhancing the quality of their daily lives. This may mean enabling them to more fully and successfully participate in the social, educational and/or economic mainstream. The position provides residents with information about and access to local services and resources that can assist them in pursuing opportunities and achieving life objectives. The resident service coordinator is an integral part of the housing and property team and plays a critical role in the overall positive maintenance of the property for the enjoyment of its residents and the respect of its neighbors.

### **Responsibilities:**

1. Welcome new residents, establish contact with existing residents, and explain the resident services program, its offerings, and the RSC role in assisting residents who want to access local service resources.
2. Help set a tone of inclusion and non-discrimination in the resident community.
3. Identify, assess, select, develop and maintain referral relationships with local agencies that effectively assist residents to achieve their opportunities and objectives in life.
4. Provide supportive linkages between residents and referral agency staff when residents or agencies request assistance. Document these efforts.
5. Refer concerns about lease violations to the Property Manager and work as part of the management team when a resident is identified as being in jeopardy of eviction. Offer linkages and referral support to the resident to positively and quickly rectify the situation. Document these efforts.
6. Establish program targets. Consistently track and measure progress. Regularly report program outcomes to internal and external stakeholders. Analyze and use outcomes data as the basis for continuous program improvement.
7. Identify and assess individual and family needs when appropriate; inform the resident of available resources and provide support in accessing services successfully. Document these efforts.
8. Help to facilitate resident meetings and community-organizing and social activities as desired by residents.
9. Support residents to enhance the quality of their lives; encourage and empower them toward self-sufficiency.
10. When requested, work with property management in mediating conflicts between residents. Document these efforts.
11. Effectively communicate with residents by newsletter, flyer, bulletin board etc., making sure that communication is inclusive of language differences and the visually impaired.
12. Complete other housing and resident related assignments as directed by the supervisor.

## WELCOME INTERVIEW

The welcome interview is a great way to meet new residents one-on-one, soon after they have moved in and to explain the RSC role. This allows the new resident to get to know the RSC in a comfortable environment before they are in a stressful situation where they are in need of some assistance.

The RSC creates an interview folder that he or she can give to the resident. When working in concert with the property manager, this can be a move-in folder that includes a copy of the lease and other paperwork, with the additional RSC role-specific items added.

The welcome interview packet might include:

- Brochure of services offered at the property
- Description of the RSC role
- Resident Needs & Interest surveys
- Confidentiality form
- Release of Information form
- Inquiry/permission to include the resident on the Resident Phone and Birthday Lists, and on monthly birthday calendars
- Community service brochures describing other agencies/services
- Copy of the property's most recent calendar and newsletter

Plan this interview a week or two after the resident has moved in to allow them to get settled, when they are no longer focused on the move and ready to learn about their new home.

During this interview the RSC will want to:

- Ask if the resident has questions about the residence. Answer those questions or take notes and find out the answer and get back to them, if you do not have the answer.
- Explain in clear, simple terms what the RSC role is. Encourage them to come to you with any questions, let them know you will help direct them to the right source to meet their needs. If working with elders, the RSC may want to explain the Vermont program, Choices For Care, and how this program may assist them (if eligible) to remain at home. Explain that you can help research services they will need to support that goal.
- Review, explain and complete a Confidentiality Notice and Release of Information form.
- Discuss the Resident Needs Survey and complete with the resident if they agree.
- Go through other items in the packet, discuss events and activities that occur at the residence, and find out if the resident is interested in getting involved.
- If relevant, invite the resident to attend a new residents coffee hour (or gathering).
- Ask if they have any additional questions.



# CONFIDENTIALITY

RSCs must maintain the confidentiality of the residents with whom they work. It is important for an RSC to fully understand that the RSC role requires strict adherence to the organization's confidentiality policy, and to any policies of the specific housing/property management company or agency they work for.

It is a good practice to communicate initially and often about the housing provider's confidentiality policy and your responsibilities to protect each resident's confidentiality. You can explain in general terms the rights residents have and the need for them to give permission to you or other housing staff to share personal information. An example of this might be communicating with a home health provider about the resident's request to add personal care services due to some increasing struggles and safety concerns the resident is having with bathing unassisted.

There may be times when you will receive verbal permission to call a service provider with the resident present. The service provider will usually ask to speak to the resident directly to get their verbal permission and then be permitted to speak to you on the phone in the resident's presence. In this situation, you may not need to have a signed release BUT you should document that verbal approval was requested and given. If there are other situations where the resident is not present and you have been requested to speak with a provider or family member, you must have the resident's (or legal representative's) written permission.

See appendix for sample forms:

- Confidentiality Notice
- Release of Confidential Information

As described in the Confidentiality Notice, the ethical and legal limitations of confidentiality include:

- Adult Protection Services and Child Protection Services referrals; make sure the resident understands that the RSC role includes a legal obligation to report incidents of child and/or elder abuse.
- If a RSC believes a resident is in imminent danger, they are required to report this to the appropriate authority, local police or crisis services.
- The RSC has a responsibility to their employer to report lease violations that come to their attention in the course of carrying out their duties.
- The RSC may be required through court order to reveal confidential information shared by a resident, or contained within resident files.

Prior to meeting with a resident on a confidential matter, it is important to determine whether the planned meeting space ensures a confidential setting. Keep this in mind as you plan and meet with residents, or if a resident should catch you in the hall or at a function and start talking about a potentially confidential issue.

If a family member or guardian states they have Power of Attorney (POA) for their parent, it is important that you have both a copy of the POA and the guardianship papers in the resident's file. RSCs should not act on a POA or claim to legal guardianship from a verbal report. You can explain to

the person claiming guardianship or POA that you are required to retain a copy of the legal documentation, in the resident's file, prior to acting on a request.

Confidentiality may be a new concept for some residents and they may find it a bit tedious. "Of course, you can talk to my daughter who takes me to every doctor's appointment, does my grocery shopping, laundry and pays all my bills." Family members may ask, "Why didn't you tell us Mom wasn't picking up after her dog - we could have taken care of this for her." Again, it is helpful to explain what honoring confidentiality means, what your organization requires of you as a RSC to both the resident and family members, right from the beginning, That way everyone who may be or want to be involved is clear about the boundaries set by honoring a resident's right to confidentiality.

## ASSESSING NEEDS

A Needs Survey or Assessment can be as brief or intensive as the RSC and Housing/Management Company determine is appropriate. The New Hampshire Housing Resident Service Coordinators Manual has an excellent section on assessing resident needs. The RSC and housing management company want to be cautious when gathering, storing and being responsible for confidential information. The RSC should only be collecting information that is needed in performing service coordination. See link to the New Hampshire Housing RSC manual in Credits and Appreciation section.

The RSC's goal in surveying an individual resident is to determine what their needs are, and whether they have had any recent problems that interfere with their daily living/activities. Dependent on this information, RSCs research if there are any services available to help meet the resident's needs for which they are eligible. A sample assessment, designed to be completed during a welcome interview, can be found in the appendix.

It is important to recognize that residents have a right to make choices that might be perceived by the RSC as poor choices. For example: Let's say a resident has had a recent history of frequent falls and calls to 9-1-1. His/her apartment is equipped with grab bars, all throw rugs have been removed and the resident has a walker but she states she does not like to use it. The resident is not eligible for additional services provided by the state and is not willing or able to pay for services offered and declines any idea of volunteers. The resident is not violating the lease by choosing not to use her walker and, as of yet, the emergency responders have not brought the issue of repeated calls to the housing property.

The RSC cannot tell the resident that he or she must use a walker but the RSC can express a concern and inquire why the resident doesn't like to use it. This may help the RSC and resident identify something that can be changed to reduce the likelihood of falls.

Keep in mind that it is the resident's right to make the decision to decline services and to remain in a setting that you feel places her at risk of falling. Because she is making a poor choice in this situation, it does not mean she lacks capacity to make good choices and, unless she is deemed incompetent to make her own decisions (via the Vermont Probate Court) she is entitled to refuse the use of her walker.

### Other Assessments Tools:

Vermont Independent Living Assessment (ILA):

The ILA is used by the State of Vermont Department of Disabilities, Aging, and Independent Living to assess the needs and eligibility of individuals for Choices for Care Waiver services. It is also used by HASS providers, Area Agency on Aging case managers, and other professionals to determine client needs and develop service plans. RSCs may want to familiarize themselves with the ILA even if they are not required to use it, so that they can better coordinate services with AAA and HHA management personnel, and with Adult Day Services providers.

A copy of the ILA can be found on the VT Division of Disability and Aging Services (part of DAIL) website:

[http://www.ddas.vermont.gov/ddas-forms/forms-adult-day/forms-adult-day-documents/ila-29-pgs-revised\\_sept-13-2006](http://www.ddas.vermont.gov/ddas-forms/forms-adult-day/forms-adult-day-documents/ila-29-pgs-revised_sept-13-2006)

The ILA provides an individual assessment of a person's abilities related to performing Activities of Daily Living (ADLs) and Independent Activities of Daily Living (IADLs). The Department of Housing and Urban Development (HUD) also screens for ADLs when determining an elder resident's status as frail (deficient in 3 or more ADLs) or at-risk (deficient in 1 or 2 ADLs) for the semi-annual performance report for service coordinators.

RSCs do not make mental health or medical assessments, unless they have training and responsibilities beyond the RSC role. RSCs will communicate with mental health case managers or therapists and may need to refer a resident to or contact Crisis Services at a local mental health center or hospital psychiatric unit.

For example, an RSC would contact Crisis Services if a resident is reporting having suicidal thoughts and not giving the RSC permission to contact their medical provider about this concern. This is one of the areas that, due to potential harm to self or others, the RSC would break confidentiality. It is not for the RSC to determine if the resident is at risk to act on these thoughts. The RSC would contact their area Crisis Services to report the information and the crisis clinician would make that assessment and act based on that assessment.

There are Mental Health and Substance Abuse services in each county of the state. You can find more information and a list of agencies by county at <http://healthvermont.gov/mh/programs/county.aspx>

See Appendix:

Sample Resident Welcome Interview

Vermont Independent Living Assessment

# COMMUNICATION

The RSC is, first and foremost, a communicator. The RSC investigates resident concerns and complaints and gets the facts so that they fully understand the issue and points of view of those involved.

If a resident has a specific need, it is the RSC's job to communicate and listen, to fully understand the needs, and to determine what they need to do to assist the resident: what is available, what does the resident want, what might work for this particular situation. The RSC communicates service options to residents.

RSC communicates with:

- Residents
- Social service providers
- Family members
- Friends
- Legal, court appointed guardians
- Medical providers
- Housing provider, property manager/management company/owner

RSC communicates in many formats including:

- Verbally and non-verbally in individual conversations
- Presentations and educational opportunities
- Meetings
- Resident Files/Documentation
- Newsletters
- Flyers, memos and notices
- Letters

Many personal conflicts are based in misunderstanding. The RSC sometimes serves as a mediator; hearing all sides of an issue and helping others hear and understand each other. The RSC looks for solutions that will work for everyone, listens to all and asks residents to assist in problem solving. The RSC uses the lease and policies of the housing provider and the RSC guide to assist in resolving problems.

The RSC helps communicate confusing bureaucratic and complicated policies into clear and simple points and steps.

A RSC will likely need to write memos on many different topics. For example: a memo to explain what residents need to do to make sure they receive their federal 'stimulus package'; what cable channels were removed from a common cable package and what options are available to residents to regain channels, when the flu clinic is scheduled to come and what residents need to bring with them.

Many RSCs have a regular newsletter to inform residents about things going on in their community. The newsletter might include a column written by the RSC, management notes, community services,

and other community building information. The newsletter could offer a monthly calendar of events and, with residents' permission, monthly birthdays. It might announce pot luck dinner dates, exercise classes, book clubs, resident association meetings, flu clinics, wellness clinics and hours the RSC is on site and available.

The newsletter format should be easy to read (large font!) and information should be clearly written, fully explained, yet concise. The newsletter helps the RSC set the tone for the resident community through regular communications.

The RSC should evaluate communication methods and reconsider options as needed. For example, is a microphone needed for resident meetings? Should resident flyers be printed on white, yellow or light colored paper? What fonts are easier to read and what size do they need to be? Should there be graphics on printed information for eye appeal?

RSCs working with resident populations that include people with Limited English Proficiency (LEP) should be sure to communicate so that all residents have access to information. More information can be obtained about LEP policies and plans on the HUD website at <http://www.hud.gov/offices/fheo/promotingfh/lep.cfm>. Refer to manuals in Credits and Appreciation for more information on notices and procedures. "I Speak" cards are available at <http://www.lep.gov/ISpeakCards2004.pdf>

Perhaps the most important of all RSC communication methods are the informal, social interactions with residents. These exchanges build rapport, increase positive social contact and often lead to the sharing of information that results in improved service coordination and resident life.

## DOCUMENTATION AND REPORTS

It is very important for RSCs to document certain information and interactions with residents. This seems to be one of the challenging tasks of a RSC's job, due to time constraints and the desire to be out working with residents, rather than writing about it!

Documentation is important for several reasons:

- It is a record of what you and the resident have done, discussed, decided, or what a resident has refused.
- It is a good reference tool, to ensure accuracy. A written document can be pulled out and reviewed to see exactly what occurred and what plan of action was determined.
- It helps support constructive and accurate communication between the RSC and residents.
- In extreme situations, if there is a court/legal case pending, your notes and records may be called in to review.

Documenting resident information means putting it in writing. You may use whatever system is most effective for you to create documentation. Be sure to keep it in a secure location, but with easy access for you when you need to retrieve it. All resident documentation must be kept locked, in a locked filing cabinet or a locked office. If documentation is maintained on a computer, the files must be protected. RSCs and the housing provider need to be sure the information is not accessible by others who are not privileged to see it. This usually means password protected systems are needed.

Some RSCs keep a separate file of documentation that is different than the official resident file held by the housing provider/management company. Remember that all resident files are owned by the housing provider/management company. If there is information the resident does not want retained in their resident file, the RSC should, to the extent possible, not include that information in their documentation. There are circumstances where it may be necessary to do so. These may be in the areas of safety concerns, risky behavior that is observed, or concerns that may lead to lease violations.

If there is an incident that needs to be documented, this can be done while omitting personal information that the resident prefers to keep out of the written record. The RSC can record general issues instead of specifics.

For example: "Resident came to RSC seeking support around a family issue. Resident asked that specifics of family issue not be included in any documentation. RSC listened to resident describe concerns and events and offered supportive listening and referral to community service provider that may offer assistance in this area. RSC encouraged resident to come back to talk with RSC again, if needed. Resident thanked RSC for her time and stated he planned to contact service provider."

Document only what is relevant to meeting the resident's needs and requests or lease compliance. If a resident is sharing additional information about themselves that you determine is not relevant to the RSC role, respect their privacy and do not include it in the documentation.

## **How to document information**

There are many ways to prepare documentation. Some common systems are Subjective, Objective, Assessment and Plan (SOAP) notes; Description, Assessment and Plan (DAP) notes; and Progress Notes. Documentation includes, at a minimum, the date and time of the visit, the reason for the visit (resident concern/issue), information provided, any actions and/or observations made by the RSC during the meeting with the resident an assessment of the problem(s), and referrals made to services as well as a follow up plan,, i.e. what does the RSC or other individuals need to do as next steps.

The RSC must be a good listener and active communicator to ensure accuracy in documentation and objectivity in observations, and to deliver person-centered services to the resident. The RSC documentation should provide an accurate description of what was discussed and what observations were made. The RSC should keep personal and/or subjective opinions and judgments out of the documentation and notes.

See Appendix for samples of DAP and SOAP notes from New Hampshire Housing RSC Manual.

Progress Notes are usually brief descriptions of visits or interactions with a resident that occur over time. If a particular resident uses RSC services and supports frequently, progress notes that record these interactions may be helpful. Progress notes often include Name, date and notes regarding on-going work.

Letters to a resident or service provider are also forms of documentation. When using written communication, it is important be factual. Sometimes a resident's perception of what occurred will be different from the RSC's or another resident. Even if they agree, residents may not be happy with a RSC's decision or action. Written documentation is useful as a reference point to keep the facts straight and provides a record of any agreements or actions to be taken, and by whom.

