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|  |  DIVISION OF DEVELOPMENTAL DISABILITIES **Assistance Available Schedule** |
| CLIENT NAME | DDA NUMBER | CRM NAME | DATE | **[ ]**  Personal Care**[ ]**  Waiver Respite ETR**[ ]**  VPP Respite |
|  | M | T | W | Th | F | Sat | Sun |
| **6:00 AM** |  |  |  |  |  |  |  |
| **7:00 AM** |  |  |  |  |  |  |  |
| **8:00 AM** |  |  |  |  |  |  |  |
| **9:00 AM** |  |  |  |  |  |  |  |
| **10:00 AM** |  |  |  |  |  |  |  |
| **11:00 AM** |  |  |  |  |  |  |  |
| **12:00 PM** |  |  |  |  |  |  |  |
| **1:00 PM** |  |  |  |  |  |  |  |
| **2:00 PM** |  |  |  |  |  |  |  |
| **3:00 PM** |  |  |  |  |  |  |  |
| **4:00 PM** |  |  |  |  |  |  |  |
| **5:00 PM** |  |  |  |  |  |  |  |
| **6:00 PM** |  |  |  |  |  |  |  |
| **7:00 PM** |  |  |  |  |  |  |  |
| **8:00 PM** |  |  |  |  |  |  |  |
| **9:00 PM** |  |  |  |  |  |  |  |
| **10PM–6AM** |  |  |  |  |  |  |  |
| **[ ]**  Check if the client is up at night and required assistance/intervention. |
| NOTES: |
| **A** = After school program**CDP** = County paid day program**C** = Childcare | **E** = Employment not paid through county**F** = Family/guardian/custodian**O** = Other informal support | **P** = Parent **S** = School**\*PC** = Personal care provider**\*R** = Respite Provider |

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| **Instructions**1. **What is the purpose of this schedule?** Use this schedule when conducting an assessment to assist with determining unmet need for personal care, respite hours needed for VPP foster care, and for waiver respite ETRs. 2. **How do I fill out this form?** Put the appropriate code in the box to correspond with the type of support used for that hour.3. **\*Do I include all paid and unpaid assistance available to the person?** In completing the schedule, list all formal and informal, paid and unpaid assistance available to the person with the following exception: When assessing for personal care:* do not include the personal care provider (PC)
* do not include the DDA paid respite provider (R)

4. **What codes are used for caregivers who provide both unpaid and paid personal care support?** (a) When assessing for unmet need for personal care:* P (Parent) = time available as an unpaid caregiver to assist the adult son/daughter.
* F (Family/guardian/custodian) = time available as an unpaid caregiver to assist the person.

 (b) **Do not include the paid care giving time for the above providers on this schedule.**5. **When do I use this schedule for personal care?** (a) Use this schedule when conducting an assessment to determine a person’s need for assistance with personal care. (b) Complete the schedule with the interviewee before calculating the Status and level of Assistance Available required on the ADL screens. |