



## Pre-Employment Service Ticket Needs Assessment for New Service Recipients

**Directions: Numbers in parentheses indicate answers that have points assigned. Circle the points and write them in the space provided on the left side. This form should be filled out by the Service Advocate or Service Coordinator together with the family.**

1. Name of consumer: \_\_\_\_\_ 2. Age: \_\_\_\_\_

3a. Persons involved in this discussion: \_\_\_\_\_

3b. DD Resources Service Advocate/SLRO Service Coordinator: \_\_\_\_\_

4. Please list all formal & informal services/supports that you are currently receiving:

- school  
  day care  
  extended daycare  
  adult daycare  
  sheltered workshop  
  supported employment  
  supported living  
 recreation programs  
  Medicaid/Medicare  
  SSI/Survivor's Benefits  
  Rental Assistance i.e. Section 8  
  food stamps  
 natural supports i.e. church, family, neighbors  
  transportation i.e. bus pass, Call a Ride, etc.  
  other

5a. The consumer is eligible for habilitation through Children's Services (formerly DFS) and/or other sources.  yes  no

5b. If answer to the above is yes, how many hours of service does the family receive? \_\_\_\_\_

6. Does this individual have any health or safety concerns?

- scoliosis/hip dysplasia/contractures  
  skin breakdowns  
  uses mobility aid  
  substance abuse  
 takes medication for mental illness/behavior control  
  made verbal/physical threats  
  destroyed property  
  ran away  
 harmed self/others  
  ingested toxic/non-food substances  
  suicide attempt/threat  
  set fires  
  sexually aggressive  
  chronic pain  
 frequent illnesses that require medical attention/interfere with daily routines  
  frequent seizures  
  tube/spoon feeding  
 suctioning/tracheotomy/oxygen therapy/ventilator  
  incontinence/daily catheterization/bowel care  
  requires lifting/transfer

7. The individual with a developmental disability \_\_\_\_\_ needs to use the service. \_\_\_\_\_  
 occasionally ~ 15 hours/month or less (1)  
 often ~ 16-20 hours/month or less (2)  
 frequently ~ over 20 hours/month (3)  
 Points

8. Family/friends/neighbors/community organizations \_\_\_\_\_ provide care to my family member with a disability. \_\_\_\_\_  
 frequently ~ 3-4 times/month (1)  
 occasionally ~ 1-2 times/months (2)  
 do not ~ 0 times/month (3)  
 Points

9. The individual with a developmental disability \_\_\_\_\_.  
 can be left alone without constant supervision for up to two hours (1)  
 requires constant supervision (2)  
 Points  
 requires constant supervision and has intense medical, behavioral, or physical needs that require attention and support (3)

10. Other Family Needs (Check all that apply)  
 there are other family members in the household with a developmental disability (3) \_\_\_\_\_  
 primary caregiver is someone other than the natural parent (2)  
 the head of the household is a single parent (2)  
 Points  
 there is at least one other family member without a developmental disability who requires ongoing supervision or support (1)

12. Are there special circumstances to be considered in determining the individual/family need for habilitation services? Using discretion, case manager can assign up to 3 additional points for extenuating circumstances (i.e. inadequate living arrangements, elderly parent/sick caregiver, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Please circle points: (1) (2) (3)

Total Pre-Employment Points: \_\_\_\_\_

1 Point = 16 Annual Hours	5 Points = 80 Annual Hours	9 Points = 144 Annual Hours	13 Points = 208 Annual Hours	17 Points = 272 Annual Hours
2 Points = 32 Annual Hours	6 Points = 96 Annual Hours	10 Points = 160 Annual Hours	14 Points = 224 Annual Hours	18 Points = 288 Annual Hours
3 Points = 48 Annual Hours	7 Points = 112 Annual Hours	11 Points = 176 Annual Hours	15 Points = 240 Annual Hours	19 Points = 304 Annual Hours
4 Points = 64 Annual Hours	8 Points = 128 Annual Hours	12 Points = 192 Annual Hours	16 Points = 256 Annual Hours	20 Points = 320 Annual Hours

Monthly Average: \_\_\_\_\_ Annual Hours: \_\_\_\_\_

Individual if 18 or above and own Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Primary Caregiver/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian if Different from above i.e. DFS \_\_\_\_\_ Date \_\_\_\_\_

SLRO Service Coordinator/DD Resources Service Advocate \_\_\_\_\_ Date \_\_\_\_\_