## **Reports**

Some RSCs are required to file written reports. HUD requires a Semi-Annual Service Coordination Performance Report from the RSC whose salary is funded in whole or part by HUD (and/or where the property's operating costs are supported by HUD funding). A copy of the reporting format can be downloaded from the HUD website: [www.hud.gov](http://www.hud.gov)

Vermont's Housing and Supportive Service Coordinators (HASS) are required to complete a semi-annual report for submission to DAIL. This report provides information required in the State's grant agreement with the HASS provider. More information is available from DAIL: <http://dail.vermont.gov/>

Some RSCs are employed by home health providers or other agencies and may be required to submit reports to their employer, dependent upon the agency's specific reporting requirements. Typically, RSC reports include data on types of service and number of residents served during the reporting period.



# ETHICAL STANDARDS

There are many resources to learn more about Ethical Standards for Resident Service Coordinators. Included below is the Ethical Standards from the Massachusetts Resident Service Coordinator Handbook. Additional Codes of Ethics are available from:

- Maine State Housing Authority Program Guide to Service Coordination – Service Coordinator Code of Ethics, page 10-11 – See Appendix
- AASC Standards of Practice and Code of Ethics available at [www.servicecoordinators.org](http://www.servicecoordinators.org)

## **Massachusetts Resident Service Coordinator Handbook ETHICAL STANDARDS**

1. RSCs will work with all residents, regardless of race, gender, ethnicity, disability, or any other status of protected class.
2. RSCs will work in the best interests of the resident community, preserving residents' rights, working for the safety of the resident and the well being of the community.
3. RSCs will involve residents in all phases of service coordination. The RSC will respect and promote the right of self-determination for each resident.
4. RSCs will help residents make informed decisions, providing information on options, without imposing their own opinions.
5. RSCs will acknowledge a resident's freedom of choice over personal safety and the resident's choice to live at risk or with unmet needs – provided the resident is competent to make such choices and is not violating the law or the lease agreement.
6. RSCs must take action, which may conflict with the resident's choices, if in the professional judgment of the RSC, the resident poses a serious, foreseeable risk to self or to others, or poses a danger to property.
7. RSCs will give each resident a Confidentiality Agreement and will obtain a written Release of Confidential Information before disclosing information to a third party, including family members.
8. RSCs will meet with residents in a location that insures the resident's privacy. RSCs will not discuss confidential matters in public places, such as hallways, community rooms, and elevators. Caution will be taken not to transmit confidential information when using fax machines, email, and voice mail.
9. RSCs will keep resident files in a secured, locked location.
10. RSCs will inform residents that their files are the property of the Owner and that information residents provide may be accessed by Management.
11. RSCs may disclose confidential information when necessary to prevent serious, foreseeable harm to the resident or someone else, or in situations where there is a lease violation.
12. RSCs who are licensed social workers are "mandated reporters," required by law to disclose child abuse, elder abuse, or abuse of a person with disabilities to the appropriate authorities. Even though RSCs and other staff are not necessarily mandated to report such abuse, it is good ethical practice for management companies to make such reporting a part of their practice.

## WORKING WITH INDIVIDUAL RESIDENTS

RSCs will work with individual residents to inquire about and assess their interests and needs, help problem-solve and identify resources or services to meet these needs, and assist the resident in determining whether they wish to pursue particular services or resources. If the resident indicates a desire for a specific service, the RSC may do an initial screening to determine if it is available, whether there are eligibility criteria (financial or otherwise) that must be met, and if the resident appears likely to meet those criteria.

RSCs often support residents through one-on-one interactions but it's important to keep in mind that the RSC role usually is not to provide 'counseling'. However, there are some basic supportive techniques that a RSC may want to learn and apply, when working with individuals. A highly recommended resource for non-counselors who use basic interviewing and supportive listening skills in their RSC role is: *Basic Counseling Skills, A Helpers Manual* by Richard Nelson-Jones. This book highlights techniques for active listening, exploring through open-ended questions, reflective listening and more.

# WORKING WITH RESIDENT GROUPS; SUPPORTING RESIDENT MEETING and RESIDENT ASSOCIATIONS

The RSC role includes working with the residents in groups as well as individually. This will be more or less challenging, depending on the particular congregate setting and community, and your comfort level and skill in working with groups. Sometimes a RSC will be called upon to serve as a mediator for resident group gatherings.

## **The Mediation Role**

In congregate settings, the RSC may need to initiate a problem-solving process when two or more people are in conflict about issues or interpersonal differences related to the living environment. There are resources and training opportunities available to develop basic mediation skills

Woodbury College in Vermont has a Certificate in Mediation Studies as well as a two-year degree program. Often students or graduates of the college are interested and willing to provide basic mediation training programs to staff of community service/provider organizations. Contacting Woodbury College may be a good way to develop a list of trained individuals who are available to assist with training or provide mediation services, on either a consult or contract basis.

## **Resident Meetings**

RSCs may find that meetings with resident groups can have some real benefits. Such meetings can increase clear, direct communications, provide a forum to bring up issues, concerns or new ideas and offer an opportunity for social, community building events. Sometimes resident meetings can be purely a social event giving residents the benefit of both physical and cognitive opportunities through organized activities, as well as creating a positive social setting. It is not unusual for residents in congregate settings to experience loneliness. Group events give these residents the chance to participate with neighbors and come out of their apartments for gatherings, to socialize with others, listen to discussions and perhaps bring up an agenda item.

Depending on the individual site, some properties may have formal Resident Associations, while other properties may not. Residents may have no interest in forming an association but still want to meet as a group. The RSC role is to work with people where they are - what do they want?

Resident meeting structures can range from the RSC facilitating a monthly resident meeting with no formal agenda to a formal Resident Association that chooses to have the RSC and/or property management staff present for a portion of the meeting, and has a slate of Association officers and approved by-laws.

For informal, regular resident meetings, the RSC will work to build group cohesion and provide the opportunity for residents to express themselves, share information and ideas, and work as a group. Sometimes temporary committees are formed for specific events (ex: decoration and set-up committee for the summer BBQ). With informal groups it's essential for the RSC to be clear about the ground rules for the group, and be explicit in getting agreement about basic tenets from everyone who participates. Some basic tenets: only one person talks at a time; respectful listening and

communication; no put downs and no name calling. Setting ground rules creates a comfortable environment that is safe and pleasant for all who choose to attend.

In a formal group setting, such as a resident association, the RSC will look to the group to know what her/his role may be. The group most likely follows some version of Robert's Rules of Order to run the meeting. The RSC's job is to work with the association members to the extent they request assistance, to attend meetings upon request, and/or to be present to report on upcoming educational presentations, health & wellness events, etc.

## **Resident Organizations**

HUD strongly encourages resident input and support for resident organizations. Below are some ideas and excerpts from the Pennsylvania Housing Finance Agency (PHFA) service provider manuals:

### **Resident Organizations**

#### **Why Have a Resident Organization?**

A resident organization can be a highly structured resident council or a simple social club. It is a group of residents in a housing development who join together to fulfill common needs and to accomplish specific goals. The organization can help to:

- Enhance the quality of life in the housing development.
- Plan the future of the community.
- Resolve community problems.
- A resident organization can be a benefit to both residents and management.

#### **What Can a Resident Organization Accomplish?**

What CAN'T a resident organization accomplish? There is strength in numbers.

A resident organization can be a catalyst to great things. It can be a force to create healthy working relationships among residents, management, and the broader community and an enhanced quality of life for residents.

RSCs working in HUD-funded multifamily housing developments should be familiar with the rights and responsibilities of residents and management regarding resident organizations. This is available on [www.hud.gov](http://www.hud.gov) and also available in many of the manuals referenced at the beginning of this guidebook. PHFA has an easily accessible version. RSCs of non-HUD assisted properties will need to determine if there are any regulations they must follow in working with resident organizations.

Having some meeting facilitation experience is helpful to the RSC, both for themselves and to coach residents who may be taking on a new role as officer of a formal association. Familiarity with the basics of Robert's Rules of Order is helpful to effectively coach a resident or group. There is an official website for Robert's Rules of Order ([www.robertsrules.com](http://www.robertsrules.com)) and a book is also available for purchase at most bookstores. While Robert's Rules can be quite elaborate for very formal adaptations, the basic structure of running a meeting works well for most group leaders.

SEE APPENDIX for:

Guidelines for Running an Effective meeting – PHFA manual

Troubleshooting Common Problem – PHFA manual

## BUILDING COMMUNITY IN A RESIDENTIAL SETTING

A real strength of congregate housing is the community, which can provide socialization, awareness of others, and caring for friends and neighbors. Entering a new community can be an adjustment for new residents, especially because most residents move from their own homes - often places they have lived for many years - into the closer environs and physical proximity of a congregate setting. This usually requires a set of new social skills and more intensive interaction with others.

The RSC can work with individuals and groups to educate residents about:

- Respecting each individual's preference about involvement in the community - Often this may need to be a gentle reminder to enthusiastic residents that it is not required that everyone join in.
- Gossip and rumors – The RSC can organize some educational programs and speakers on this issue, and emphasize the harm this behavior causes to individuals and the community. If the RSC needs to intervene with individuals, it's helpful to stress the need for facts when residents bring up issues; this can provide a role model for the positive impact of evaluating whether information is true or just gossip.
- Support individuals within community and problem-solve around their concerns. Give suggestions that help residents resist letting community struggles effect their physical or emotional health. Encourage relaxation techniques, separation from stressful situations, finding supports, and taking actions to reduce stress.

The RSC can be the role model and catalyst for creating fun, social and community building opportunities and the bridge to getting resident participation. When building new groups, start small to ensure success. Remain flexible, be creative, and welcome resident ideas. If the group has a difficult time finding volunteers willing and able to set and clean up after an event, try a pot luck where everyone brings their own table setting, to limit clean up needs. If people say they don't cook, or like to cook, have a "Make Your Own Sub" where everyone pays a couple of dollars to purchase sandwich fixings and chips. Add a "Make Your Own Sundae" for dessert, a real winner! An annual dinner dance – complete with music from an earlier era – can become a welcome tradition.

Such simple social activities are community builders and create opportunities for residents to come together (offering physical connections), eat (nutritional), see neighbors (social/reducing the loneliness factor), and engage in conversations (support cognitive well being).

Activities are a valuable means of building rapport between the residents and the RSC and amongst residents themselves. While a RSC is not an Activities Coordinator, the RSC can help identify the activities residents are interested in, facilitate how the activities can happen, assist in problem-solving any issues that arise in the group's planning processes, and help the group figure out how to sustain itself without ongoing RSC involvement.

Often within congregate settings, there may be a particular group of people that are interested and able to volunteer for most events and activities. The RSC needs to use the abilities and enthusiasm of these residents while making sure that other residents less likely to volunteer are included, to promote an inclusive community.

## FAIR HOUSING & REASONABLE ACCOMMODATIONS

RSCs should be aware of the federal and state laws that apply to fair housing and reasonable accommodations and should fully understand the housing provider's policies and procedures to ensure these laws are followed. State and/or federal law prohibits discrimination on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, disability, marital status or public assistance. Dependent on the circumstance, a RSC may or may not be involved in situations related to fair housing and/or reasonable accommodation laws.

Sample documents and extensive information about Reasonable Accommodations and Fair Housing can be found in **“A Handbook on the Legal Obligations and Rights of Public and Assisted Housing Providers under Federal and State Fair Housing Law for Applicants and Tenants with Disability - VERMONT”** written by Debbie Piltch, J.D, Piltch Associates, Inc. In consultation with Ann Anderson, M.M.H.S. ADA Consulting, October 2006. This version of the Vermont Handbook was produced with financial assistance from the Vermont Housing Managers Association.

See Appendix for sample of Notice of Right of Reasonable Accommodation and Request for Reasonable Accommodation forms. Each housing provider has a 504 Coordinator designated within their staff, who is responsible for responding to reasonable accommodation requests. The RSC should know who the 504 Coordinator is, what forms and procedures are required, and how to contact the Coordinator.

A RSC may be involved in distributing notices related to Fair Housing and/or Reasonable Accommodation requests and may need to respond to specific resident requests for information, or assist a resident in completing a request.

RSCs need to be aware of the Fair Housing laws to ensure their site operates without discrimination. This includes ensuring a community that offers a living environment that is inclusive for all residents. For example: A common problem may arise during holiday periods. The RSC is encouraged to use all inclusive terms (Happy Holidays) in place of specific holiday terms that have a particular religious affiliation. This includes: newsletters, event sign up sheets, cards sent out, decorations placed in the common areas, etc. It is difficult to recognize all holidays, so the best course to ensure no one is offended or feels discriminated against is to use non-exclusive terms.

HUD has more information on this topic on the HUD website. [www.hud.gov](http://www.hud.gov).

See Appendix:  
Notice of Rights to Reasonable Accommodation  
Request for Reasonable Accommodation

# RESOURCES

## Creating a Resource Guide

Service coordination involves communicating about services and resources available in the community and educating residents about the eligibility requirements. RSCs should create a resource guide that presents this information in a format that is easy to read and understandable, for his or her own use and for residents, families, staff, and others.

The resource guide should include an index for each agency and service, for all services/agencies available in the local community and state-wide, if relevant. (For example, include how to reach the “2-1-1” or Senior Help Line numbers, which provide information, referrals and assessment and are statewide). Types of services to include: emergency responders, crisis services, respite providers, services through home health agencies and agencies on aging, transportation, volunteers and volunteer opportunities, food banks, farm share programs, employment & training providers, homemaker services providers, personal care providers, nursing services, medication assistance, medical service providers, self-help groups, hospitals, hospice programs, alternative residential and long-term care settings, services for hearing impairments, visual impairments, mobility issues, financial issues, exercise providers, health and wellness presenters, entertainers. The list is long - RSCs can continue to add to the guide as they learn about new programs and services available, or remove those that are discontinued.

The guide should include name of agency, contact name, if applicable, address, telephone number, e-mail, hours, directions, eligibility requirements, and what the service entails.

The Champlain Valley Agency on Aging website has a database of service which is primarily a resource guide: check it out at <http://www.rtmdesigns.net/cvaa/>

## Working with Outside Partners

The State of Vermont has a number of departments that provide social, economic, health care services, etc. to residents of subsidized and/or congregate housing sites. Some of these departments include:

- The Department of Disabilities, Aging and Independent Living (DAIL)
- The Department of Children and Families (DCF), which includes the Health Access Eligibility Unit (HAEU) that operates public benefit programs such as Medicaid; Food Stamps; Fuel Assistance
- The Department of Mental Health Services
- The Department of Health

In addition, many private, non-profit organizations provide an array of services that can assist residents at congregate sites. It’s important for the RSC to be knowledgeable about the groups listed below as well as other community-based service providers:

- Area Agencies on Aging
- Home Health Agencies
- Mental Health and Developmental Disabilities Service Agencies
- The Vermont Center for Independent Living

## **TRAINING for RESIDENT SERVICES COORDINATORS**

RSCs whose salaries are funded wholly or in part by HUD and who work with elders and/or people with disabilities must meet HUD mandated annual training requirements. While this training is not currently required for RSCs working in HUD-funded family housing, HUD strongly encourage all RSCs to participate in continued training.

The training consists of seven subject areas: the Aging Process; Elder Services; Disability Services; Federal/State Entitlements; Legal Liability; Medication/Substance Abuse and Mental Health Issues. There are two additional, strongly recommended training topics that HUD offers to RSCs: Communication Strategies and Cognitive Impairments.

HUD requires that RSCs working with elders and people with disabilities participate in thirty-six (36) hours of training covering these topics. This may include formal training/education received prior to becoming a RSC or training completed within 12 months after the date of hire. Upon meeting these requirements, the RSC is required to complete twelve (12) additional hours of training each year.

VRSC and Vermont Housing Finance Agency (VHFA) have worked in collaboration to offer a training submission and approval certificate program. See the VRSC website for more information [www.vrsc.org](http://www.vrsc.org). Training is important for all RSCs regardless of funding sources or the populations with whom they work. There are excellent opportunities for training and networking for RSCs that include:

- VRSC quarterly trainings, info at [www.vrsc.org](http://www.vrsc.org)
- New England Resident Service Coordinators annual conference, [www.nerscinc.org](http://www.nerscinc.org)
- American Association of Service Coordinators, [www.servicecoordinator.org](http://www.servicecoordinator.org)
- MassHousing TAP program
- PHFA annual services conference



# QUALITY ASSESSMENT

There are many recommendations for evaluating a Resident Service program in the manuals listed in the Introduction. Assessing the quality of a program involves focusing on and evaluating several areas.

