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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. |