Washington State Department of Social & Health Services
DDA Developmental Disabilities Administration

Limitation Extension Task Explanation

CLIENT'S NAME	CLIENT'S DATE OF BIRTH

Explanation of additional hours: For each task or treatment that you need someone to help you with, use the following charts to explain. Use additional forms as needed. Wherever the word "you" is written, it means the client.

NAME OF TASK OR TREATMENT
What kind of help do you need for this personal care task / treatment?
What times of the day does this usually occur? If more than once, list all times.
How many times a month do you need to complete this task or treatment?
How many people do you need to help?
How many minutes of time do you need help from all caregivers?
Are there reasons why this task / treatment: 1) needs to be done so often; 2) takes extra time; 3) requires help from more than one person; and/or 4) requires help above and beyond what other children the same age who are not disabled need?

NAME OF TASK OR TREATMENT
What kind of help do you need for this personal care task / treatment?
What times of the day does this usually occur? If more than once, list all times.
How many times a month do you need to complete this task or treatment?

How many people do you need to help?

How many minutes of time do you need help from all caregivers?

Are there reasons why this task / treatment: 1) needs to be done so often; 2) takes extra time; 3) requires help from more than one person; and/or 4) requires help above and beyond what other children the same age who are not disabled need?

NAME OF TASK OR TREATMENT

What kind of help do you need for this personal care task / treatment?

What times of the day does this usually occur? If more than once, list all times.

How many times a month do you need to complete this task or treatment?

How many people do you need to help?

How many minutes of time do you need help from all caregivers?

Are there reasons why this task / treatment: 1) needs to be done so often; 2) takes extra time; 3) requires help from more than one person; and/or 4) requires help above and beyond what other children the same age who are not disabled need?

Limitation Extension Task Explanation
Instructions

- Enter client's name.
- Enter client's date of birth.

Explanation of Additional Hours

For each task or treatment that you need someone to help you with, use this form to explain. You may use as many of these forms as you need to. A "task" is an Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADL). (Wherever the word "you" is written, it means the client.)

- Enter the name of the task or treatment.
- Enter the times of the day the task or treatment happens. If it happens more than one time a day, write down all of the times it happens.
- Enter how many times a month you need to complete this task or treatment.
- Enter how many people are needed to help with the task or treatment
- Enter how many minutes of time help is needed from all the caregivers providing help.

Information about ADLs and IADLs is at: http://www.altsa.dshs.wa.gov/ClientInfo/

No access to the internet? Ask your case manager for a copy of the Personal Care Assessment Key.

Explain the reasons why the task or treatment:

- Needs to be done so often;
- Takes extra time;
- Requires help from more than one person; and
- Requires help above and beyond what other children the same age who are not disabled need.

Do this for each task and treatment you receive that you need additional hours for. You may use as many of these forms as you need to describe the tasks and treatments you need help with.