

**GENERAL NEEDS ASSESSMENT**

Client Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_

Client Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

**GENERAL NEEDS**

AREA	ACTIVITIES	ACTIONS														
<p align="center"><b>ROUTINE CLEANING</b></p> <p>___ No Assistance Needed</p>	<table border="0"> <tr> <td>___ Vacuum</td> <td>___ Dust</td> </tr> <tr> <td>___ Polish Furniture</td> <td>___ Clean Bathroom</td> </tr> <tr> <td>___ Defrost Fridge/Freezer</td> <td>___ Clean Stove/Oven</td> </tr> <tr> <td>___ Clean China Cabinet</td> <td>___ Change Bed/Linens</td> </tr> <tr> <td>___ Clean/Organize Cupboards</td> <td>___ Remove Trash</td> </tr> <tr> <td>___ Clean/Organize Closets</td> <td>___ Wipe Counters</td> </tr> <tr> <td>___ Do Dishes</td> <td>___ Wash Floors</td> </tr> </table>	___ Vacuum	___ Dust	___ Polish Furniture	___ Clean Bathroom	___ Defrost Fridge/Freezer	___ Clean Stove/Oven	___ Clean China Cabinet	___ Change Bed/Linens	___ Clean/Organize Cupboards	___ Remove Trash	___ Clean/Organize Closets	___ Wipe Counters	___ Do Dishes	___ Wash Floors	
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<p align="center"><b>HEAVIER CLEANING</b></p> <p>___ No Assistance Needed</p>	<table border="0"> <tr> <td>___ Wash Walls</td> <td>___ Wash Windows</td> </tr> <tr> <td>___ Clean Carpets</td> <td>___ Clean Light Fixtures</td> </tr> <tr> <td>___ Wash Baseboards</td> <td>_____</td> </tr> </table>	___ Wash Walls	___ Wash Windows	___ Clean Carpets	___ Clean Light Fixtures	___ Wash Baseboards	_____									
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<p align="center"><b>LAUNDRY</b></p> <p>___ No Assistance Needed</p>	<table border="0"> <tr> <td>___ In-Home Laundry</td> <td>___ Laundromat</td> </tr> <tr> <td>___ Iron</td> <td>___ Fold Items</td> </tr> <tr> <td>___ Put Items Away</td> <td>___ Light Mending</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	___ In-Home Laundry	___ Laundromat	___ Iron	___ Fold Items	___ Put Items Away	___ Light Mending	_____	_____							
___ In-Home Laundry	___ Laundromat															
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_____	_____															
<p align="center"><b>DIET</b></p> <p>___ No Assistance Needed</p>	<p>___ Regular ___ Diabetic ___ Low Fat ___ Low Salt ___ Vegetarian</p> <p>___ Takes Liquid Supplements (E.g. Ensure) ___ Other:</p> <p>_____</p> <p>___ Needs monitoring                      ___ Needs food selection</p>															
<p align="center"><b>FOOD &amp; NUTRITION</b></p>	<table border="0"> <tr> <td>___ Plan Meals</td> <td>___ Cook Meals</td> </tr> <tr> <td>___ Serve Meals</td> <td>___ Prepare Frozen Meals</td> </tr> <tr> <td>___ Bake</td> <td>___ Preserve Fresh Food</td> </tr> <tr> <td>___ Monitor Diet Plan</td> <td>___ Prepare Grocery List</td> </tr> </table>	___ Plan Meals	___ Cook Meals	___ Serve Meals	___ Prepare Frozen Meals	___ Bake	___ Preserve Fresh Food	___ Monitor Diet Plan	___ Prepare Grocery List							
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<input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Clip Coupons <input type="checkbox"/> _____ <input type="checkbox"/> Preserve Food <input type="checkbox"/> _____			
<b>ERRANDS &amp; TRANSPORTATION</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Shopping</b>  <input type="checkbox"/> Do Shopping for Client  <input type="checkbox"/> Take Client Shopping  <input type="checkbox"/> _____    <b>Appointments</b>  <input type="checkbox"/> Take Client to Appointments  <input type="checkbox"/> _____                             </td> <td style="vertical-align: top;"> <b>Errands</b>  <input type="checkbox"/> Do Errands for Client  <input type="checkbox"/> Take Client On Errands  <input type="checkbox"/> _____    <b>Outings</b>  <input type="checkbox"/> Take on Outings  <input type="checkbox"/> _____                             </td> </tr> </table>	<b>Shopping</b> <input type="checkbox"/> Do Shopping for Client <input type="checkbox"/> Take Client Shopping <input type="checkbox"/> _____  <b>Appointments</b> <input type="checkbox"/> Take Client to Appointments <input type="checkbox"/> _____	<b>Errands</b> <input type="checkbox"/> Do Errands for Client <input type="checkbox"/> Take Client On Errands <input type="checkbox"/> _____  <b>Outings</b> <input type="checkbox"/> Take on Outings <input type="checkbox"/> _____	
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<b>SOCIAL ACTIVITIES</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<p align="center"><b>Entertaining</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Assist With Planning  <input type="checkbox"/> Do Preparations  <input type="checkbox"/> Prepare Refreshments  <input type="checkbox"/> Do Cleanup                             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Make the Plans  <input type="checkbox"/> Act as Hostess  <input type="checkbox"/> Serve Refreshments  <input type="checkbox"/> _____                             </td> </tr> </table>	<input type="checkbox"/> Assist With Planning <input type="checkbox"/> Do Preparations <input type="checkbox"/> Prepare Refreshments <input type="checkbox"/> Do Cleanup	<input type="checkbox"/> Make the Plans <input type="checkbox"/> Act as Hostess <input type="checkbox"/> Serve Refreshments <input type="checkbox"/> _____	
