Date:      \_\_\_\_\_\_\_

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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/ASpecify: [ ]  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/AProsthesis, specify:       |       |       |       |       |
|   | Toileting[ ]  Total Assist (4)[ ]  Physical Assist (includes pericare) (3)[ ]  Supervise (oversight/cueing) (2)[ ]  Customer chooses lower level or N/ASpecial 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/ASpecial 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/AAssistive 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/ASpecial Nutrition: [ ]  Tube Feed (HMA)/[ ]  Other       |       |       |       |       |
|   | Meal PreparationSpecify: 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/ASpecify: [ ]  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/ASpecify: [ ]  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/AAccompanying 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. complex Cleaning (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\_\_\_\_\_\_\_\_\_\_\_\_\_\_**