The first is the preparation and follow through with recommendations in RSC manuals about procedures and training for Resident Service Coordinators. A checklist can be created, has the RSC completed these tasks? Has the RSC made these resources available? Has the RSC set up and followed these industry recommendations? One could go through the manuals topic by topic to create this checklist.

The second is gathering feedback from the residents. This can be done by resident surveys and discussion groups with residents. Feedback to the residents regarding the results will foster participation in the program, relationships with the RSC, and potentially beneficial suggestions for additional improvements to the program.

The third area is measurable outcomes. It is difficult to show the outcomes relationship with the Resident Services program and many factors may be involved. While this is true, measuring outcomes is an important concept for RSCs to consider. The How-To Guide for Service Coordination lists the following outcomes as those that service coordination programs have attempted to track.

- Resident Satisfaction
- Apartment turnover and cost of apartment turnover
- Use of 911 calls and Emergency rooms
- Number of threatened or actual evictions
- Family involvement

Beginning or expanding a quality assessment process can start small and grow. This process can give important feedback to RSCs, residents, housing providers, service providers and funding sources.

## APPENDIX

A.	Sample Job Description	27
B.	Referral form	28
C.	Incident report	29
D.	Confidentiality Agreement	30
E.	Release of Confidential Information	31
F.	Resident Welcome Interview	32
G.	Independent Living Assessment	34
H.	SOAP Notes	63
I.	DAP Notes	64
J.	HUD Semi-annual performance report	65
K.	HASS semi-annual report	69
L.	HASS semi-annual report instructions	72
M.	MSHA Code of Ethics	76
N.	Guidelines for Running an Effective Meeting	78
O.	Trouble Shooting Common Problems	79
P.	Notice of Right to Reasonable Accommodation	80
Q.	Request for Reasonable Accommodation	81



*Sample Only*

Basic Resident Service Coordinator Job Description

- Assist residents in obtaining existing services that might help them live in the housing of their choice.
- Provide general case management (including intake) to all residents.
- Coordinate, develop, and implement services and activities to promote both individuals and the community as a whole within a housing facility.
- Act as a liaison between residents, management, and owners to solve any problems that might occur.
- Work with management to ensure the health and safety of all residents.
- Provide educational opportunities and training for residents to live more successfully within a housing community.
- Monitor ongoing provision of services from community agencies and keeps case management and provider agency current with the progress of the individual.
- Set up volunteer support programs with service organizations in community.



*Sample Only*  
**Resident Service Coordination**  
**Referral Form**

*(Source: New Hampshire RSC Manual/ Northern Community Management Corporation)*

Property: \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Title: \_\_\_\_\_

**Referral Reason:**

- Lease violation: \_\_\_\_\_
- Housekeeping/home management
- Safety (falls/injury prevention; smoking hazards; unsupervised children; drug/alcohol; parenting issues, etc.) \_\_\_\_\_
- Resident to resident conflict/issues
- Health care/medical issues
- Suspected abuse/domestic violence/exploitation
- Noticeable change in \_\_\_\_\_
- Transportation
- Education/job training
- Child care/after-school care
- Other: \_\_\_\_\_

Comments/Description of Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

RSC Follow-Up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RSC Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Sample Only*  
**Resident Service Coordination**  
**Incident Report**

Complainant:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Person(s) to whom complaint concerns:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Incident Categories: *(Check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Accident          | <input type="checkbox"/> Physical assaulting behavior |
| <input type="checkbox"/> Injury            | <input type="checkbox"/> Alcohol/drugs                |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Property damage              |
| <input type="checkbox"/> Fire              | <input type="checkbox"/> Theft                        |
| <input type="checkbox"/> Pet               | <input type="checkbox"/> Parking                      |
| <input type="checkbox"/> Health/ Safety    | <input type="checkbox"/> Verbal abuse                 |
| <input type="checkbox"/> Noise             | <input type="checkbox"/> OTHER _____                  |

Specific reporting information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Circumstances:

Description by complainant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description by person(s) whom complaint concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix D**

**Resident Service Coordination  
Confidentiality Agreement**

Confidentiality is protecting another person’s right to privacy. In order for residents to have trust in the relationship with the Resident Service Coordinator (RSC) it is important for residents to know that the information that they reveal to the RSC will not be discussed with anyone else. This means it is not revealed to anyone, including property management staff or their families, without permission.

The “*Release of Information*” form is used to obtain this permission. This form, signed by residents, allows the RSC to discuss residents’ service needs and desires within community service providers, family members, physicians, and other individuals in order to link residents to programs and services that will assist the resident to remain independent and self-sufficient.

There are certain ethical and legal limitations to confidentiality. Below are reasons when an RSC is not able to maintain confidentiality.

The ethical and legal limitations of confidentiality include:

- Adult Protection Services and Child Protection Services referrals – I am legally obligated to report incidents of child and/or elder abuse.
- If I believe a resident is in imminent danger, I am required to report this to the appropriate authority, local police or crisis services.
- I have a responsibility to my employer to report lease violations that come to my attention in the course of my duties.
- I may be required in a court action to reveal information shared with me or contained within resident files.

\_\_\_\_\_  
Resident Service Coordinator signature

\_\_\_\_\_  
Date

**Release of Confidential Information**

I hereby authorize the release of information to be used by the Resident Service Coordinator at \_\_\_\_\_ (*Housing development*) \_\_\_\_\_ to make referrals or to coordinate services and programs that will assist me in remaining independent and self-sufficient.

\_\_\_\_\_ *Name of RSC* \_\_\_\_\_ is authorized to exchange (provide and/or receive) information pertaining to benefits or services provided to me. He/she is also authorized to exchange information with the following service providers, individuals or organizations in order to access or maintain the services I desire or need.

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| _____ Area Agency on Aging           | _____ Community Action Program     |
| _____ Home Health Agencies           | _____ Family members               |
| _____ Hospital discharge planners    | _____ Mental health agencies       |
| _____ Substance abuse agencies       | _____ Department of Human Services |
| _____ Social Security Administration | _____ Veterans Affairs             |
| _____ Counseling providers           | _____ Legal services               |
| _____ Physician _____                |                                    |
| _____ Physician _____                |                                    |
| _____ OTHER _____                    |                                    |
| _____ OTHER _____                    |                                    |

This authorization will remain in effect for one year from the date signed below. I understand that the use of this information is strictly confidential and that it may be shared only with those agencies and/or individuals involved in the delivery of services I desire and with the regional, state, or federal agencies that may need this information to monitor the quality of services provided to me.

- The only reason for this exchange is that the information is pertinent to my care and will be used to further my well being.
- I understand that this information will be used for professional purposes only.

I also understand that I have the right to revoke this consent at any time through written correspondence.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, revoke this authorization of confidential information.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

## Resident Welcome Interview

Information available from file:

Name: \_\_\_\_\_ Apt. \_\_\_\_\_  
DOB: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Sources of income: \_\_\_\_\_

Has the Emergency Contact form been completed? \_\_\_\_\_ (Bring copy if NO)

Has Sponsor statement been completed? \_\_\_\_\_ (Bring copy if NO)

Has Release of Information been completed? \_\_\_\_\_ (Bring copy if NO)

Insurance:

Medicaid: \_\_\_\_\_

Medicare: \_\_\_\_\_ Part A, Part B, Part D

Supplemental: \_\_\_\_\_ (list company)

Legal information – Copy of documentation is required in file in order to recognize.

- Power Of Attorney: \_\_\_\_\_
- Guardianship: \_\_\_\_\_
- Advanced Directives/Living Will – where is it located? \_\_\_\_\_
- Durable POA for Healthcare: \_\_\_\_\_
- Payee: \_\_\_\_\_

Informal Social Supports (family, friends): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests/ Hobbies/Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities of Daily Living (ADL) – includes bathing, dressing, transferring, eating, toileting

Does the resident need assistance with ADLS? \_\_\_\_\_

\_\_\_\_\_



---

Independent Activities of Daily Living (IADL) - cooking, cleaning, shopping, transportation, financial management/bill paying, medication management

Does resident need assistance with IADLs? \_\_\_\_\_

---

---

---

Services currently received (what is service and who provides this): Current Services: (ex: CVAA CM, Meals on Wheels, VNA, Cleaning)

---

---

---

Does resident have any Unmet Needs?:

Health/Medical \_\_\_\_\_

Functioning \_\_\_\_\_

Supports \_\_\_\_\_

Comments on resident's apt (Housekeeping issues? Does resident have adequate furniture?):

---

---

---

Questions Resident has about living here?

**Appendix G**  
**VERMONT INDEPENDENT LIVING ASSESSMENT**  
**COVER SHEET**

**Directions:** Complete pages 1-9 for all AAA services, Homemaker program, Medicaid Waiver, Adult Day, ASP, and HASS program. **Arrow ^ indicates that the question is to be answered by the individual only.** For all other questions, if the individual is unable to answer questions, obtain information from family/caregiver(s) or legal representative(s) as necessary with appropriate authorization to release information. Highlighted "Assessor Action" notes appear when action may be necessary.

**A. INDIVIDUAL IDENTIFICATION**

0. ILA being completed for which program: A.  Adult Day B.  ASP C.  HASS D.  Homemaker  
E.  Medicaid Waiver (CFC) F.  AAA Services (NAPIS) G.  Other H:  Dementia Respite

1. Date of Assessment: \_\_\_\_\_ 2. Unique ID# \_\_\_\_\_

3. Name: \_\_\_\_\_  
a. (Last) \_\_\_\_\_ b. (First) \_\_\_\_\_ c. (M.I.) \_\_\_\_\_

4. Also known as: \_\_\_\_\_  
a. (Last) \_\_\_\_\_ b. (First) \_\_\_\_\_ c. (M.I.) \_\_\_\_\_

5. Phone \_\_\_\_\_ 6. SS# \_\_\_\_\_

7. DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 8. Age \_\_\_\_ 9. Gender  Male  Female  
Month Day Year

10. Mailing Address: 11. Residence (if different than mailing):  
a. Street/P.O. Box \_\_\_\_\_ a. Street \_\_\_\_\_  
b. City/Town \_\_\_\_\_ b. City/Town \_\_\_\_\_  
c. State \_\_\_\_\_ d. Zip \_\_\_\_\_ c. State \_\_\_\_\_

**B. EMERGENCY CONTACT INFORMATION**

1. Spouse/Partner: \_\_\_\_\_  
a. (Name) \_\_\_\_\_ b. (Phone) \_\_\_\_\_

2. Primary Physician: \_\_\_\_\_  
a. (Name) \_\_\_\_\_ b. (Phone) \_\_\_\_\_

3. Friend or relative (other than spouse/partner) to contact in case of an emergency:  
\_\_\_\_\_  
a. (Name) \_\_\_\_\_ b. (Relationship) \_\_\_\_\_ c. (Work Phone) \_\_\_\_\_ d. (Home Phone) \_\_\_\_\_

**C. DIRECTIONS TO HOME**

**SECTION 1: Intake****A. ASSESSMENT INFORMATION**

- Date: \_\_\_\_\_ 1. A.  Initial Assess B.  Reassessment C.  Update
2. Individual's reason for requesting help: \_\_\_\_\_
3. Where interviewed:  
A.  Home B.  Hospital C.  Nursing Home D.  Adult Day E.  Other \_\_\_\_\_
4. Did someone help the individual or answer questions for the individual? A.  Yes B.  No
5. a. If "Yes", helper's name: \_\_\_\_\_ b. Helper's relationship: \_\_\_\_\_
6. Primary language: \_\_\_\_\_
7. Communication/Language assistance needed for assessment? A.  Yes B.  No
8. If "Yes", type of assistance: \_\_\_\_\_
9. ILA completed by: \_\_\_\_\_ 10. Agency: \_\_\_\_\_

**B. LEGAL REPRESENTATIVE**

Check all that apply:

a. Yes (✓)	b. Name	c. Phone (W)	d. Phone (H)
1. <input type="checkbox"/> Power of Attorney			
2. <input type="checkbox"/> Representative Payee			
3. <input type="checkbox"/> Legal Guardian			
4. <input type="checkbox"/> *DPOA for Health Care			
5. <input type="checkbox"/> *Living Will/ <i>Copy held by:</i>			

6. \*If no DPOA or Living Will, was information provided about advance directives? A.  Yes B.  No

**C. DEMOGRAPHICS**

1. What is your marital status?  
A.  single B.  married C.  civil union D.  widowed E.  separated F.  divorced G.  information unavailable
- 2a. What is your race or ethnic background? Choose one.  
A.  White B.  African-American C.  Asian or Pacific Island D.  American Indian/Alaskan Native  
E.  Hispanic F.  info. unavailable G.  Other: \_\_\_\_\_
- 2b. What is your ethnicity? Choose one.  
A.  Not Hispanic or Latino B.  Hispanic or Latino C.  Unknown
- 2c. What is your race? Choose multiple  
A.  Non-Minority (White-non-Hispanic) B.  White-Hispanic C.  Black African-American  
D.  American Indian/Alaskan Native E.  Asian F.  Native Hawaiian/ other Pacific Island G.  Unknown  
H.  Other: \_\_\_\_\_

3. Do you live in:

- A.  house  
 B.  mobile home  
 C.  private apartment  
 D.  apartment in senior housing  
 E.  assisted living residence  
 F.  residential care home  
 G.  nursing home  
 H.  information unavailable  
 I.  other (describe) \_\_\_\_\_

4. Do you live:

- A.  alone  
 B.  with spouse/partner  
 C.  with spouse and child  
 D.  with child or children (including adult child)  
 E.  with others \_\_\_\_\_

5. Are you currently employed? A.  Yes B.  No6. How many related people reside together in your household (counting yourself)?

- A.  1 person B.  2 people C.  3 people D.  4 or more E.  info. Unavailable

7a. What is your Household estimated total gross monthly income? . \$ \_\_\_\_\_.007b. What is your Individual estimated total gross monthly income? . \$ \_\_\_\_\_.008. Is the individual's gross income below the current federal poverty level? (*review current federal poverty guidelines*)

- A.  Yes B.  No C.  information unavailable/unknown

**D. HEALTH RELATED QUESTIONS****D1. General Questions**

1. How do you rate your health? Would you say that it is excellent, good, fair, or poor?

- A.  Excellent B.  Good C.  Fair D.  Poor E.  No response

2. Were you admitted to a hospital for any reason in the last 30 days? A.  Yes B.  No

3. In the past year, how many times have you stayed overnight in a hospital?

- A.  not at all B.  one time C.  2 or 3 times D.  more than 3 times

4. Have you ever stayed in a nursing home, residential care home or other institution (including Brandon Training School and Vermont State Hospital)? A.  Yes B.  No5. Have you fallen in the last 3 months? A.  Yes B.  No6. Do you use a walker or four-prong cane (or equivalent), at least some of the time, to get around? A.  Yes B.  No7. Do you use a wheelchair, at least some of the time, to get around? A.  Yes B.  No

8. In the past month how many days a week have you usually gone out of the house/building where you live?

- A.  Two or more days a week B.  One day a week or less

9. How many days a week are you physically active for at least 30 minutes? This includes any activity that causes small increases in breathing or heart rate that you do for at least 10 minutes at a time. (Such as walking, gardening, housework, dancing.) \_\_\_\_\_ days/week

10. Do you **currently** have any of the following medical conditions or problems?

*Skip #10 if completing Section 5: Health Assessment*

	A. Yes	B. No		A. Yes	B. No
a. heart condition			l. ankle/leg swelling		
b. arthritis			m. urinary problems		
c. diabetes			n. speech problems		
d. cancer			o. hearing problems		
e. stroke			p. vision problems		
f. neurological condition			q. dementia (non-Alzheimer's)		
g. breathing condition			r. depression		
h. digestive problems			s. mental health condition		
i. muscle or bone problems			t. anxiety		
j. chronic pain			u. OTHER:		
k. chronic weakness/fatigue			v. Alzheimer's Disease		

11. How many prescription medications do you take?

**D2. Functional Needs** *SKIP ADL/IADL checklists if completing Section 6: Functional Assessment*

- 0 = **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times
- 1 = **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times
- 2 = **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times
- 3 = **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times
- 4 = **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 = Activity did not occur (as defined) in last 7 days —**OR**- Unknown

A. ADL checklist						
CAN YOU:	0 Independent	1 Supervision	2 Limited Assist	3 Extensive Assist	4 Total Dependence	8 Did not occur
1. dress?						
2. bathe?						
3. manage personal hygiene?						
4. move/position your body while in bed?						
5. use the toilet?						
6. use adaptive devices?						
7. move to/from a bed or chair?						
8. move between locations in your home?						
9. eat?						

