RESET

BRITISH COLUMBIA | Ministry of Children and Family Development

AT HOME PROGRAM ASSESSMENT FUNCTIONAL ACTIVITIES OF DAILY LIVING

The personal information collected on this form will be used for the purposes of determining At Home Program eligibility and providing benefits and will be treated confidentially in compliance with the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Manager, Nursing Support Services Program, Sunny Hill, (604) 453-8300, 3644 Slocan St, Vancouver, BC V5M 3H4.

This is: ☐ the initial assessment ☐ a re-assessment

DATE ASSESSED (YYYY/MM/DD)

This form is to be completed by a designated assessor for the At Home Program.

NAME OF CHILD	DATE OF BIRTH (YYYY/MM/DD)	AGE (YEAR AND MONTHS)

Child is living: ☐ at home with parent(s) _____ % of time ☐ in hospital

Challenges/Needs (record the parent's description of the child's condition, needs and family concerns)

Supports/Services (List government or private programs currently supporting the child or family) For example: enhanced medical coverage through Ministry of Employment and Income Assistance, employer sponsored health benefits, therapies, supported child development, etc.

Information obtained by:

☐ discussion with parent/child ☐ review of health records ☐ discussion with other caregivers

Child was observed at:

☐ home ☐ hospital ☐ school/preschool ☐ not observed (please explain):

This child may require direct nursing care. The family has been referred to Nursing Support Services.

☐ yes ☐ no	IF YES, REFERRAL DATE (YYYY/MM/DD)	REFERRED TO:

NAME OF ASSESSOR (please print)	SIGNATURE OF ASSESSOR	DATE SIGNED (YYYY/MM/DD)

AGENCY/HEALTH AUTHORITY	PHONE NUMBER
	( )

FULL NAME OF CHILD	AGE (YEAR AND MONTHS)	DATE ASSESSED (YYYY/MM/DD)

EATING

The food is cut up and placed in front of the child and the child is hungry.

If the child is **under age 3**, outline the type of help provided by the parent, including the time involved in assisting the child with this activity.

SKILLS	Caregiver: Independent	Caregiver: Assist	Caregiver: Dependent	ASSISTANCE REQUIRED Explain physical assistance needed and any prompts, adaptive aids, etc.
Pre eating skills: Child controls:				
- primitive/oral reflexes				
- head when in supported sitting				
- sucking				
- swallowing				
- chewing				
- hand to mouth movements				
- opening/closing hand				
Finger feeds				
Holds and drinks from a:				
- bottle				
- cup				
Holds and feeds self with a:				
- spoon				
- with solids				
- with liquids				
- fork				

Comments: (Skills developed in the last year? Temporary, cyclical or ongoing dependency? Specialized equipment? Can child feed self to adequately maintain nutrition? Interfering behaviours or other concerns? Time required? Safety issues?)

Describe mealtime: (anectodal)

NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	DATE SIGNED (YYYY/MM/DD)

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DRESSING

Clothes are laid out and fasteners are adapted to the child's skill level.

If the child is **under age 3**, outline the type of help provided by the parent, including the time involved in assisting the child with this activity.

SKILLS	Caregiver: Independent	Caregiver: Assist	Caregiver: Dependent	ASSISTANCE REQUIRED Explain physical assistance needed and any prompts, adaptive aids, etc.
Pre dressing:				
- reacts to shirt or cloth over the face				
- assists with pushing arm or leg through clothes				
Clothing the child can remove:				
- underwear/diaper				
- pants				
- shirt/blouse				
- socks/stockings				
- footwear				
Clothing the child can put on:				
- underwear/diaper				
- pants				
- shirt/blouse				
- socks/stockings				
- footwear				
Child can manage:				
- fasteners				
- buttons				
- zippers				
- belts/cords				
- velcro				

Comments: (Skills developed in the last year? Temporary, cyclical or ongoing dependency? Time required? Specialized equipment? Interfering behaviours or other concerns? Safety issues?)

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TOILETING

The bathroom has been "child proofed" for safety and adaptive aids are in place to encourage independence.

If the child is **under age 3**, outline the type of help provided by the parent, including the time involved in assisting the child with this activity.

SKILLS	Caregiver: Independent	Caregiver: Assist	Caregiver: Dependent	ASSISTANCE REQUIRED Explain physical assistance needed and any prompts, adaptive aids, etc.
Pre toileting:				
- aware of being wet/soiled				
- indicates need				
Goes to bathroom and uses toilet appropriately:				
- manages own underwear/ diapers				
- manages clothing				
Manages own:				
- catheter care				
- ostomy care				
Manages own personal hygiene after toilet use:				
- wipes				
- washes own hands				
Manages own menstrual care:				

Comments: (Skills developed in the last year? Temporary, cyclical or ongoing dependency? Time required? Specialized equipment? Wears diapers/pull ups? Interfering behaviours or other concerns? Safety issues?)

NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	DATE SIGNED (YYYY/MM/DD)

FULL NAME OF CHILD	AGE (YEAR AND MONTHS)	DATE ASSESSED (YYYY/MM/DD)

WASHING

The water temperature has been set, the bathroom has been "child proofed" for safety and adaptive aids are in place to encourage independence.
If the child is **under age 3**, outline the type of help provided by the parent, including the time involved in assisting the child with this activity.

SKILLS	Caregiver: Independent	Caregiver: Assist	Caregiver: Dependent	ASSISTANCE REQUIRED Explain physical assistance needed and any prompts, adaptive aids, etc.
Pre washing:				
- cooperates with washing/drying				
- imitates washing/drying hands				
- enjoys waterplay/bathing				
Washing:				
- turns faucet on/off				
- washes hands				
- dries hands				
- washes face				
- brushes teeth				
Bathing:				
- bathes self				
- showers self				
- washes own hair				
- dries self				
- is safe unattended in bathtub or shower				
- gets in and out of bath/shower by self safely				

Comments: (Skills developed in the last year? Temporary, cyclical or ongoing dependency? Time required? Specialized equipment? Interfering behaviours or other concerns? Safety issues?)

NAME OF ASSESSOR	SIGNATURE OF ASSESSOR	DATE SIGNED (YYYY/MM/DD)

FULL NAME OF CHILD	AGE (YEAR AND MONTHS)	DATE ASSESSED (YYYY/MM/DD)

MOBILITY

The environment has been "child proofed" for safety and adaptive aids are in place to encourage independence.

If the child is **under age 3**, outline the type of help provided by the parent, including the time involved in assisting the child with this activity.

SKILLS	Caregiver: Independent	Caregiver: Assist	Caregiver: Dependent	ASSISTANCE REQUIRED Explain physical assistance needed and any prompts, adaptive aids, etc.
- head control				
- rolls				
- crawls				
- sits				
- mobility method				
- transfers				

Comments: (Skills developed in the last year? Temporary, cyclical or ongoing dependency? Time required? Specialized equipment? Interfering behaviours or other concerns? Safety issues?)

I have provided the parents with a copy of this assessment and have advised them that if they disagree with the assessment or have new information they should call or write the At Home Program Regional Contact

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