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<b>COMPANIONSHIP</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<p align="center"><b>Companionship</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Friendly Conversation  <input type="checkbox"/> Plan Visits/Outings  <input type="checkbox"/> Read to Client  <input type="checkbox"/> _____  <input type="checkbox"/> _____                             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Card/Board Games  <input type="checkbox"/> Accompany Client  <input type="checkbox"/> _____  <input type="checkbox"/> _____                             </td> </tr> </table>	<input type="checkbox"/> Friendly Conversation <input type="checkbox"/> Plan Visits/Outings <input type="checkbox"/> Read to Client <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Card/Board Games <input type="checkbox"/> Accompany Client <input type="checkbox"/> _____ <input type="checkbox"/> _____	
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<b>RESPIRE/ PERSONAL CARE</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Needs "sitter" only  <input type="checkbox"/> Do Housework while There  <input type="checkbox"/> Prepare snacks/meals                             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Needs Companion  <input type="checkbox"/> Needs Personal Care  <input type="checkbox"/> _____                             </td> </tr> </table>	<input type="checkbox"/> Needs "sitter" only <input type="checkbox"/> Do Housework while There <input type="checkbox"/> Prepare snacks/meals	<input type="checkbox"/> Needs Companion <input type="checkbox"/> Needs Personal Care <input type="checkbox"/> _____	(If Personal Care is needed, complete the <i>Personal Care Assessment</i> .)
<input type="checkbox"/> Needs "sitter" only <input type="checkbox"/> Do Housework while There <input type="checkbox"/> Prepare snacks/meals	<input type="checkbox"/> Needs Companion <input type="checkbox"/> Needs Personal Care <input type="checkbox"/> _____			
<b>PLANT CARE</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Water  <input type="checkbox"/> Prune  <input type="checkbox"/> Clean Artificial Plants                             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Fertilize  <input type="checkbox"/> Clean Leaves  <input type="checkbox"/> _____                             </td> </tr> </table>	<input type="checkbox"/> Water <input type="checkbox"/> Prune <input type="checkbox"/> Clean Artificial Plants	<input type="checkbox"/> Fertilize <input type="checkbox"/> Clean Leaves <input type="checkbox"/> _____	
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<b>PET CARE</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Feed &amp; Water  <input type="checkbox"/> Clean Bird Cage  <input type="checkbox"/> Exercise  <input type="checkbox"/> Take for Walks  <input type="checkbox"/> Groom  <input type="checkbox"/> Care for Pet at Owner's Home  <input type="checkbox"/> Care for Pet at Service Provider's Home                             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Clean Litter Box  <input type="checkbox"/> Clean Aquarium  <input type="checkbox"/> Play With Pet  <input type="checkbox"/> Take to Vet  <input type="checkbox"/> Take for Grooming                             </td> </tr> </table>	<input type="checkbox"/> Feed & Water <input type="checkbox"/> Clean Bird Cage <input type="checkbox"/> Exercise <input type="checkbox"/> Take for Walks <input type="checkbox"/> Groom <input type="checkbox"/> Care for Pet at Owner's Home <input type="checkbox"/> Care for Pet at Service Provider's Home	<input type="checkbox"/> Clean Litter Box <input type="checkbox"/> Clean Aquarium <input type="checkbox"/> Play With Pet <input type="checkbox"/> Take to Vet <input type="checkbox"/> Take for Grooming	
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<b>SAFETY &amp; WELFARE</b>	<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Contact Client by Phone  <input type="checkbox"/> Visit Client at Home                             </td> <td style="vertical-align: top;">                             Frequency: _____                              Frequency: _____                             </td> </tr> </table>	<input type="checkbox"/> Contact Client by Phone <input type="checkbox"/> Visit Client at Home	Frequency: _____ Frequency: _____	
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**GENERAL NEEDS**