B. IADL checklist					ADL/IADL Unmet Needs/Comments
CAN YOU:	0 Independent	1 Done with Help	2 Done by Others	8 Did not occur	
1. use the telephone?					
2. prepare your own meals?					
3. manage medication(s)?					
4. manage money?					
5. manage household maintenance?					
6. perform housekeeping tasks?					
7. perform laundry tasks?					
8. do your shopping?					
9. use transportation?					
10. care for equipment?					

18. Do you need any of the following new, repaired or additional devices or home modifications to help you to continue to stay in your home? (Check all that apply)

- |  |  |
|--|--|
| A. <input type="checkbox"/> Eyeglasses                 | H. <input type="checkbox"/> Ramp                           |
| B. <input type="checkbox"/> Cane or walker             | I. <input type="checkbox"/> Doorways widened               |
| C. <input type="checkbox"/> Wheelchair                 | J. <input type="checkbox"/> Kitchen/bathroom modifications |
| D. <input type="checkbox"/> Assistive eating devices   | K. <input type="checkbox"/> Other: _____                   |
| E. <input type="checkbox"/> Assistive dressing devices | L. <input type="checkbox"/> NONE OF THE ABOVE              |
| F. <input type="checkbox"/> Hearing aid                |  |
| G. <input type="checkbox"/> Dentures                   |  |

**D3. Emotional Health**

**Script for #1-5 (optional)** “Your emotional health is just as important as your physical health. We’ve just reviewed your current physical health conditions and now I’d like to review your current emotional health.”

1. Do you feel you have enough contact with family? A.  Yes B.  No C.  No response  
 2. Do you feel you have enough contact with friends? A.  Yes B.  No C.  No response

*During this past month:*

3. \*Have you **often** felt downhearted or blue? A.  Yes B.  No C.  No response  
 4. \*Have you been anxious a lot or bothered by your nerves? A.  Yes B.  No C.  No response  
 5. \*Have you felt hopeless or helpless at all? A.  Yes B.  No C.  No response

**\*If “Yes” to questions #3, 4 or 5, complete Section 4: Emotional/Behavioral/Cognitive Status, A. Emotional Well-Being, page 12.**

**D4. Cognitive Orientation**

**Script for #1-4 (optional)** “Now I’d like to ask a few questions to see how well you’re keeping track of time (or of things). For example: ”

1. Could you please tell me what year it is? A.  correct B.  incorrect C.  No response  
 2. Could you please tell me what month it is? A.  correct B.  incorrect C.  No response  
 3. Could you please tell me what day of the week it is? A.  correct B.  incorrect C.  No response  
 4. When you make a decision about something, in general how do you do it?  
 A.  Independently and alone  
 B.  Independently after talking it over with family or friends  
 C.  Usually follow advice of family/friends  
 D.  I let other people make decisions for me.  
 E.  No response

**◆ Assessor Action ◆**

- **HEALTH:** If significant medical issues are apparent, discuss and make appropriate referral/s to physician, home health agency, or other health professional(s).
- **FUNCTIONAL NEEDS:** If help needed with ADLs, IADLs, assistive devices or home modifications, discuss and make appropriate referrals for assistance.
- **EMOTIONAL HEALTH:** For emotional health issues, consider options for Area Agency on Aging Eldercare Clinician, Home Health social services, community mental health, or other counseling/mental health professional.
- **COGNITION:** If “incorrect” answer to cognitive orientation questions, consider referral/s to physician, mental health professional, memory clinic, etc.

**E. \*The NSI DETERMINE Your Nutritional Health Checklist**

**Directions:** Read the statements below. Circle "Yes" or "No". Add up the "Yes" answers and check the nutrition score.

Nutrition Checklist	A. Yes	B. No
1. Have you made changes in lifelong eating habits because of health problems? (such as diabetes, high blood pressure, etc.)	2	0
2. Do you eat fewer than 2 complete meals a day?	3	0
3. Do you eat fewer than 5 servings (1/2 cup each) of fruit or vegetables every day?	1	0
4. Do you have fewer than 2 servings of dairy products (such as milk, yogurt, cheese) or tofu every day?	1	0
5. Do you have <b>any</b> of the following problems that make it difficult for you to eat? Biting___ Chewing___ Swallowing___	2	0
6. Are there times when you do not have enough money to buy the food you need?	4	0
7. Do you eat most meals alone?	1	0
8. Do you take 3 or more prescribed or over-the-counter medications each day? (including aspirin, laxatives, antacids, herbs, inhalers, etc.)	1	0
9. Have you lost or gained 10 pounds or more in the last 6 months without trying? Loss___ Gain___	2	0
10. Are there times when you are not physically able to do one or more of the following? Shop for food___ Cook___ Eat on your own___	2	0
11. Do you have 3 or more drinks of beer, wine or liquor almost every day?	2	0

12. Total "Yes" Score

--

**What does your total "Yes" score mean? If it is:**

**0- 2 Good!** Recheck your nutritional score in 6 months.

**3- 5 You are at moderate nutritional risk.** See what you can do to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center, health department and/or physician can help. Recheck your nutritional score in 3 months.

**6+ You are at high nutritional risk.** You may want to talk with your doctor, dietitian or other qualified health or social services professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

**\*Adapted from the DETERMINE Your Nutritional Health Checklist developed by the Nutrition Screening Initiative**

**Additional Nutrition Questions:**

13. About how tall are you without your shoes? A. \_\_\_\_\_ inches B.  info. unavailable

14. About how much do you weigh without your shoes? A. \_\_\_\_\_ pounds B.  info. unavailable

15. Do you drink at least six (6) glasses of water, milk, fruit juice or decaffeinated beverage (excluding alcohol) each day?  
(one glass = 8 oz) A.  Yes B.  No C.  info. unavailable

16. Do you eat at least two (2) servings of protein rich foods each day? (meat, fish, poultry, nuts, or legumes)  
A.  Yes B.  No C.  info. unavailable

**◆Assessor Action◆**

*If the individual is at "high nutritional risk" per the NSI checklist, or has other nutritional issues, discuss and recommend appropriate referrals to a registered dietician (AAA or Home Health), physician, or other qualified professional(s).*

**F. FINANCIAL RESOURCES**

**Directions:** Complete only information necessary for program participation.

1. Monthly Income:

Source	1. Individual	2. Spouse
a. Social Security	\$	\$
b. SSI	\$	\$
c. Retirement/Pension	\$	\$
d. Interest	\$	\$
e. VA Benefits	\$	\$
f. Wages/Salaries/Earnings	\$	\$
g. Other	\$	\$
<b>Total Income:</b>	\$	\$

2. Monthly Expenses:

a. Rent / Mortgage	\$
b. Property Tax	\$
c. Heat	\$
d. Utilities	\$
e. House Insurance	\$
f. Telephone	\$
g. Medical Expenses	\$
h. Other:	\$
i. Other:	\$
<b>Total Expenses:</b>	\$

3. Savings/Assets:

TYPE	1. Bank/Institution	2. Account No.	3. Amount
a. Checking			\$
b. Savings			\$
c. CD			\$
d. Burial Account			\$
e. Life Insurance			\$ (cash value)
f. Other			\$
g. Other			\$

4. Health Insurance: (check all that apply)

Yes	No			
		a. Medicare A	Effective date:	Medicare #
		b. Medicare B	Effective date:	Mo. Premium: \$
		c. Medigap	Company:	Mo. Premium: \$
		d. LTC Insurance	Company:	Mo. Premium\$
		e. Other		

Comments:



**G. SERVICE/PROGRAM CHECKLIST** Refer to ILA Manual pages 25-32 for service description.

	<b>a. Check all Services/Programs that apply.</b>	<b>b. Want to Apply (✓)</b>
<b>Home Health Services (HH)</b>	A. <input type="checkbox"/> Home Health Aide (LNA)	A. <input type="checkbox"/>
	B. <input type="checkbox"/> Homemaker	B. <input type="checkbox"/>
	C. <input type="checkbox"/> Hospice Services	C. <input type="checkbox"/>
	D. <input type="checkbox"/> Nursing Services (RN)	D. <input type="checkbox"/>
	E. <input type="checkbox"/> Social Work Services	E. <input type="checkbox"/>
	F. <input type="checkbox"/> Therapy (check <input type="checkbox"/> PT, <input type="checkbox"/> OT, <input type="checkbox"/> ST)	F. <input type="checkbox"/>
<b>Community-Based Care Programs (CBC)</b>	G. <input type="checkbox"/> Adult Day Services/Day Health Rehab	G. <input type="checkbox"/>
	H. <input type="checkbox"/> Attendant Services Program	H. <input type="checkbox"/>
	I. <input type="checkbox"/> Developmental Disability Services	I. <input type="checkbox"/>
	J. <input type="checkbox"/> Medicaid Waiver (HB/ERC)	J. <input type="checkbox"/>
	K. <input type="checkbox"/> Medicaid High-Tech Services	K. <input type="checkbox"/>
	L. <input type="checkbox"/> Traumatic Brain Injury Waiver	L. <input type="checkbox"/>
<b>Nutrition Services (NUT)</b>	M. <input type="checkbox"/> Commodity Supplemental Food Program	M. <input type="checkbox"/>
	N. <input type="checkbox"/> Congregate Meals (Sr. Center)	N. <input type="checkbox"/>
	O. <input type="checkbox"/> Emergency Food Shelf/Pantry	O. <input type="checkbox"/>
	P. <input type="checkbox"/> Home Delivered Meals	P. <input type="checkbox"/>
	Q. <input type="checkbox"/> Senior Farmer's Market Nutrition Program	Q. <input type="checkbox"/>
<b>Social Service Programs (SSP)</b>	R. <input type="checkbox"/> Area Agency on Aging Case Management	R. <input type="checkbox"/>
	S. <input type="checkbox"/> Community Action Program (CAP)	S. <input type="checkbox"/>
	T. <input type="checkbox"/> Community Mental Health Services	T. <input type="checkbox"/>
	U. <input type="checkbox"/> Dementia Respite Grant Program/NFCSP Grant	U. <input type="checkbox"/>
	V. <input type="checkbox"/> Eldercare Clinician	V. <input type="checkbox"/>
	W. <input type="checkbox"/> Job Counseling/Vocational Rehabilitation	W. <input type="checkbox"/>
	X. <input type="checkbox"/> Office of Public Guardian	X. <input type="checkbox"/>
	Y. <input type="checkbox"/> Senior Companion Program	Y. <input type="checkbox"/>
	Z. <input type="checkbox"/> VCIL Peer Counseling	Z. <input type="checkbox"/>
	AA. <input type="checkbox"/> VT Assoc. for the Blind and Visually Impaired	AA. <input type="checkbox"/>
	BB. <input type="checkbox"/> VT Legal Aid Services	BB. <input type="checkbox"/>
	<b>Housing Programs (HP)</b>	CC. <input type="checkbox"/> Assistive Community Care Services (ACCS)
DD. <input type="checkbox"/> Housing and Supportive Services (HASS)		DD. <input type="checkbox"/>
EE. <input type="checkbox"/> Section 8 Voucher (Housing Choice)		EE. <input type="checkbox"/>
FF. <input type="checkbox"/> Subsidized Housing		FF. <input type="checkbox"/>
<b>DCF Benefit Programs (DCF)</b>	GG. <input type="checkbox"/> Aid to Needy Families with Children	GG. <input type="checkbox"/>
	HH. <input type="checkbox"/> Essential Persons Program	HH. <input type="checkbox"/>
	II. <input type="checkbox"/> Food Stamp Program	II. <input type="checkbox"/>
	JJ. <input type="checkbox"/> Fuel Assistance Program	JJ. <input type="checkbox"/>
	KK. <input type="checkbox"/> General Assistance Program	KK. <input type="checkbox"/>
	LL. <input type="checkbox"/> Medicaid	LL. <input type="checkbox"/>
	MM. <input type="checkbox"/> QMB/SLMB	MM. <input type="checkbox"/>
	NN. <input type="checkbox"/> Telephone "Lifeline" Discount	NN. <input type="checkbox"/>
	OO. <input type="checkbox"/> VHAP (VT Health Access Program)	OO. <input type="checkbox"/>
	PP. <input type="checkbox"/> VHAP Pharmacy	PP. <input type="checkbox"/>
QQ. <input type="checkbox"/> V-Script	QQ. <input type="checkbox"/>	
<b>Other Services</b>	RR. <input type="checkbox"/> Emergency Response System	RR. <input type="checkbox"/>
	SS. <input type="checkbox"/> Supplemental Security Income (SSI)	SS. <input type="checkbox"/>
	TT. <input type="checkbox"/> Veterans Benefits	TT. <input type="checkbox"/>
	UU. <input type="checkbox"/> Weatherization Program (CAP)	UU. <input type="checkbox"/>
	VV. <input type="checkbox"/> NONE OF THE ABOVE	

**H. "SELF NEGLECT", ABUSE, NEGLECT, AND EXPLOITATION SCREENING**

**Directions:** *The following information may be obtained from the assessor's observation or reports from the individual, involved family, friends or providers (i.e. Home Health Agency, physician, etc.).*

1. Is the individual refusing services and putting him/herself or others at risk of harm?  
A.  Yes    B.  No    C.  info. unavailable
2. Is the individual exhibiting dangerous behaviors and putting him/herself or others at risk of harm?  
A.  Yes    B.  No    C.  info. unavailable
3. Is the individual making clear, informed decisions about his/her needs and appear to understand the consequences of these decisions?  
A.  Yes    B.  No    C.  info. unavailable
4. Is there evidence (observed or reported) of suspected abuse, neglect, or exploitation by another person?  
A.  Yes    B.  No    C.  info. unavailable

Comments:

**◆ Assessor Action ◆**

**SELF NEGLECT:** *If the answer to #1 or #2 is "Yes" the individual may be considered "Self-Neglect". Refer individuals 60 and older to the local Area Agency on Aging if necessary (AAA) (1-800-642-5119). Refer individuals under 60 to Adult Protective Services at 1-800-564-1612.*

*If the answer to #1 or #2 is "Yes" and the answer to # 3 is "Yes", consider a "Negotiated Risk" contract between service providers and the individual.*

*Make other appropriate referrals regarding "dangerous" behaviors. (i.e. legal, psychiatric, medical, behavioral consult, etc.)*

**ABUSE / NEGLECT / EXPLOITATION:** *If the answer to #4 is "Yes", mandated reporters must file a report of abuse, neglect, or exploitation in accordance with Vermont's Adult Abuse Statue (Title 33) within 48 hours to Adult Protective Services at 1-800-564-1612.*

**SECTION 2: Supportive Assistance**Date: \_\_\_\_\_ (Chose One):  Initial Assessment  Reassessment  Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information. If the individual is unable to answer the following questions, obtain information from family/caregiver or legal representative.

The following questions are specifically in regards to unpaid caregivers, such as family, friends, volunteers.

1. Who is the primary unpaid person who usually helps you? (Check one only)
- A.  Spouse or significant other    D.  Friend, neighbor or community member  
 B.  Daughter or son    E.  NONE (If "NONE, go to Section 3: Living Arrangements")  
 C.  Other family member
2. How often do you receive help from this person? (Check one only) **Skip if #3 is NONE.**
- A.  Several times during day and night    E.  One to two times per week  
 B.  Several times during day    F.  Less often than weekly  
 C.  Once daily    G.  Unknown  
 D.  Three or more times per week
3. What type of help does this person provide? (Mark all that apply) **Skip if #3 is NONE.**
- A.  ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)  
 B.  IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances, transportation)  
 C.  Environmental support (housing, home maintenance)  
 D.  Psychosocial support (socialization, companionship, recreation)  
 E.  Advocates or facilitates individual's participation in appropriate medical care  
 F.  Financial agent, power of attorney, or conservator of finance  
 G.  Health care agent, conservator of person, or medical power of attorney  
 H.  Unknown
4. Record information on primary unpaid caregiver in #1:    **Skip if #1 is NONE.**

a. (Name)

b. (Relationship)

c. (Phone)

d. (Address)

Question #5 is to be asked of the primary caregiver identified in question #4a.

