

NEEDS ASSESSMENT FORM

Use this tool to determine the services you or your loved one may need help with now, or in the future and the urgency of need for services:

Companionship Services:

- Arrange Appointments
- Assist with Morning wake-up
- Assist with Bedtime
- Medication Reminders
- Accompany to Doctor Visits
- Prepare Grocery Lists
- Assistance with Reading
- Visiting Neighbors & Friends
- Play Games / Cards
- Assist with Coupon Clipping
- Answer the Telephone
- Organize/Mail Bills and Letters
- Care for House Plants
- Encourage fluids

Homemaker Services:

- Kitchen Maintenance
- Ironing
- Laundry
- Change Linens
- Grocery Shopping
- Light Housekeeping
- Vacuum, Sweep & Mop
- Bathroom Maintenance
- Organize Closets
- Make Beds
- Incidental Errands and Transportation
- Prescription Pick-up
- Prepare Meals/Snacks
- Dry Cleaning Drop-off or Pick-up

Personal Attendant Care:

- Bathing/Shower Assist
- Mobility/Transfer Assistance
- Shampoo Hair
- Dressing Assistance
- Routine Transfer Assistance
- Personal Hygiene Assistance
- Personal Care Clean Up
- Hospital Pick-up
- Transfer using Hoyer Lift
- Pivot Transfers
- Transfer using Gait Belt
- Escort to Dialysis
- Help with Incontinence Care
- Help with Restroom Use
- Alzheimer's/Dementia Care

Days & Hours of Services Needed:

- 1-3 days per week
- 3-5 days per week
- 5-7 days per week
- 4-6 hours per day
- 6-12 hours per day
- 12-24 hours per day

Urgency of Need for Services:

- Immediate Need
 - Anticipated Start Date: _____
- May be needed in the future
 - Within 30 days
 - Within 30-60 days
 - Within 60-90 days
 - Within 3 – 6 months

Weekly Budget:

- \$250 - \$500
- \$500 - \$1000
- \$1000 - \$2000

Additional Notes: