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| Customer Name: | | Address: | | | City | | | Zip |
| County | Phone # | |  | | | **KAMIS ID#** | | |
| Emergency Contact | | Relationship | | Phone # | | | **Alt. Phone #** | |

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| UAI Code | **Activities of Daily Living/**  **Instrumental Activities of Daily Living** | **Provider:**  **Service Code:** | **Provider:**  **Service Code:** | **Provider:**  **Service Code:** | **Informals/**  **Non-KDADS Admin** |
|  | Bathing/Grooming Total Assist (4)  Physical Assist (3)  Supervise (oversight) (2)  Customer chooses lower level or N/A  Specify:  Type:       /  Oral Hygiene/  Hair Care/  Skin Care/  Shaving/  Other |  |  |  |  |
|  |  |  |  |  |  |
|  | Dressing/Undressing Total Assist (4)  Physical Assist (3)  Supervise (oversight/cueing) (2)  Customer chooses lower level or N/A  Prosthesis, specify: |  |  |  |  |
|  | Toileting Total Assist (4)  Physical Assist (includes pericare) (3)  Supervise (oversight/cueing) (2)  Customer chooses lower level or N/A  Special Needs: Commode/ Bedpan/ Urinal/  Incontinence Mgmt/  Ostomy(HMA)/  Catheter Care(HMA)/  Other |  |  |  |  |
|  | Transfer (non-bathing or toileting transfers) Total Assist (4)  Physical Assist (3)  Supervise (oversight/cueing) (2)  Customer chooses lower level or N/A  Special Needs:  Assistive devices for transfers/  Other (specify) |  |  |  |  |

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|  | Date:      \_\_\_\_\_\_\_\_ | | | | |
| UAICode | **Activities of Daily Living/**  **Instrumental Activities of Daily Living** | **Provider:**  **Service Code:** | **Provider:**  **Service Code:** | **Provider:**  **Service Code:** | **Informals/**  **Non-KDADS Admin** |
|  | Walking/Mobility Total Assist (bedfast) (4)  Range of Motion (HMA)  Physical Assist (3)  Supervise (oversight/cueing) (2)  Customer chooses lower level or N/A  Assistive Device(s):  Wheelchair/  Cane/  Walker/  Other (specify) |  |  |  |  |
|  | Eating Total Assist (feed) (4)  Physical Assist (includes cutting food) (3)  Supervise (oversight/cueing) (2)  Customer chooses lower level or N/A  Special Nutrition:  Tube Feed (HMA)/  Other |  |  |  |  |
|  | Meal Preparation Specify: Breakfast/ Lunch/ Supper/ Snack  Total Assist: prepare and serve meal (4)  Partial Assistance w/ meal prep. (3)  Supervision (oversight/cueing) (2)  Customer chooses lower level or N/A  Specify:  Special Diet, type  Future Meals/ Lives in congregate/family setting. |  |  |  |  |
|  | Shopping Total Assist (unable to shop) (4)  Physical Assist (accompany) (3)  *Supervise (oversight/cuing) \*Informal only\** (2)  Customer chooses lower level or N/A  Specify:  Groceries/  Medication Pick-up/  Hygiene/Medical Supplies |  |  |  |  |
|  | Money Management *Total Assist \*Informal only\** (4*)*  Physical Assist (3)  Supervise (remind/oversight) (2)  Customer choose lower level or N/A |  |  |  |  |
|  | Date:      \_\_\_\_\_\_\_\_ | | | | |
| UAICode | **Activities of Daily Living/**  **Instrumental Activities of Daily Living** | **Provider:**  **Service Code:** | **Provider:**  **Service Code:** | **Provider:**  **Service Code:** | **Informals/**  **Non-KDADS Admin** |
|  | Transportation Total Assist (4)  Physical Assist (3)  Supervise (2)  Customer choose lower level or N/A  Accompanying to Medical Appointments (specify frequency) *Other, such as: to shop and social activities (\*Informal only\*)* |  |  |  |  |
|  | *Telephone Usage (\*Informal only\*)* |  |  |  |  |
|  | **Laundry/Housekeeping**  Total Assist (4)  Physical Assist (3)  Supervise (2)  Customer chooses lower level or N/A  **Laundry**  Specify:  In home or apt.  In the apt. complex  Outside home or apt. complexCleaning (non-chore tasks) Bathroom/  Kitchen/  Bedroom/  Vacuum/  Scrub Floors /  Commode/  Change linens/  Remove Trash/  Dust/  Other |  |  |  |  |
|  | Management of Medications/Treatments  Total Assist (w/ med. admin. & performing treatments, HMA) (4)  Physical Assist (w/ med. Admin. & performing treatments, HMA) (3)  Supervise (2):  Specify: Oversight/Cueing Medication Set-up  Customer chooses lower level or N/A  Other, specify: |  |  |  |  |
|  | Specify days and frequency: | Days:          Units Per | Days:          Units Per | Days:          Units Per |  |

**Check if supplemental page attached.**  **Check if more than one Customer Service Worksheet attached.**

**Customer or Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**