5. Which of the following areas are affected by your role as a caregiver?
- A.  job    D.  physical health  
 B.  finances    E.  emotional health  
 C.  family responsibilities    F.  other: \_\_\_\_\_

Comments:

**◆ Assessor Action ◆**

If the primary caregiver indicates factors in #5, discuss options for family support services and make appropriate referrals. For further caregiver assessment and planning, consider completing the "Caregiver Self-Assessment Questionnaire".

**SECTION 3: Living Environment**Date: \_\_\_\_\_ (Chose One):  Initial Assessment  Reassessment  Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information. If the individual is unable to answer the following questions, mark the following issues that are reported by the family/caregiver(s) observed by the assessor. Be as complete as possible.

1. Do any of the following issues make it difficult for you to get around your home? (Mark all that apply)
  - A.  Stairs inside home which must be used by the individual (e.g., to get to toileting, sleeping, eating areas)
  - B.  Stairs inside home which are used optionally (e.g., to get to laundry facilities)
  - C.  Stairs leading from inside house to outside
  - D.  Narrow or obstructed doorways
  - E.  Other (specify) \_\_\_\_\_
  - F.  NONE OF THE ABOVE
  
2. Do any of the following safety issues exist in your home? (Mark all that apply)
  - A.  Inadequate floor, roof, or windows
  - B.  Inadequate lighting
  - C.  Unsafe gas/electric appliance
  - D.  Inadequate heating
  - E.  Inadequate cooling
  - F.  Absence of working smoke detectors
  - G.  Unsafe floor coverings
  - H.  Inadequate stair railings
  - I.  Improperly stored hazardous materials
  - J.  Lead-based paint
  - K.  Other (specify) \_\_\_\_\_
  - L.  NONE OF THE ABOVE
  
3. Do any of the other following sanitation issues exist in your home? (Mark all that apply)
  - A.  No running water
  - B.  Contaminated water
  - C.  No toileting facilities
  - D.  Outdoor toileting facilities only
  - E.  Inadequate sewage disposal
  - F.  Inadequate/improper food storage
  - G.  No food refrigeration
  - H.  No cooking facilities
  - I.  Insects/rodents present
  - J.  No scheduled trash pickup
  - K.  Cluttered/soiled living area
  - L.  Other (specify) \_\_\_\_\_
  - M.  NONE OF THE ABOVE

Comments:

**◆ Assessor Action ◆**

If the individual's living arrangements indicate significant safety or health issues, discuss and make appropriate referral(s) for home repair, cleaning, and/or pest extermination.

**SECTION 4: Emotional/Behavioral/Cognitive Status**Date: \_\_\_\_\_ (Chose One):  Initial Assessment  Reassessment  Update**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information.**A. EMOTIONAL WELL-BEING**Complete questions #1- 11 only if the individual answered "Yes" to D3. Emotional Health questions #3, 4, or 5, Section 1: Intake.**"I'd like you to think about your moods and feelings in the last month."**

1. Have you felt satisfied with your life? A.  Yes B.  No C.  Sometimes D.  No response  
 2. Have you had a change in your sleeping patterns? A.  Yes B.  No C.  Sometimes D.  No response  
 3. Have you had a change in your appetite? A.  Yes B.  No C.  Sometimes D.  No response  
 4. \*Have you often felt depressed, sad or very unhappy? A.  Yes B.  No C.  Sometimes D.  No response

**\*If answer is YES or SOMETIMES to #4, ask the next question. If answer is NO, go to #10.**

5. \*Have you thought about harming yourself? A.  Yes B.  No

**\*If answer is YES to #5, ask the next questions. If answer is NO, go to #10.**

6. \*\*Do you have a plan? A.  Yes B.  No  
 7. \*\*Do you have the means to carry out your plan? A.  Yes B.  No  
 8. \*\*Do you intend to carry this out? A.  Yes B.  No  
 9. \*\*Have you harmed yourself before? A.  Yes B.  No

10. Are you currently receiving psychiatric and/or counseling services?

A.  Yes B.  No C.  info. unavailable

11. If "Yes", are you receiving services:  At home B.  In the community C.  both

**B. BEHAVIORAL STATUS****Directions:** For each question, check one answer for each behavior in last 7 days. Information may be gathered from family, caregiver(s) or assessor's observations.

- 1.a. How often does the individual get lost or wander? (Moves with no rational purpose, seemingly oblivious to needs or safety.)

 0 – Never  1 – Less than daily  2 – Daily

- 1.b. In the last 7 days, was the wandering alterable?

 0 – Behavior was not present **-OR-** was easily altered  1 – Behavior was NOT easily altered

- 2.a. How often is the individual verbally abusive to others? (Others were threatened, screamed at, cursed at.)

 0 – Never  1 – Less than daily  2 – Daily

- 2.b. In the last 7 days, was the verbal abuse alterable?

 0 – Behavior was not present **-OR-** was easily altered  1 – Behavior was NOT easily altered

- 3.a. How often is the individual physically abusive to others? (Others were hit, shoved, scratched, sexually abused.)

 0 – Never  1 – Less than daily  2 – Daily

- 3.b. In the last 7 days, was the physical abuse alterable?

 0 – Behavior was not present **-OR-** was easily altered  1 – Behavior was NOT easily altered

4.a. How often does the individual exhibit socially inappropriate/disruptive behavior? (Makes disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings.)  
0 – Never      1 – Less than daily      2 – Daily

4.b. In the last 7 days, was the socially disruptive behavior alterable?  
0 – Behavior was not present **-OR-** was easily altered      1 – Behavior was NOT easily altered

5.a. How often did the individual display symptoms of resisting care? (Resists taking medications/injections, ADL assistance, or eating.)  
0 – Never      1 – Less than daily      2 – Daily

5.b. In the last 7 days, was the resisting care behavior alterable?  
0 – Behavior was not present **-OR-** was easily altered      1 – Behavior was NOT easily altered

**C. COGNITIVE STATUS**

**Directions:** *Information may be gathered from family/caregiver(s) or assessor's observations. Check the one answer for each that best describes the individual's cognitive status.*

1. Memory and use of information:

- A.  Does not have difficulty remembering and using information. Does not require directions or reminding from others.
- B.  Has minimal difficulty remembering and using information. Requires direction and reminding from others 1 to 3 times per day. Can follow simple written instructions.
- C.  Has difficulty remembering and using information. Requires direction and reminding from others 4 or more times per day.
- D.  Cannot remember or use information. Requires continual verbal reminding.

2. Global confusion:

- A.  Appropriately responsive to environment.
- B.  Nocturnal confusion on awakening.
- C.  Periodic confusion during daytime.
- D.  Nearly always confused.

3. Verbal communication:

- A.  Speaks normally.
- B.  Minor difficulty with speech or word-finding difficulties.
- C.  Able to carry out only simple conversations.
- D.  Unable to speak coherently or make needs known.

4. Cognitive Skills for Daily Decision-Making

- A.  Independent – decisions consistent/reasonable
- B.  Modified independence – some difficulty in new situations only
- C.  Moderately impaired – decision poor/cues/supervision required
- D.  Severely impaired – never/rarely makes decisions

**◆ Assessor Action ◆**

***\*\*If "YES" to Emotional Well-Being questions #6-8, contact the appropriate local crisis authorities immediately. Discuss other psychiatric and/or mental health counseling services and make appropriate referrals. Make appropriate referrals regarding behavioral/cognitive symptoms as necessary.***

**SECTION 5: Health Assessment**

Date: \_\_\_\_\_ (Chose One):  Initial Assessment  Reassessment  Update

**Directions:** Complete this section for Medicaid Waiver, Adult Day, ASP. May also complete if SECTION 1: Intake indicates a need for more information. If the individual is unable to answer the following questions, obtain information from family/caregiver(s), legal representative and/or medical records.

**A. DIAGNOSIS/CONDITIONS/TREATMENTS**

1. **Diagnosis:** List the primary medical diagnosis for which the individual is receiving services/treatments.

Primary Diagnosis: \_\_\_\_\_

2. **Other Disease Diagnosis:** Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses.)

<b>Endocrine/Metabolic/Nutritional</b>		X. <input type="checkbox"/> Paraplegia
A. <input type="checkbox"/> Diabetes mellitus		Y. <input type="checkbox"/> Parkinson's disease
B. <input type="checkbox"/> Hyperthyroidism		Z. <input type="checkbox"/> Quadriplegia
C. <input type="checkbox"/> Hypothyroidism		AA. <input type="checkbox"/> Seizure disorder
<b>Heart/Circulation</b>		BB. <input type="checkbox"/> Transient ischemic attack (TIA)
D. <input type="checkbox"/> Arteriosclerotic heart disease		CC. <input type="checkbox"/> Traumatic brain injury
E. <input type="checkbox"/> Cardiac dysrhythmias		<b>Psychiatric/Mood</b>
F. <input type="checkbox"/> Congestive heart failure		DD. <input type="checkbox"/> Anxiety disorder
G. <input type="checkbox"/> Deep vein thrombosis		EE. <input type="checkbox"/> Depression
H. <input type="checkbox"/> Hypertension		FF. <input type="checkbox"/> Manic depressive/bipolar disease
I. <input type="checkbox"/> Hypotension		GG. <input type="checkbox"/> Schizophrenia
J. <input type="checkbox"/> Peripheral vascular disease		<b>Pulmonary</b>
K. <input type="checkbox"/> Other cardiovascular disease		HH. <input type="checkbox"/> Asthma
<b>Musculoskeletal</b>		II. <input type="checkbox"/> Emphysema/COPD
L. <input type="checkbox"/> Arthritis		<b>Sensory</b>
M. <input type="checkbox"/> Hip fracture		JJ. <input type="checkbox"/> Cataracts
N. <input type="checkbox"/> Missing limb		KK. <input type="checkbox"/> Diabetic retinopathy
O. <input type="checkbox"/> Osteoporosis		LL. <input type="checkbox"/> Glaucoma
P. <input type="checkbox"/> Pathological bone fracture		MM. <input type="checkbox"/> Macular degeneration
<b>Neurological</b>		<b>Other</b>
Q. <input type="checkbox"/> Alzheimer's disease		NN. <input type="checkbox"/> Allergies
R. <input type="checkbox"/> Aphasia		OO. <input type="checkbox"/> Anemia
S. <input type="checkbox"/> Cerebral palsy		PP. <input type="checkbox"/> Cancer
T. <input type="checkbox"/> Cerebrovascular accident (stroke)		QQ. <input type="checkbox"/> Renal failure
U. <input type="checkbox"/> Dementia other than Alzheimer's disease		RR. <input type="checkbox"/> NONE OF THE ABOVE
V. <input type="checkbox"/> Hemiplegia/hemiparesis		SS. <input type="checkbox"/> OTHER:
W. <input type="checkbox"/> Multiple sclerosis		TT. <input type="checkbox"/> OTHER:

3. **Infections:** Check all that apply. If none apply, check the NONE OF THE ABOVE box.

- |  |   |
|--|---|
| A. <input type="checkbox"/> Antibiotic resistant infection | H. <input type="checkbox"/> Sexually transmitted disease            |
| B. <input type="checkbox"/> Clostridium difficile          | I. <input type="checkbox"/> Tuberculosis                            |
| C. <input type="checkbox"/> Conjunctivitis                 | J. <input type="checkbox"/> Urinary tract infection in last 30 days |
| D. <input type="checkbox"/> HIV infection                  | K. <input type="checkbox"/> Viral hepatitis                         |
| E. <input type="checkbox"/> Pneumonia                      | L. <input type="checkbox"/> Wound infection                         |
| F. <input type="checkbox"/> Respiratory infection          | M. <input type="checkbox"/> OTHER:                                  |
| G. <input type="checkbox"/> Septicemia                     | N. <input type="checkbox"/> NONE OF THE ABOVE                       |

4. **Problem Conditions:** Check all problems present in the last 7 days.

- |   |  |
|---|--|
| A. <input type="checkbox"/> Dehydration                                       | I. <input type="checkbox"/> Syncope (fainting)                           |
| B. <input type="checkbox"/> Delusions   | J. <input type="checkbox"/> Unsteady gait                                |
| C. <input type="checkbox"/> Dizziness/Vertigo                                 | K. <input type="checkbox"/> Vomiting (recurring)                         |
| D. <input type="checkbox"/> Edema   | L. <input type="checkbox"/> End stage disease, 6 or fewer months to live |
| E. <input type="checkbox"/> Fever   | M. <input type="checkbox"/> NONE OF THE ABOVE                            |
| F. <input type="checkbox"/> Internal bleeding                                 | N. <input type="checkbox"/> OTHER:                                       |
| G. <input type="checkbox"/> Recurrent lung aspirations <i>in last 90 days</i> |  |
| H. <input type="checkbox"/> Shortness of breath                               |  |

5. **Special Care/Treatments:** Check all treatments received during the last 14 days.

- |  |  |
|--|--|
| A. <input type="checkbox"/> Chemotherapy                       | I. <input type="checkbox"/> Suctioning               |
| B. <input type="checkbox"/> Dialysis                           | J. <input type="checkbox"/> Tracheostomy Care        |
| C. <input type="checkbox"/> IV meds                            | K. <input type="checkbox"/> Transfusions (specify)   |
| D. <input type="checkbox"/> Intake/output                      | L. <input type="checkbox"/> Ventilator or respirator |
| E. <input type="checkbox"/> Monitoring acute medical condition | M. <input type="checkbox"/> NONE OF THE ABOVE        |
| F. <input type="checkbox"/> Ostomy care                        | N. <input type="checkbox"/> OTHER:                   |
| G. <input type="checkbox"/> Oxygen therapy                     |  |
| H. <input type="checkbox"/> Radiation                          |  |

6. **Therapies:** Check all therapies received in last 7 days.

- A.  Speech Therapy  
 B.  Occupational Therapy  
 C.  Physical Therapy  
 D.  Respiratory Therapy  
 E.  NONE OF THE ABOVE

7. Does the individual currently receive at least 45 minutes/day for at least 3 days week of PT or a combination of PT, ST, or OT? A.  Yes B.  No C.  info. unavailable

8. Check all nutritional issues in the last 7 days. (Mark all that apply)

- |   |  |
|---|--|
| A. <input type="checkbox"/> Parenteral/IV             | F. <input type="checkbox"/> Dietary supplement between meals               |
| B. <input type="checkbox"/> Feeding tube              | G. <input type="checkbox"/> Plate guard, stabilized built-up utensil, etc. |
| C. <input type="checkbox"/> Mechanically altered diet | H. <input type="checkbox"/> On a planned weight change program             |
| D. <input type="checkbox"/> Syringe (oral feeding)    | I. <input type="checkbox"/> Oral liquid diet                               |
| E. <input type="checkbox"/> Therapeutic diet          | J. <input type="checkbox"/> NONE OF THE ABOVE                              |

9. Check all current high risk factors characterizing this individual. (Mark all that apply)

- A.  Smoking  
 B.  Obesity  
 C.  Alcohol dependency  
 D.  Drug dependency  
 E.  Unknown  
 F.  Other: \_\_\_\_\_  
 G.  NONE OF THE ABOVE



**B. PAIN STATUS**

1. What is the frequency of pain interfering with individual's activity or movement? *Check one.*
- A.  Individual has **no** pain or pain does **not** interfere with activity or movement
- B.  Less often than daily
- C.  Daily, but not constantly
- D.  All of the time
- E.  Info. unavailable
2. Is the individual experiencing pain that is not easily relieved, occurs at least daily, and affects the individual's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?
- A.  Yes                      B.  No                      C.  info. unavailable

**C. SKIN STATUS**

- 1.a. Specify the highest stage (1-4) for any pressure ulcer(s) the individual currently has. Specify 0 if no pressure ulcer(s).  
Stage: \_\_\_\_\_
- 1.b. Specify the highest stage (1-4) for any stasis ulcer(s) the individual currently has. Specify 0 if no pressure ulcer(s).  
Stage: \_\_\_\_\_

*Key for Ulcer Stages*

**Stage 1:** A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved

**Stage 2:** A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.

**Stage 3:** A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue.

**Stage 4:** A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

2. Indicate which of the following skin problems the individual has that requires treatment. *Check all that apply during last 7 days.*
- A.  Abrasions, bruises
- B.  Burns (second or third)
- C.  Open lesions other than ulcers, rashes, cuts (e.g. cancer lesions)
- D.  Rashes (e.g. intertrigo, eczema, drug rash, heat rash, herpes zoster)
- E.  Skin desensitized to pain or pressure
- F.  Skin tears or cuts (other than surgery)
- G.  Surgical wounds
- H.  NONE OF THE ABOVE

**D. ELIMINATION STATUS**

1. Has the individual been treated for a urinary tract infection (UTI) in the last 14 days?    A.  Yes                      B.  No
2. Does the individual have urinary incontinence?
- A.  Yes
- B.  No incontinence and no urinary catheter
- C.  No incontinence, individual has urinary catheter

*\*If answer is b. or c., go to question #5.*

3. What is the frequency of urinary incontinence?

- A.  less than once weekly
- B.  one to three times weekly
- C.  four to six times weekly
- D.  one to three times daily
- E.  four or more times daily

4. When does urinary incontinence occur?

- A.  during the day only
- B.  during the night only
- C.  during the day and night

5. Does the individual have bowel incontinence?

- A.  Yes
- B.  No incontinence and no ostomy
- C.  No incontinence, individual has an ostomy

***\*If answer is b. or c., go to question #8.***

6. What is the frequency of bowel incontinence?

- A.  less than once weekly
- B.  one to three times weekly
- C.  four to six times weekly
- D.  one to three times daily
- E.  four or more times daily

7. When does bowel incontinence occur?

- A.  during the day only
- B.  during the night only
- C.  during the day and night

8. Has the individual experienced recurring bouts of diarrhea in the last 7 days?

- A.  Yes
- B.  No

9. Has the individual experienced recurring bouts of constipation in the last 7 days?

- A.  Yes
- B.  No

Comments:

Name of RN/LPN (*print*): \_\_\_\_\_

Agency: \_\_\_\_\_

Signature of RN/LPN: \_\_\_\_\_ Date: \_\_\_\_\_

**◆ Assessor Action ◆**

*Incorporate Health Assessment issues into the appropriate plan for services. Make appropriate referrals for identified unmet health needs.*

**SECTION 6: Functional Assessment**Date: \_\_\_\_\_  Initial Assessment  Reassessment  Update**Directions:** Complete for Medicaid Waiver, ASP and Adult Day. If the individual is unable to answer the following questions, obtain information from family/caregiver(s), service provider(s), and/or assessor's observations.**A. ACTIVITIES OF DAILY LIVING (ADL's)**1.a. **DRESSING:** During the last 7 days, how would you rate the individual's ability to dress? (Putting on, fastening, and taking off all items of clothing, including donning/removing prosthesis.)

