



## INDEPENDENT LIVING SERVICES PROGRAM ASSESSMENT AND PLAN INSTRUCTIONS

### PURPOSE:

DSB-7103 is used to document consumer assessment and service planning. The form will capture consumer identifying information, document assessment of the consumer's daily living skills, and indicate referral to Resource Specialist(s) for specialized training in ILS skills, if needed. The Assessment and Plan will also document services planned by the case manager and the consumer to enable the consumer to achieve the highest possible level of independence in daily living skills.

### PREPARED BY:

This form is prepared by the Social Worker for the Blind in the role of Case Manager after he/she has collected all pertinent applicant information, all eligibility requirements have been met by the applicant/consumer and the DSB-7000 and DSB7001 have been completed.

### GENERAL INSTRUCTIONS:

1. DSB-7103 must be completed in a timely manner so that service delivery is initiated at the earliest possible time but no later than 15 calendar days after the date the agency notified the consumer of his/her initial eligibility.
2. Case Manager will review the DSB-7103 periodically but at least annually, to insure that all consumer data and service entries are current, thus reflecting any additional service requests, terminations, etc. recorded on DSB7001: Application.
3. If more space is needed for service planning, use additional sheets of ILS Plan and attach to DSB-7103.

### SPECIFIC INSTRUCTIONS:

#### Section I. Identifying Data

**Name:** Enter consumer's full name (first, middle and last name).

**Race:** Enter "White", "African American", "American Indian", "Asian", "Pacific Islander" and/or "Hispanic". Enter all races that the consumer declares.

**Sex:** Enter "F" for Female or "M" for Male.

**Date of Birth:** Enter month, day and year of consumer's birth.

**Marital Status:** Enter "M" for Married, "S" for Single, "D" for Divorce or "W" for Widow/Widower.

**Address:** Enter consumer's complete address including city, state and zip code.

**Education Completed:** Enter current grade or highest grade completed.

**Consumer's Phone Number:** Enter telephone number, if available.

**Alternate Phone Number:** Enter any other necessary telephone number(s).



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**Eligibility Date:** Enter beginning date for consumer's service eligibility.

**Annual Review Date:** Enter last date of 12-month eligibility period for consumers receiving In-Home Aide Services: Level I-Home Management.

**Directions to Consumer's Residence:** Enter driving directions from county department of social services or SWB's office to consumer's residence.

**Consumer's Spouse/Parent/Guardian:** Enter name of spouse, parent, or guardian, if applicable, and circle relationship to consumer

**Address:** Enter address of individual listed in category above, if different from consumer's address

**Phone Number:** Enter phone number of individual listed in category above, if different from consumer's phone number.

**Disabling Condition:** Visual: Enter consumer's vision disability.

**Other Medical:** Enter any additional physical or mental conditions which affect the consumer's ability to function independently.

**Support Persons, Organizations, and Other Resources Involved with Consumer:** List persons and/or resources which may either create or help remove barriers to the consumer achieving independence. Give a brief description of the person's or resource's involvement with the consumer.

Example 1. Neighbor comes in three times each week to help with chores.

Example 2. Consumer receives a hot lunch through the Meals-on-Wheels.

### SECTION II. Assessment of Consumer's Needs and Service Plan

A. From information gathered during the needs assessment, indicate the consumer's area(s) of need. List services planned in order to meet these needs.

B. SSBG Service Plan Goal-Check the appropriate SSBG goal.

### SECTION III. Referrals for Additional Services

A. Indicate the Resource Specialist(s) and/or other resources to which the consumer was referred. List the date of referral.

B. List date of referral to Register of the Blind if appropriate.

### SECTION IV. Statements and Signatures

A. Statements of Understanding: These statements must be reviewed with the consumer and/or his/her parent or guardian. The consumer or his/her parent or guardian must sign and date the Plan.

B. The Social Worker for the Blind must also sign and date the Plan.



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## SECTION V. Optional

The worker may use this space to record ILS aids and appliances ordered for the consumer along with dates of authorization, receipt and delivery as well as any other notes that may be beneficial.

### **DISTRIBUTION:**

Original: Case Record

Copy: Each Resource Specialist receiving consumer referral. **Eye Report must be attached to referral copy of DSB-7103. Also attach copy of any other data relevant to consumer's situation.** Do not send a copy to the Register Clerk but instead send the DSB-1010.