WV BOSS SAEF

Consumer Name (Consumer ID)
Date of Birth

Service Assessment and Evaluation Form

Service Referral

To what services or programs is the service recipient being referred?

- [ ] 1 - Group Client Support
- [ ] 1 - Individual Client Support
- [ ] 1 - Information and Assistance
- [ ] 1 - Outreach
- [ ] 1 - Title III Transportation
- [ ] 1 - Title III-D Health Promotion
- [ ] 1 - Title III-E Information and Assistance
- [ ] 1 - Title III-E Assistance with Access to Services
- [ ] 2 - Title III Assisted Transportation
- [ ] 2 - Title III Congregate Meals (C1)--Complete Nutritional Assessment - Level 3
- [ ] 2 - Title III Nutrition Counseling--Complete Nutritional Assessment - Level 3
- [ ] 3 - Lighthouse
- [ ] 3 - Title III Adult Day Care
- [ ] 3 - Title III Chore
- [ ] 3 - Title III Home Delivered Meals (C2)
- [ ] 3 - Title III Homemaker
- [ ] 3 - Title III Personal Care
- [ ] 1,2,4 - FAIR
- [ ] 1,2,4 - Title III-E Caregiver Counseling/Support Groups
- [ ] 1,2,4 - Title III-E Caregiver Training
- [ ] 1,2,4 - Title III-E Congregate Respite (Caregiver)
- [ ] 1,2,4 - Title III-E In-Home Respite (Caregiver)

Level 1

What is the service recipient's last name?

_____

What is the service recipient's first name?

_____

What is the service recipient's middle initial?

_____

What is the service recipient's 'also known as' first name?

_____

What is the service recipient's date of birth?

_____/_____/_____

What is the service recipient's primary telephone number?

_____

What is the date of the assessment?

_____/_____/_____

Name of staff and organization completing the SAEF

_____

Type of assessment

- [ ] 0 - Initial Assessment
- [ ] 1 - Annual Re-Assessment
- [ ] 2 - Change in Status Re-Assessment
- [ ] 3 - Waitlist

Select the requested action

- [ ] 0 - Inactivate the record
- [ ] 1 - New or modified record

Type of contact

- [ ] 0 - E-mail/fax/postal mail
- [ ] 1 - In-person (home visit)
- [ ] 2 - In-person (site)
- [ ] 3 - Telephone

Who is/are the service recipient's emergency contact(s)? (include name and phone number)

_____

_____

_____

_____

Level 2

Section 2 triggered based on services referred

If Section trigger is False, would you like to complete the questions in this section anyway? (If Section trigger is True, select Yes)

- [ ] 0 - Yes - Complete Level 2 Questions
- [ ] 1 - No

What is the service recipient's gender?

- [ ] 0 - Female
- [ ] 1 - Male

What is the service recipient's current gender identity?

- [ ] 0 - Female
- [ ] 1 - Male
- [ ] 2 - Non-Binary
- [ ] 3 - Transgender-Male
- [ ] 4 - Transgender-Female
- [ ] 5 - Other
- [ ] 6 - Non-Disclose

Select the service recipient's current living arrangement

- [ ] 0 - Lives Alone
- [ ] 1 - Lives with others
- [ ] 2 - No permanent residence (homeless)

Service recipient's residential street address

_____

Residential city/town

_____

Residential state

_____

Residential zip code

_____

Does the service recipient reside in a rural area?

- [ ] 0 - No
- [ ] 1 - Yes

Service recipient mailing street address or P.O. Box (if different than physical address)

_____

Mailing city/town

_____

Mailing state

_____

Mailing zip code

_____

Select the service recipient's ethnic race(s)

- [ ] 0 - American Indian/Alaskan Native
- [ ] 1 - Asian
- [ ] 2 - Black/African American
- [ ] 3 - Native Hawaiian/Other Pacific Islander
- [ ] 4 - White
- [ ] 5 - Other

What is the service recipient's ethnicity?

- [ ] 0 - Hispanic or Latino
- [ ] 1 - Not Hispanic or Latino

Is the service recipient's income level below the national poverty level? (For III-E/FAIR use care receiver's income)

- [ ] 0 - No
- [ ] 1 - Yes

Does the service recipient need hands on assistance with transportation?

- [ ] 0 - No
- [ ] 1 - Yes

Is the service recipient a veteran?

- [ ] 0 - No
- [ ] 1 - Yes

Level 3

Section 3 triggered based on services referred

If Section trigger is False, would you like to complete the questions in this section anyway? (If Section trigger is True, select Yes)

- [ ] 0 - Yes - Complete Level 3 Questions
- [ ] 1 - No

Select the service recipient's current marital status

- [ ] 0 - Divorced
- [ ] 1 - Married
- [ ] 2 - Separated
- [ ] 3 - Single
- [ ] 4 - Widowed

Does the service recipient speak English?