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times
- 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times
- 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times
- 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times
- 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

1.b. Select the item for the most support provided for dressing during the last 7 days.

- 0 - No setup or physical help
- 1 - Setup help only
- 2 - One person physical assist
- 3 - Two+ persons physical assist
- 8 - Activity did not occur during entire 7 days —**OR-** Unknown

1.c. What was the individual's level of unmet need for dressing during the last 7 days?

- A – Need was seldom or never met
- B – Need was met, no need for additional help
- C – Unknown

1.d. Dressing Comments:

2.a. **BATHING:** During the last 7 days, how would you rate the individual's ability to perform bathing? (Taking a full-body bath/shower, sponge bath, washing/drying face, hands and perineum. (Excluding back and hair)

- 0 - **Independent:** No help provided
- 1 - **Supervision:** Oversight/cueing only
- 2 - **Limited Assist:** Physical help limited to transfer only
- 3 - **Extensive Assist:** Physical help in part of bathing activity
- 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

2.b. Select the item for the most support provided for bathing during the last 7 days.

- 0 - No setup or physical help
- 1 - Setup help only
- 2 - One person physical assist
- 3 - Two+ persons physical assist
- 8 - Activity did not occur during entire 7 days —**OR-** Unknown

2.c. What was the individual's level of unmet need for bathing during the last 7 days?

- A – Need was seldom or never met  
 B – Need was met, no need for additional help  
 C – Unknown

2.d. Bathing Comments:

3.a. **PERSONAL HYGIENE:** During the last 7 days, how would you rate the individual's ability to perform personal hygiene? (Combing hair, brushing teeth, shaving, washing/drying face, hands, and perineum, EXCLUDE baths and showers.)

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times  
 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times  
 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times  
 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times  
 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days  
 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

3.b. Select the item for the most support provided for personal hygiene during the last 7 days.

- 0 - No setup or physical help  
 1 - Setup help only  
 2 - One person physical assist  
 3 - Two+ persons physical assist  
 8 - Activity did not occur during entire 7 days —**OR-** Unknown

3.c. What was the individual's level of unmet need for personal hygiene during the last 7 days?

- A – Need was seldom or never met  
 B – Need was met, no need for additional help  
 C – Unknown

3.d. Personal Hygiene Comments:

4.a. **BED MOBILITY:** During the last 7 days, how would you rate the individual's ability to perform bed mobility? (Moving to and from lying position, turning side-to-side, and positioning body while in bed.)

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times  
 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times  
 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times  
 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times  
 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days

8 - Activity did not occur (as defined) in last 7 days –**OR-** Unknown

4.b. Select the item for the most support provided for bed mobility during the last 7 days.

0 - No setup or physical help

1 - Setup help only

2 - One person physical assist

3 - Two+ persons physical assist

8 - Activity did not occur during entire 7 days –**OR-** Unknown

4.c. What was the individual's level of unmet need for bed mobility during the last 7 days?

A – Need was seldom or never met

B – Need was met, no need for additional help

C – Unknown

4.d. Bed Mobility Comments:

5.a. **TOILET USE:** During the last 7 days, how would you rate the individual's ability to perform toilet use? (Using the toilet, commode, bedpan, urinal; transferring on/off toilet, cleansing self, managing incontinence pad(s), managing ostomy or catheter, adjusting clothes.)

0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times

1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times

2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times

3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times

4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days

8 - Activity did not occur (as defined) in last 7 days –**OR-** Unknown

5.b. Select the item for the most support provided for toilet use during the last 7 days.

0 - No setup or physical help

1 - Setup help only

2 - One person physical assist

3 - Two+ persons physical assist

8 - Activity did not occur during entire 7 days –**OR-** Unknown

5.c. What was the individual's level of unmet need for toilet use during the last 7 days?

A – Need was seldom or never met

B – Need was met, no need for additional help

C – Unknown

5.d. Toilet Use Comments:

6.a. **ADAPTIVE DEVICES:** During the last 7 days, how would you rate the individual's ability to manage putting on and removing braces, splints, and other adaptive devices?

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times
- 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times
- 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times
- 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times
- 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

6.b. Select the item for the most support provided for adaptive devices use during the last 7 days.

- 0 - No setup or physical help
- 1 - Setup help only
- 2 - One person physical assist
- 3 - Two+ persons physical assist
- 8 - Activity did not occur during entire 7 days —**OR-** Unknown

6.c. What was the individual's level of unmet need for help with adaptive devices during the last 7 days?

- A – Need was seldom or never met
- B – Need was met, no need for additional help
- C – Unknown

6.d. Adaptive Devices Comments

7.a. **TRANSFERRING:** During the last 7 days, how would you rate the individual's ability to perform transferring? (Moving between surfaces – to/from bed, chair, wheelchair, standing position , EXCLUDES to/from bath/toilet.)

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times
- 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times
- 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times
- 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times
- 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

7.b. Select the item for the most support provided for transferring during the last 7 days.

- 0 - No setup or physical help
- 1 - Setup help only
- 2 - One person physical assist
- 3 - Two+ persons physical assist
- 8 - Activity did not occur during entire 7 days —**OR-** Unknown

7.c. What was the individual's level of unmet need for transferring during the last 7 days?

- A – Need was seldom or never met
- B – Need was met, no need for additional help
- C – Unknown

7.d. Transferring Comments:

8.a. **MOBILITY:** During the last 7 days, how would you rate the individual's ability to perform mobility in the home? (Moving between locations in his/her home. If in wheelchair, self-sufficiency once in wheelchair.)

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times
- 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times
- 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times
- 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times
- 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

8.b. Select the item for the most support provided for mobility during the last 7 days.

- 0 - No setup or physical help
- 1 - Setup help only
- 2 - One person physical assist
- 3 - Two+ persons physical assist
- 8 - Activity did not occur during entire 7 days —**OR-** Unknown

8.c. What was the individual's level of unmet need for mobility during the last 7 days?

- A – Need was seldom or never met
- B – Need was met, no need for additional help
- C – Unknown

8.d. Mobility Comments:

9.a. **EATING:** During the last 7 days, how would you rate the individual's ability to perform eating? (Ability to eat and drink (regardless of skill). Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition).)

- 0 - **Independent:** No help at all—**OR**—help/oversight provided only 1 or 2 times
- 1 - **Supervision:** Oversight/cueing 3 + times—**OR**— oversight/cueing plus physical help 1 or 2 times
- 2 - **Limited Assist:** Non-wt. bearing physical help 3 + times—**OR**—non-wt. bearing physical help plus extensive help 1 or 2 times
- 3 - **Extensive Assist:** Wt.-bearing help or full caregiver assistance 3 + times
- 4 - **Total Dependence:** Full caregiver assistance each time the activity occurred during last 7 days
- 8 - Activity did not occur (as defined) in last 7 days —**OR-** Unknown

9.b. Select the item for the most support provided for eating during the last 7 days.

- 0 - No setup or physical help
- 1 - Setup help only
- 2 - One person physical assist
- 3 - Two+ persons physical assist
- 8 - Activity did not occur during entire 7 days —**OR-** Unknown

9.c. What was the individual's level of unmet need for eating during the last 7 days?

- A – Need was seldom or never met
- B – Need was met, no need for additional help
- C – Unknown

9.d. Eating Comments:

**B. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL's)**

1.a. **PHONE USE:** During the last 7 days, how would you rate the individual's ability to perform phone use? (Answering the phone, dialing numbers, and effectively using the telephone to communicate.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

1.b. Select the item for the most support provided for phone use during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

1.c. What was the individual's level of unmet need for phone use during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

1.d. Phone Use Comments:

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2. a. **MEAL PREPARATION:** During the last 7 days, how would you rate the individual's ability to perform meal preparation? (Planning and preparing light meals or reheating delivered meals.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

2.b. Select the item for the most support provided for meal prep during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

2.c. What was the individual's level of unmet need for meal prep during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

2.d. Meal Prep Comments:



3.a. **MEDICATIONS:** During the last 7 days, how would you rate the individual's ability to manage medications? (Preparing and taking all prescribed and over the counter medications reliably and safely, including the correct dosage at appropriate times/intervals.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

3.b. Select the item for the most support provided for medication management during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

3.c. What was the individual's level of unmet need for medication management during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

3.d. Medication Management Comments:

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4.a. **MONEY MANAGEMENT:** During the last 7 days, how would you rate the individual's ability to perform money management? (Payment of bills, managing checkbook/account(s), being aware of potential exploitation, budgets, plans for emergencies, etc.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

4.b. Select the item for the most support provided for money management during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

4.c. What was the individual's level of unmet need for money management during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

4.d. Money Management Comments:

5.a. **HOUSEHOLD MAINTENANCE:** During the last 7 days, how would you rate the individual's ability to perform household maintenance? (Chores such as washing windows, shoveling snow, taking out the garbage and scrubbing floors.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

5.b. Select the item for the most support provided for household maintenance during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

5.c. What was the individual's level of unmet need for household maintenance during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

5.d. Household Maintenance Comments:

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6.a. **HOUSEKEEPING:** During the last 7 days, how would you rate the individual's ability to perform housekeeping? (Housekeeping tasks such as dusting, sweeping, vacuuming, dishes, light mop, and picking up.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

6.b. Select the item for the most support provided for housekeeping during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days **-OR-** Unknown

6.c. What was the individual's level of unmet need for housekeeping during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

6.d. Housekeeping Comments:

7.a. **LAUNDRY:** During the last 7 days, how would you rate the individual's ability to perform laundry? (Carrying laundry to and from the washing machine, using washer and dryer, washing small items by hand.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

7.b. Select the item for the most support provided for laundry during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

7.c. What was the individual's level of unmet need for laundry during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

7.d. Laundry Comments:

---

8.a. **SHOPPING:** During the last 7 days, how would you rate the individual's ability to perform shopping? (Planning, selecting, and purchasing items in a store and carrying them home or arranging delivery if available.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

8.b. Select the item for the most support provided for shopping during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

8.c. What was the individual's level of unmet need for shopping during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

8.d. Shopping Comments:

9.a. **TRANSPORTATION:** During the last 7 days, how would you rate the individual's ability to perform transportation? (Safely using a car, taxi, or public transportation.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

9.b. Select the item for the most support provided for transportation during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

9.c. What was the individual's level of unmet need for transportation during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

9.d. Transportation Comments:

---

10.a. **CARE OF EQUIPMENT:** During the last 7 days, how would you rate the individual's ability to perform care of equipment? (Cleaning, adjusting or general care of adaptive/medical equipment such as wheelchairs, walkers, nebulizer, IV equipment etc.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

10.b. Select the item for the most support provided for care of equipment during the last 7 days.

- 0 - No support provided  
 1 - Supervision/Cueing only  
 2 - Setup only  
 3 - Physical assistance provided  
 8 - Activity did not occur (as defined) in last 7 days -**OR-** Unknown

10.c. What was the individual's level of unmet need for care of equipment during the last 7 days?

- A - Need was seldom or never met  
 B - Need was met, no need for additional help  
 C - Unknown

10.d. Care of Equipment Comments:

11.a. **CHILD CARE (ASP Only):** During the last 7 days, how would you rate the individual's ability to perform child care? (Bathing, dressing and feeding of own child/children (to the extent that the dependent child cannot perform the tasks for him/herself).

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days –**OR-** Unknown

11.b. Select the item for the most support provided for child care during the last 7 days.

- 0 – No support provided  
 1 – Supervision/Cueing only  
 2 – Setup only  
 3 – Physical assistance provided  
 8 – Activity did not occur (as defined) in last 7 days –**OR-** Unknown

11.c. What was the individual's level of unmet need for child care during the last 7 days?

- A – Need was seldom or never met  
 B – Need was met, no need for additional help  
 C – Unknown

11.d. Child Care Comments:

12.a. **SUPPORT ANIMALS (ASP Only):** During the last 7 days, how would you rate the individual's ability to perform care of support animal(s). (Feeding, grooming and a minimum of walking of seeing-eye dogs, hearing-ear dogs, or other support animals.)

- 0 - **Independent:** No help provided (With/without assistive devices)  
 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.  
 2 - **Done by Others:** Full caregiver assistance.  
 8 - Activity did not occur (as defined) in last 7 days –**OR-** Unknown

12.b. Select the item for the most support provided for support animal(s) during the last 7 days.

- 0 – No support provided  
 1 – Supervision/Cueing only  
 2 – Setup only  
 3 – Physical assistance provided  
 8 – Activity did not occur (as defined) in last 7 days –**OR-** Unknown

12.c. What was the individual's level of unmet need for care of support animal(s) during the last 7 days?

- A – Need was seldom or never met  
 B – Need was met, no need for additional help  
 C – Unknown

12.d. Support Animal(s) Comments:

13.a. **MOBILITY GUIDE (ASP Only):** For individuals who are blind or visually impaired, during the last 7 days, how would you rate the individual's ability to get from place to place in and around the home, shopping, and in medical or educational facilities.

- 0 - **Independent:** No help provided (With/without assistive devices)
- 1 - **Done with Help:** Cueing, supervision, reminders, and/or physical help provided.
- 2 - **Done by Others:** Full caregiver assistance.
- 8 - Activity did not occur (as defined) in last 7 days –**OR-** Unknown

13.b. Select the item for the most support provided for mobility guide during the last 7 days.

- 0 – No support provided
- 1 – Supervision/Cueing only
- 2 – Setup only
- 3 – Physical assistance provided
- 8 – Activity did not occur (as defined) in last 7 days –**OR-** Unknown

13.c. What was the individual's level of unmet need for mobility guide during the last 7 days?

- A – Need was seldom or never met
- B – Need was met, no need for additional help
- C – Unknown

13.d. Mobility Guide Comments:

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**Additional ADL/IADL Comments:**

**◆ Assessor Action ◆**

If an “unmet need” has been identified, arrange for appropriate services and review functional assessment and services as needed.

## Appendix H

### Taken from New Hampshire Housing Resident Service Coordinator Manual

#### Example of SOAP Notes

##### Subjective

Mrs. Harris came to me today and said that Mr. Jones had tried to enter her apartment last night about 7 p.m. and she was afraid that something was wrong with him.