AREA	ACTIVITIES	ACTIONS
<input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Check Home While Client Away      Frequency: _____ <input type="checkbox"/> Conduct In-Home Safety Check      Frequency: _____ <input type="checkbox"/> Advise Others of Client Welfare      Frequency: _____	
<b>BUSINESS AFFAIRS</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Mail <input type="checkbox"/> Bill Payment <input type="checkbox"/> Deposit/Cash Check <input type="checkbox"/> Arrange Home Maintenance <input type="checkbox"/> Remind of Special Occasions <input type="checkbox"/> Correspondence <input type="checkbox"/> Bank Reconciliation <input type="checkbox"/> Arrange Appointments <input type="checkbox"/> Maintain Diary/Log <input type="checkbox"/> Scrapbooks	
<b>FAMILY SUPPORT</b>		
<b>CHILD CARE</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Care for Children <input type="checkbox"/> Supervise Parent/Child Visit _____ _____ <input type="checkbox"/> Assist With Parenting <input type="checkbox"/> Provide Progress Report _____ _____	
<b>SELF HELP</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Money Management <input type="checkbox"/> Basic Recordkeeping _____ _____ <input type="checkbox"/> Nutrition Advice <input type="checkbox"/> Personal Hygiene _____ _____	
<b>BEHAVIOUR MANAGEMENT</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Manage Aggressive Outbursts <input type="checkbox"/> Tolerate/Avoid Frustrating Situations <input type="checkbox"/> Accept Responsibility for Behaviour _____ _____	
<b>SOCIAL SKILLS</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> For Developing Friendships <input type="checkbox"/> For Participating in Recreational Activities	
<b>EMPLOYMENT</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Writing Resumes <input type="checkbox"/> Preparing for Interviews <input type="checkbox"/> Undergoing Interviews _____ _____	
<b>VOCATIONAL</b>  <input type="checkbox"/> <b>No Assistance Needed</b>	<input type="checkbox"/> Initiate & Maintain Vocation Interests <input type="checkbox"/> Work Placement	
<b>OUTDOOR TASKS &amp; HANDYMAN ACTIVITIES</b>		
<b>OUTDOOR TASKS</b>	<input type="checkbox"/> Mow Lawn <input type="checkbox"/> Weed Flower Garden <input type="checkbox"/> Plant Flower Garden <input type="checkbox"/> Rake Leaves <input type="checkbox"/> Cleanup Debris <input type="checkbox"/> Edge Lawn <input type="checkbox"/> Weed Vegetable Garden <input type="checkbox"/> Plant Vegetable Garden <input type="checkbox"/> Remove Clippings <input type="checkbox"/> Remove Debris	

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<p><input type="checkbox"/> <b>No Assistance Needed</b></p>	<p><input type="checkbox"/> Split Firewood  <input type="checkbox"/> Shovel Snow  <input type="checkbox"/> Rototill Garden</p>	<p><input type="checkbox"/> Stack Firewood  <input type="checkbox"/> Wash Sundeck  <input type="checkbox"/> _____</p>	
<p><b>HANDYMAN SERVICES</b></p> <p><input type="checkbox"/> <b>No Assistance Needed</b></p>	<p><input type="checkbox"/> Minor Repairs  <input type="checkbox"/> Painting  <input type="checkbox"/> Install Grab-bars  <input type="checkbox"/> Rough Carpentry  <input type="checkbox"/> Home Renovations  <input type="checkbox"/> Install Countertops  <input type="checkbox"/> Adapt to Wheelchair  <input type="checkbox"/> Install Stairs</p>	<p><input type="checkbox"/> Odd Jobs  <input type="checkbox"/> Plumbing Problems  <input type="checkbox"/> Install Railings on steps  <input type="checkbox"/> Finishing Carpentry  <input type="checkbox"/> Install Cupboards  <input type="checkbox"/> Place Flooring  <input type="checkbox"/> Wheelchair Ramps  <input type="checkbox"/> _____</p>	

\_\_\_\_\_  
 Assessor's Name & Position Signature

\_\_\_\_\_  
 Assessor's Signature

Date: \_\_\_\_\_