- [ ] 0 - Yes
- [ ] 1 - No

Describe the service recipient's language limitations

- [ ] 0 - No Limitations
- [ ] 1 - Reading/writing limited
- [ ] 2 - Reads only
- [ ] 3 - Does not read

Service recipient's primary method of transportation

- [ ] 0 - Drives own car
- [ ] 1 - Caregiver
- [ ] 2 - Family/Friends
- [ ] 3 - Public Transportation
- [ ] 4 - Senior Center Transportation
- [ ] 5 - Other
- [ ] 6 - None

Does the service recipient demonstrate "greatest social need"?

- [ ] 0 - No
- [ ] 1 - Yes

NUTRITIONAL ASSESSMENT

I have an illness or condition that made me change the kind of food I eat

- [ ] 0 - No
- [ ] 1 - Yes

I eat fewer than 2 meals a day

- [ ] 0 - No
- [ ] 1 - Yes

I eat few fruits or vegetables, or milk products

- [ ] 0 - No
- [ ] 1 - Yes

I have 3 or more drinks of beer, liquor or wine almost every day

- [ ] 0 - No
- [ ] 1 - Yes

I have tooth or mouth problems that make it hard for me to eat

- [ ] 0 - No
- [ ] 1 - Yes

I don't always have enough money to buy the food I need

- [ ] 0 - No
- [ ] 1 - Yes

I eat alone most of the time

- [ ] 0 - No
- [ ] 1 - Yes

I take 3 or more different prescribed or over-the-counter drugs a day

- [ ] 0 - No
- [ ] 1 - Yes

Without wanting to, I have lost or gained 10 pounds in the last 6 months

- [ ] 0 - No
- [ ] 1 - Yes

I am not always physically able to shop, cook and/or feed myself

- [ ] 0 - No
- [ ] 1 - Yes

Refer for Nutrition Services

ACTIVITIES OF DAILY LIVING (ADLS)

Bathing

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Dressing

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Eating

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Walking in home

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Transferring

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Toileting

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

Transportation

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Meal Preparation

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Shopping

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Light Housekeeping

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Manage Money

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Heavy Housework

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Telephone

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Managing Medications

- [ ] 0 - No Assistance
- [ ] 1 - Some Assistance
- [ ] 2 - Much Assistance
- [ ] 3 - Unable to Perform

Level 4

Section 4 triggered based on services referred

If Section trigger is False, would you like to complete the questions in this section anyway? (If Section trigger is True, select Yes)

- [ ] 0 - Yes - Complete Level 4 Questions
- [ ] 1 - No

What is the name of the At Risk, Frail individual, or the individual with Dementia or Alzheimer's?

_____

What is the date of birth of the At Risk, Frail individual, or the individual with Dementia or Alzheimer's?

_____/_____/_____

What is the caregiver's relationship to the care receiver?

- [ ] 0 - Husband
- [ ] 1 - Wife
- [ ] 2 - Domestic Partner, including civil union
- [ ] 3 - Son / Son-in-Law
- [ ] 4 - Daughter / Daughter-in-Law
- [ ] 5 - Brother
- [ ] 6 - Sister
- [ ] 7 - Other relative
- [ ] 8 - Non-relative

Does the caregiver believe s/he is devoting enough time and attention to her/his own well-being?

- [ ] 0 - Always
- [ ] 1 - Frequently
- [ ] 2 - Sometimes
- [ ] 3 - Never

Does the caregiver feel stressed between caring for an individual and trying to meet other responsibilities?

- [ ] 0 - Always
- [ ] 1 - Frequently
- [ ] 2 - Sometimes
- [ ] 3 - Never

Select the following that are causing the caregiver stress

- [ ] 0 - Family relationships
- [ ] 1 - Care receiver behavior
- [ ] 2 - Caregiver's own health
- [ ] 3 - Financial problems
- [ ] 4 - Job/work issues
- [ ] 5 - Not enough time for self
- [ ] 6 - Not understanding how to care for an individual
- [ ] 7 - Social isolation
- [ ] 8 - Care receiver's declining health
- [ ] 9 - Other

Does the caregiver feel frustrated when s/he is around the individual?

- [ ] 0 - Always
- [ ] 1 - Frequently
- [ ] 2 - Sometimes
- [ ] 3 - Never

Does the caregiver have other people/programs to help provide care for the individual?

- [ ] 0 - Always
- [ ] 1 - Frequently
- [ ] 2 - Sometimes
- [ ] 3 - Never

Caregiver support needs

- [ ] 0 - Finding or working with doctors or specialists
- [ ] 1 - Home safety and/or home modifications, or equipment
- [ ] 2 - Caring for him/herself while caring for others
- [ ] 3 - How to get other family members to help
- [ ] 4 - Providing care to an aging individual
- [ ] 5 - In-home support services
- [ ] 6 - Legal and financial issues, advance directives
- [ ] 7 - More information about individual's disease/condition
- [ ] 8 - Short-term respite care in a facility
- [ ] 9 - Support groups
- [ ] 10 - Other

Scoring

SAEF Score

Nutrition Risk Score

ADL Score

IADL Score

Caregiver Score (Not included in Total Score)

Total Score

Assessment Completion

The form has been reviewed with the service recipient

- [ ] 0 - Yes
- [ ] 1 - No

Title : _____ Date

Title : _____ Date