##### Objective

I met with Mr. Jones this afternoon in his apartment. He did not remember trying to enter Mrs. Harris' apartment and said he had gone to sleep early, but was quite upset that she would accuse him of such a thing. He had difficulty remembering recent events, including what he had eaten for lunch. He had nine prescription containers lined up on his table. He had trouble identifying how often he was supposed to be taking them. He did say he had several new ones that he was just getting used to taking.

##### Assessment

Mr. Jones appears to be confused and to have some difficulties with short-term memory. I am concerned that he may be over medicated or having an adverse medication interaction given the number of medications he is taking and his difficulty in tracking how often he takes them. He may also be in the early stages of Alzheimer's disease or have other cognitive impairment. Given Mr. Jones history of being a good tenant, I believe that his attempt to enter Mrs. Harris' apartment was due to his confusion.

##### Plan

I discussed with Mr. Jones about contacting:

- His doctor about his confusion and to set up a medication and cognitive evaluation. He made the call while I was still with him and has an initial appointment for Thursday.
- His daughter to help him set up a system to take his medications at the right times. He asked me to call her, which I did later that afternoon and she agreed to help him.
- I will visit him next week to see how he is doing.
- He will call me if he needs anything else.

## Appendix I

### Taken from New Hampshire Housing Resident Service Coordinator Manual

#### Example of DAP Notes

##### Description

On October 24, 2005, the manager called to say that maintenance and residents are complaining of an obnoxious smell coming from Apartment 112. This is the third time this month a smell has been reported – the manager suspects a litter box.

##### Assessment

Visited Ms. Doe at her apartment on October 24, 2005. There is definitely a bad smell coming from the apartment. Ms. Doe greets me with a welcoming hug, there is a noticeable odor about her, but there is still another horrible smell in the apartment. Ms. Doe is confused, not sure why I am there, and said her mother was coming to give her a bath. The litter box did not seem to be the cause of the odor problem.

##### Plan

After checking to be sure that the release of information is current, I need to contact:

- Division of Elderly and Adult Services Social Worker to inform them of changes in behavior and living environment.
- Home health agency to have a homemaker come in and clean out food areas and a personal care provider to help with regular baths.
- Volunteer involved with Ms. Doe to let the volunteer know about changes in behavior and living environment. See if the volunteer has noticed other problems.
- Family to inform them of changes in behavior and living environment.
- Manager to let her know about how the problem will be remedied.
- Mental health provider to ask if they feel this person needs a mental health evaluation.



# Semi-Annual Performance Report

## Multifamily Housing Service Coordinator Program

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0447  
(exp. 01/31/2007)

Public reporting burden for this collection of information is estimated to average X hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

**Instructions: See pages 3 and 4 for detailed instructions.**

<p><b>1. Contact Person (name and phone number including area code)</b></p>  <p><b>E-Mail Address:</b></p>	<p><b>2. Source of funds for Service Coordinator (check one)</b></p> <p><input type="checkbox"/> Grant/Contract - provide number (e.g., OK56CS94032) _____</p> <p><input type="checkbox"/> Residual Receipts      <input type="checkbox"/> Excess Income</p> <p><input type="checkbox"/> Section 8 operating funds (project-based)</p>
--	--

**3. Project(s) served by the Service Coordinator(s)** (List additional developments on a separate page)

Project Name	Project/FHA Number	Number of Units

**4. Number of hours per week worked by the Service Coordinator**

**5. Resident Statistics**

a. Total number of residents in all projects served

b. Estimated Age of residents

percent aged 18 to 61 (i.e., non-elderly people with disabilities)       percent aged 62 to 80

percent aged 81 to 95       percent over age 96

c. Estimated number of frail elderly residents (deficient in 3 or more Activities of Daily Living (ADLs))

d. Estimated number of at-risk elderly residents (deficient in 1 or 2 ADLs)

e. Total number of residents who utilized the SC during this reporting period

f. Total number of newly assigned residents assisted during this reporting period

**6. Type of Service Coordination Performed**  
For each service, provide the number of residents who received that service. Identify only those residents who went through the SC to obtain these services.

Type of Service	Number of Residents	Type of Service	Number of Residents
Assessments		Home Management	
Advocacy		Lease Education	
Benefits/Entitlements/Insurance		Meals	
Case Management		Mental Health Services	
Conflict Resolution		Monitoring Services	
Crisis Intervention/Support Counseling		Substance Abuse	
Education/Employment		Transfer to Alternative Housing or Hospital	
Family Support		Transportation	
Health Care/Services		Other (specify)	
Homemaker			

**7. Administrative Tasks**  
List the approximate percentage of time per month the SC performs these administrative tasks.

Documentation of resident files  %      Paperwork not related to a resident  %

Contact with outside service providers  %      Meetings with management staff  %

Name of person preparing this report	Signature
Title	Date (mm/dd/yyyy)

Please respond to the following items. Use additional pages if needed.

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**8. Educational / Wellness Programs**

List the educational or wellness programs the SC developed and/or implemented for residents during this reporting period.

---

**9. Fundraising**

If you have engaged in any fundraising activities during this reporting period, please list them.

---

**10. Professional Training**

List the training programs the SC attended during this reporting period. Provide the name of the training program, its location, number of hours, and the number of continuing education hours earned.

---

**11. Resident Problems / Issues**

Provide anecdotes (no more than two paragraphs each) describing two resident issues with which the SC was involved. Indicate whether the issue was resolved during this reporting period and describe positive or negative outcomes.

---

**12. Additional Information**

Provide any other information relevant to the administration and performance of the SC Program. Provide any recommended "best practices" you have found to be effective in providing service coordination and promoting independent living for the residents.

---

Are additional pages attached  Yes  No

---

## Instructions for Completing Form HUD-92456

### General:

All multifamily housing owners with Service Coordinators paid for with any type of HUD funds must submit this Report. The Service Coordinator or the Program contact person must complete the form.

Submit one Report per Service Coordinator position, regardless of funding source. If one Service Coordinator serves multiple developments or is funded through multiple funding sources, include all relevant information on page 1.

Reporting Period: All Service Coordinators must submit this Report according to the Federal Fiscal Year dates. The reporting periods are October 1 through March 31 and April 1 through September 30. Your Report is due to your local Field Office 30 days after the end of the reporting period, i.e. April 30 and October 30, respectively.

### Specific Instructions for each Item:

**1. Contact Person.** Enter the name, phone number, and email address (if any) of the person most familiar with the information provided on this form, who may be contacted by HUD for questions regarding the form's content.

**2. Source of Funds for Service Coordinator.** Check "Grant/Contract" if you received a separate contract or grant for funding the Service Coordinator since Fiscal Year 1992. Indicate the grant or contract number associated with this funding. The middle four digits of this number must begin with "C93", "C94", "CS", "RS", or "HS". Do not provide your project's Section 8 number (e.g. OH12T871017)

Check "Residual Receipts" or "Excess Income" if your local HUD office has approved the use of these funds to employ a Service Coordinator. You may indicate this option if this is your only source of funding or if you use residual receipts or excess income together with separate grant/contract funds.

Check "Section 8 operating funds" if your local HUD office has approved the Service Coordinator as an on-going permanent expense in your project's operating budget. If this is the case, you will not be using either residual receipts, excess income, or grant/contract funds.

**3. Projects Served by the Service Coordinator.** One grant/contract may include funding for more than one project. List all projects served by the grant/contract indicated in item #2, above.

If one Service Coordinator serves more than one project and is funded by the residual receipts, excess income, or operating budgets of those projects, list all projects assisted by the Service Coordinator.

Include each project number (e.g. 042-EH406) and the number of units in each project.

**4. Number of hours per week worked by the Service Coordinator.** Indicate the total or average (if variable) number of hours worked by the Service Coordinator per week at all sites.

### 5. Resident Statistics.

**5a. Total Number of Resident.** Provide the total number of all residents in all projects served.

**5b. Estimated Age of Residents.** Estimate the percentage of total residents at all sites served by the Service Coordinator who are within the age ranges.

**5c and d. Estimated Number of frail elderly residents and number of at-risk elderly residents.** Estimate the number of residents age 62 or older who are deficient in one, two, or three or more Activities of Daily Living (ADLs). In making your estimate, use HUD's definition and list of ADLs found in previously published Program Notices or application kits. (ADL deficiencies, i.e. frailty or at-risk considerations, do not apply to people with disabilities age 18-61.)

**5e. Total number of residents who utilized the SC during this reporting period.** Indicate the total number of residents the Service Coordinator assisted in any way during the six-month reporting period. This may include a variety of tasks or assistance provided. Do not count residents twice. Regardless of the amount of time spent assisting one resident, only count that individual once.

**5f. Total number of newly assigned residents assisted during reporting period.** Provide the number of residents you first assisted during the reporting period.

**6. Type of Service Coordination Performed.** For each of the listed services, provide the number of residents who received that service. Identify only those residents who went through the SC to obtain these services. For example, if a resident had been receiving housekeeping services for a year prior to the SC's employment, do not include that resident in your "home-maker" count. If a resident's son has arranged for Meals on Wheels for that resident, do not include that resident in your "meals" count. Only count those residents who the SC personally assisted in obtaining housekeeping or Meals on Wheels services.

**Note:** If a previously-employed SC helped residents to obtain any of these services and a new SC has taken over during the current reporting period, count all residents assisted by either SC.

Please add any other services not included on this list either on Page 1 of this form or on an attached page.

Use your discretion in indicating the categories for the services you coordinate. Choose the category you feel most appropriately represents these services.

**7. Administrative Tasks.** List the approximate percentage of time per month the SC performs these administrative tasks.

**Documentation of resident files** Includes any notes you make, forms completed, or other information inserted in resident files.

**Contact with outside service providers.** Include any activity related to obtaining information about or advocating for affordable supportive services or assistance for residents. Such activity may include telephone conversations, face-to-face meetings, coalition or task force meetings, or working groups.

**Paperwork not related to a resident.** Include any reports written for management staff, supervisors, or peers, or paperwork related to registering for training, arranging travel, or purchasing supplies or equipment.

**Meetings with management staff.** Includes meeting with project manager or administrator, contract supervisor or management staff, or any other related meeting.

- 8. Educational/Wellness Programs.** List the educational or wellness programs the SC developed and/or implemented for residents during this reporting period. Provide the name or topic of each program only and give the approximate number of residents who attended. Examples of such programs are talks on osteoporosis, nutrition, or accessibility issues for people with disabilities, “brown bag” medication meetings with pharmacists, or remembrance groups.
- 9. Fundraising.** List fundraising activities, if any, completed during this reporting period. Provide the name or brief description of each activity, the amount of funds raised, and the intended use of these funds.
- 10. Professional Training.** List the training programs the SC attended during this reporting period. Provide the following information for each program attended:
- o name of the training program,
  - o the location,
  - o the number of hours, and
  - o the number of continuing education hours earned.

**11. Resident Problems/Issues.** Provide anecdotes (no more than two paragraphs each) describing two resident issues with which the SC was involved. Indicate whether or not the issue was resolved during this reporting period. Describe positive and/or negative outcomes. The objective of this item is to give readers of the report a description of the SC’s work and the types of issues dealt with on a daily basis. Unresolved situations will be viewed as examples of difficult problems or circumstances and not as a negative reflection of the SC’s efforts. Please be candid in your account, in order to give the reader an accurate description of the SC’s work.

**12. Additional Information.** Provide any other information relevant to the administration and performance of the SC Program. Provide any recommended “best practices” you have found to be effective in providing service coordination and promoting independent living for the residents. Examples of your “best practices” will be essential in helping others develop SC programs and in supporting and obtaining funding. HUD staff welcome any comments related to the SC Pr

## HASS Quarterly Statistics and Services Report

### Site Information:

HASS Site:   
 HASS Grantee:   
 Reporting Period:   
 HASS Coordinator:   
 Date:

### PART I: Program Statistics – as of the last day of the reporting period

1) Number of Apartments

2) Total Number of Residents

Under Age 60:	<input type="checkbox"/>
Age 60 to 79:	<input type="checkbox"/>
Age 80 and over:	<input type="checkbox"/>
Total:	<input type="checkbox"/>

3) Choices for Care Residents

Number Who are <b>Moderate</b> Needs:	
Under Age 60:	<input type="checkbox"/>
Age 60 to 79:	<input type="checkbox"/>
Age 80 and over:	<input type="checkbox"/>

Number Who are <b>High</b> Needs:	
Under Age 60:	<input type="checkbox"/>
Age 60 to 79:	<input type="checkbox"/>
Age 80 and over:	<input type="checkbox"/>

Number Who are <b>Highest</b> Needs:	
Under Age 60:	<input type="checkbox"/>
Age 60 to 79:	<input type="checkbox"/>
Age 80 and over:	<input type="checkbox"/>

4) **Homemaker Services**

Number of residents receiving services:	
Who are <b>Moderate</b> Needs	<input type="checkbox"/>
Who are <b>HASS Funded</b> non-Mod Needs	<input type="checkbox"/>
Total Number	<input type="checkbox"/>
Number on Waiting List for Services	<input type="checkbox"/>

HASS Site:   
Report Period:

## **PART II: Four Service Areas**

For the four service areas below please report services, activities, partner coordinations, and occurrences that took place during the reporting period that support the HASS goal of *“improving the residents’ ability to age in place and enhance their quality of life.”*

**Health, Wellness, & Education** – services for residents

**Socialization** – services for residents

**Community Partner Coordination** – HASS coordination and collaboration with community service and other partners

**HASS Presence** – Please report occurrences that demonstrate the following:  
*“HASS Coordinators act as a resource and provide support for residents, family members, friends, caregivers, and professionals providing services. HASS Coordinators are the heart and soul of the site.”* (HASS Handbook)

**One Thing** – Now briefly describe a single event, activity, coordination, or occurrence from the group above and tell how it contributed to *“improving the residents’ ability to age in place and enhance their quality of life.”* This could be something that touched one resident or many.

HASS Site:

Report Period:

### **PART III: Maintaining Independence**

The HASS program is appreciated for providing some degree of positive impact on the lives of all residents.

For a limited number of residents, HASS can be the difference between living in an independent setting or in a licensed care residence.

**The HASS Coordinator will identify frail or at-risk residents to be reported in the chart below. Frail or at-risk residents are reported based on their need for limited or greater assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and/or identified mental health conditions, and/or based on the HASS Coordinator's intake assessment.**

**Total Number of Frail or At-Risk Residents**

Under Age 60:

Age 60 to 79:

Age 80 and over:

Note: Each of the residents above will have a coordinated service plan as identified in Grant Agreement Work Specification #5

**Resident Narrative** – For one resident in the chart above.

## Instructions for Completing the HASS Quarterly Statistics and Services Report

### General:

An electronic report is requested and in fact preferred. Electronic reports must be in Microsoft Word format only. A paper report can be submitted if necessary. Electronic copies make it easier for DAIL to cut, past, and utilize the written information and compile quarterly and annual reports that represent the accomplishments of the HASS program. Submit electronic reports to:

[richard.moffi@dail.state.vt.us](mailto:richard.moffi@dail.state.vt.us) and to  
[janet.merrill@dail.state.vt.us](mailto:janet.merrill@dail.state.vt.us)

All information provided should be as of the last day of the reporting period. Perfection is something to strive for, but at times just not possible. If you have to submit an imperfect report, please add a note identifying the gap. You don't need to justify the gap – you won't be in trouble for incomplete information. The greatest value of a HASS Coordinator is not the time spent preparing reports, but the time spent with residents. *Thank You Very Much!!!*

Reports are due no later than:

November 15 for the July-September quarter  
February 15 for the October-December quarter  
May 15 for the January-March quarter and  
August 15 for the April-June quarter

### Site Information:

For each quarterly report complete and date the requested site information section. Simply use the first page of the report form and fill in the blanks.

### PART I: Program Statistics

Simply use the first page of the report form and fill in the blanks.

If you have to submit an imperfect report, please add a note identifying the gap. You don't need to justify the gap – you won't be in trouble for incomplete information.

HASS Coordinators advise DAIL that they rely on any of three key contacts for Choices for Care information: Area Agency of Aging, Home Health or Visiting Nurses, and DAIL Long-Term Care Clinical Coordinator (LTCCC). Another source is the monthly Long Term Care / Choices for Care / Med Waiver meetings.

The initial collection of this information will be the most time consuming. After that each HASS Coordinator will need to find their own system for tracking key information that would result in a change in the quarterly statistics in Part I.



## **PART II: Four Service Areas**

- Start on a new page titled: **Part II: Four Service Areas**
- Please enter the name of the HASS site and reporting period at the top of the page
- Provide your responses using each of the **bold-underlined** headings below
- Please use bullets so that a reader can easily see individual items
- Use additional pages as necessary

For the four service areas below please report the services, activities, partner coordinations, and occurrences that took place during the reporting period that support the HASS goal of ***“improving the residents’ ability to age in place and enhance their quality of life.”*** Provide statistics as appropriate. Be careful to ensure resident confidentiality.

### **Health, Wellness, & Education** – services for residents

- ❖ *Example: Fiona from the state Economic Services Division came on-site and talked with residents about benefit programs (health care, food stamps, fuel assistance). 3 residents attended*

### **Socialization** – this is about services for residents

- ❖ *Example: Held a “grade school memory day” where residents shared events from their early school years. The purpose of the activity was to encourage mental activity in remembering in addition to social contact and the physical benefit of residents walking down the hall to the community room. HASS Coordinator made bran muffins for the event so there was also a nutritional component. 7 residents attended which is a large turnout for our site*

### **Community Partner Coordination** – HASS coordination and collaboration with community service and other partners

- ❖ *Example: Council on Aging – called to get specifics on Farmer’s Market Coupons to put in newsletter for residents, met with case manager to discuss resident with dual services*
- ❖ *Example: Home Health Agency – coordinated on homemaker program; scheduled assessment of resident for CFC High Needs; kept all residents informed of Home Health Agency staff’s bi-monthly visits to improve resident access to their services*
- ❖ *Example: Senior Center –site newsletter informed residents of meals and activities*
- ❖ *Example: Swim Center – confirm participants for arthritis swim program*
- ❖ *Example: County Bus Company – arranged transportation to a group event*

## **PART II: Four Service Areas – Instructions and Examples Continued**

**HASS Presence** – Please report occurrences that demonstrate the following: “*HASS Coordinators act as a resource and provide support for residents, family members, friends, caregivers, and professionals providing services. HASS Coordinators are the heart and soul of the site.*” (HASS Handbook – 2003)  
Most of these occurrences will have been un-planned but easy to predict based on your relationship with residents and those in their lives.

- ❖ *Example: Assisted resident and family in contacting Lifeline for set up*
- ❖ *Example: Communicated with family of resident who died about holding reception after the service at the site, and informed residents of the reception – 15 residents attended*
- ❖ *Example: The day after the reception, spent an emotional hour with one resident talking about life issues*
- ❖ *Example: Assisted resident with renewal form for Medicaid*
- ❖ *Example: On average, 7 residents stop by the office each week to chat and socialize*
- ❖ *Example: Mediated between 2 residents about regarding complaints of rumor spreading*

**One Thing** – Briefly describe one event, activity, coordination, or occurrence from the group above and tell how it contributed to “***improving the residents’ ability to age in place and enhance their quality of life.***” This could have touched one resident or many.

- ❖ *Example: Contacted BCBS about a resident’s supplemental insurance provider and denial of payment for medical procedure. BCBS instructed resident to resubmit with a request letter. Contacted resident’s doctor with resident present to get information to resubmit. Resident was stressed about this information and did not understand and did not know where to turn. Resident has difficulty hearing on the phone and understanding the complicated jargon of insurance. Resident’s stress was visibly reduced after interaction with RSC and RSC encouraged resident to bring down any additional letters from the insurance company that she needed an explanation about or assistance with.*

## **PART III: Maintaining Independence**

- Start on a new page titled: **Part III: Maintaining Independence**
- Please enter the name of the HASS site and reporting period at the top of the page
- Complete the Part III chart only for those residents who have been identified by the HASS Coordinator under “Maintaining Independence” below.
- If no residents were identified during the report indicate “**No Residents Identified.**”
- All of the residents identified in the Part III chart will have a **coordinated service plan** under Grant Agreement Work Specification #5.
- Provide the required written “Resident Narrative” below.
- Use additional pages as necessary.

**Maintaining Independence** – The HASS program is appreciated for providing some degree of positive impact on the lives of all residents. For a limited number of residents, HASS can be the difference between living in an independent setting or in a licensed care residence.

**The HASS Coordinator will identify frail or at-risk residents to be reported in Part III. Frail or at-risk residents are reported based on their need for limited or greater assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), and/or identified mental health conditions, and/or based on the HASS Coordinator’s intake assessment.**

Residents will be in one of three categories in relation to “Maintaining Independence.” First, the majority of residents will not be identified as frail or at-risk. Second, a small group will easily be identified as frail or at-risk. Third, the remaining residents will be questionable as to frail or at-risk. HASS Coordinators should be conservative in this first year of a new report structure. Please don’t “over-report” and include the questionable residents. DAIL and HASS Coordinators will discuss this identification system all through the coming year – and make changes as reality dictates.

**Resident Narrative** – For one resident provide a written narrative describing the impact of HASS for that resident during the reporting period. Identify how HASS makes it possible for that person to live in an independent setting rather than in a licensed care residence. Identify ADLs or IADLs as applicable. When possible, provide narratives for different residents in each quarterly report. Be careful to ensure resident confidentiality.

- ❖ *Example: Had a Senior Companion in place for a resident with mid stage Dementia. No other supports were available other than neighbors and HASS coordinator’s visits. Resident was resistant to Adult Day and Senior Center. Senior Companion caused resident to have direction, oversight, cueing, and mood elevation resulting in better physical functioning and just enough support to age in place. Companion was arranged through HASS funds as Senior Companion program had no companions.*
- ❖ *Example: Property manager informed the RSC that resident ran sink over and flooded a downstairs apartment. RSC contacted family about resident’s increased confusion and other resident’s concern when she was found community room “waiting for bus” at all hours of day and night. Family is very concerned and resident is on waiting list for assisted living. RSC provided family with contact information for CFC assessment for services in home and offered to assist in communications, if needed. Resident assessed and receives home care 10 hours/week. RSC does weekly visits to check on resident, see how things are going and provide social support.*



## MAINE STATE HOUSING AUTHORITY SERVICE COORDINATION

### Code of Ethics

The MSHA Code of Ethics is a resource for RSCs and property managers to use as a guide in the development and implementation of their service coordination program as well as the RSC's work and role with residents, their employer and community service providers. Ethical standards are key components of the Resident Service Coordinator's role as they work with and respond to the confidential and sensitive nature of resident issues and concerns.

Ethical standards for RSCs include:

1. **A commitment** to work to preserve the resident's civil rights, safety, least disruptive lifestyle, and least restrictive care alternative.
2. **A commitment** to protect the resident's right to freedom of choice. The resident is in charge of his/her decision-making until she/he delegates that right to another person or a court grants that right to another person or agency.
3. **A commitment** to promote understanding, acceptance, and the enhancement of the general welfare of residents in the community.
4. **A commitment** to respect the privacy of the resident and to hold in confidence information obtained in the course of providing services.
5. **A commitment** to seek and advocate for the assistance of other professionals, agencies and institutions for information and services that benefit the resident.
6. **A commitment** to the resident as the only person she/he is charged to serve when interests of family, other residents, management staff or the community compete.
7. **A commitment** to continually strive for improvement in their proficiency and the effectiveness and quality of their service.
8. **A commitment** to undertake only those services which she/he can reasonably expect to complete with professional competence.
9. **A commitment** to maintain the integrity of the position by upholding and advancing the values, ethics, knowledge, and mission of the profession.
10. **A commitment** to set clear, appropriate, and culturally sensitive boundaries.

**Note: For further reference and guidance regarding Professional Ethical Standards for Resident Service Coordinators, see the AASC Standards of Practice and Code of Ethics on the American Association of Resident Service Coordinators web site at [www.servicecoordinator.org](http://www.servicecoordinator.org).**

## **Principles**

**Freedom over safety:** The resident has a right to choose to live at risk of harm, providing s/he is capable of making that choice, harms no one, and commits no crime.

**Self-determination:** The resident has a right to personal choices and decisions until such time she/he delegates or the court grants the responsibility to someone else.

**Decision-making:** The resident has a right to receive all necessary information to enable her/him to make informed decisions and to actively participate in all decision-making affecting her/his circumstances; to the extent she/he is able.

**Least restrictive alternatives:** The resident has a right to service alternatives that maximize choice and minimize lifestyle disruption.

**Primacy of the adult:** The Resident Service Coordinator has a responsibility to serve the resident, not the community concerned about safety, the landlord concerned about crime or family concerned about finances.

**Confidentiality:** The resident has a right to privacy and personal dignity, and must be made aware of the limits of confidentiality before she/he discloses private information.

**Benefit of doubt:** If there is evidence that the client is making an informed choice, the Resident Service Coordinator has a responsibility to see that the benefit of doubt is in the resident's favor.

**Do no harm:** The Resident Service Coordinator has a responsibility to take no action that places the resident at greater risk of harm.

**Avoidance of blame:** The Resident Service Coordinator has a responsibility to understand the origins of any maltreatment and commit no action that will antagonize the perpetrator and so reduce the chances of terminating the maltreatment.

**Maintenance of family:** The Resident Service Coordinator has a responsibility to deal with the maltreatment as a family problem if the perpetrator is a family member, and give the family the necessary services to resolve the problem.

## Guidelines for Running an Efficient Meeting<sup>1</sup>

A key component in getting and keeping resident interest is the quality of the organization's meetings. If meetings are unproductive, members tend to be unproductive or do not attend.

A high quality meeting requires planning, an agenda, and rules of order. A notice of the date, time, and location of the meeting should be sent several weeks before the scheduled meeting. Even if the meeting is always the same day of each month, a reminder notice is important. And always start, and end, on time.

### Agenda:

- Welcome. Review Agenda. Ask members if they have additional agenda items and the Chairman may place some of these items under new business.
- Approve minutes of last meeting. Minutes may be read or sent out in advance. A member should make a motion to approve, second, discuss, and then vote.
- Old Business. The only items belonging in this section are ones raised at previous meetings. The Chairman should remind the members when the item was raised originally and why it was postponed.
- New Business. Reports from Treasurer/Budget/Finance or other standing committees. Any other major items of business. Member should make a motion to approve, second, discuss, vote on each item.
- Good and Welfare. Many organizations provide an opportunity for members and guests to make short announcements, raise issues to be discussed at future meetings, or to comment on items of interest.
- Adjourn. No formal action is needed. The Chairman announces the date, time and place of the next meeting, reminds members of steps to be taken before the meeting, and adjourns the meeting.

### Rules of Order:

Members who wish for a policy to be adopted or an action to be taken should be recognized by the Chairman before they speak. Then they begin the discussion by making a motion. If another member seconds the motion, discussion can begin; if not, the motion fails.

Once a motion is seconded, the Chairman opens the floor for discussion. Members are recognized by the Chairman before they may speak, and they can discuss only the motion on the floor. When the discussion has ended, the Chairman announces that a vote will be taken.

### Voting:

The easiest way to vote is by a show of hands. The Secretary can then record the vote. If more than a majority of residents approve an action, it is adopted.

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<sup>1</sup> Adapted from the Pennsylvania Non-Profit Handbook

## Troubleshooting Common Problems<sup>1</sup>

### **Difficulty in finding residents willing to hold office.**

- Meet with residents face-to-face. Find out about their gifts and interests, and sell the job to their interests.
- Make the term and scope of officer duties manageable.
- Arrange for leadership training.

### **Residents are hesitant to preside at meetings.**

- Initially, the manager, resident leader, or community organizer can chair the meeting while helping residents build their leadership skills.
- Have officers share the duties so that no one feels overwhelmed.

### **Poor attendance at meetings.**

- Hold meetings regularly, at the same time, in the same place.
- Make sure that all residents know when and where meetings take place. Use flyers, announcements on the bulletin board, newsletter, etc.
- Start with simple activities, projects that are exciting and have wide appeal and let everyone know what they will be.
- Start with success. Nothing is as attractive as success.
- Make the meetings fun as well as productive.

### **Members focus on personal issues instead of group issues during meetings.**

- Acknowledge the importance of the issue. Arrange for a private meeting later.
- If there is a grievance committee, the resident may be referred there.

### **Members are disruptive.**

- Overly talkative members should be tactfully interrupted. Acknowledge the person's contribution, then ask others to add their comments.
- Argumentative members – Keep your cool and make sure others keep theirs. Ask for clarification and specific examples of general complaints. Steer discussion away from personal attacks to dealing with the issues raised. After the issues have been discussed, summarize and move on to the next point. If he continues to argue, explain that the issues have been covered, and offer to meet with him privately after the meeting to resolve any remaining personal issues.
- Know-it-all – Acknowledge her expertise. Assure her that she has a valuable contribution to make, and then seek comments from other members. Give her more responsibilities. (“Sue, we will be able to tap your experience in fund-raising. Does anyone have similar experience?”)

### **Members are passive.**

- Shy – Call on him by name and smile at him. Ask him easy questions, especially about his area of knowledge. Give him an assignment.
- Disinterested – Ask her direct questions about her area of special knowledge. Ask her advice. Mention something she said to you at another time. Give her an assignment.

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<sup>1</sup> HUD Connecticut Office, *ibid*.

## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

**You may ask for a reasonable accommodation, if you have a disability which causes you to need...**

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- a change in the way we communicate with you or give you information,

**you may ask for this kind of change, which is called a  
REASONABLE ACCOMMODATION.**

If we know you have a disability or you can show that you have a disability and if your request is reasonable (**\* does not pose "an undue financial or administrative burden," does not require a fundamental change in the nature of the program, and isn't structurally infeasible**), we will try to make the changes you request.

We will give you an answer in *[Insert number]* days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

**You can get a REASONABLE ACCOMMODATION REQUEST FORM ...**

- by requesting a copy from *[Insert agency]* Management staff at your housing location
- by calling *[Insert agency]* Office on *[Insert address and phone number]*

**NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.**

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\* In simple language this legal phrase means if it is not too expensive and too difficult to arrange.

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*[Insert agency]* does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, disability, marital status, or public assistance, in the access to its programs, functions or services.



**REQUEST FOR A REASONABLE ACCOMMODATION**

**To Applicant or Resident: You do not have to sign this consent to allow contact if you decide not to request an accommodation or if the information about who is to give information and who is to receive the information is not clearly filled in.**

**I GIVE PERMISSION TO GIVE INFORMATION**

**TO:** Name \_\_\_\_\_  
Title \_\_\_\_\_  
Development Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/TTY \_\_\_\_\_

**I GIVE PERMISSION TO GIVE INFORMATION**

**FROM:** Name \_\_\_\_\_  
Title \_\_\_\_\_  
Service or Medical Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/TTY \_\_\_\_\_

**REGARDING:** Resident or Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone/TTY \_\_\_\_\_

**I hereby authorize the service or medical provider named above to contact the housing staff listed above or housing provider listed above to contact the service provider listed above to verify disability status and need for the requested reasonable accommodation described below. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify the housing and service provider that I no longer give permission to discuss my request.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Adult resident with disability or guardian)

**Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false statements to any Department of the United States Government. HUD and any owner (and any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on consent forms. Use of the information collected on the basis of this verification is restricted to the purposes cited above. Any purpose who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. An applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUDS or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f,g,and h.**

**Name of Head of Household:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

1. The following member of my household has a disability as defined below:  
"A physical or mental impairment that substantially limits one or more major life activities;  
a record of having such an impairment; or being regarded as having such an impairment."

Name: \_\_\_\_\_

Relation to Head of Household: \_\_\_\_\_

2. As a result of his/her disability I request the following change or changes so that the person can live here as easily or successfully as other residents.

**Check the kind of change(s) you need.**

[ ] A change in my apartment or other part of the housing complex.

[ ] A change in the following rule, policy or procedure.

(Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

3. The household member needs this reasonable accommodation because the current physical design or rule or procedure prevents equal access in the following way:

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4. If necessary, you may verify that the person named meets the necessary definition of disability (not what the disability is) and the need for this request because of the disability by contacting the service provider listed above.
  
5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know any we will try to get this information for ourselves.)

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*[Insert agency]* does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, disability, marital status, or public assistance, in the access to its programs for employment, or in its activities, functions or services. The following person(s) are responsible for coordinating compliance with applicable nondiscrimination requirements.

*[Insert staff contact information]*