

DETERMINING THE AMOUNT OF PERSONAL ASSISTANCE NEEDED TIP SHEET

Personal assistance is provided to an individual living in the home of his family or non-related care giver. It provides assistance with daily living activities and community access. The assistance must directly help the person and not other family members or care givers. The following materials will assist in determining the specific activities the person requires help with and the number of hours required.

Assessing Your Needs

The “Personal Assistance Planning List”, “Survey Summary”, Supports “Ready Reckoners” and Weekly Planning Schedule on the following pages can help you consider the type and amount of assistance you want and need. The person requesting the service, with help from DMRS Case Managers and/or ISC staff, prior to initiation of Personal Assistance Services, should fill out this planner. This planner will assist in determining the number of hours needed and define the use of staff time. The results should be shared with the potential agencies and/or staff so they know the needs and expectations of the person requesting the service.

This list contains the most common examples of the kind of assistance people need. The Arc of TN has developed a more comprehensive self-assessment tool to assist individuals in determining their needs. If you feel you need more details to complete this list you can request a self-assessment tool from the Arc of TN at 1-800-835-7077.

The Personal Assistant Planning List and Expectations should only include items that directly help the service recipient and not other family members/friends.

Personal Assistance Planning List

	Needs:	How Often (days a week/ times a day)?	How long does it take (minutes)?	Preference of time of day (am/pm):	Notes (include preferences and other things):
	ADL'S	Bathing/Showering			
Dressing					
Grooming (shaving, hair care, make-up, oral care)					
Meal Preparation					
Eating					
Bowel Care					
Bladder Care					
Turning in Bed					
Transferring					
Exercising					
Other:					
		TOTAL:			
Others	Writing Letters/Mail				
	Grocery Shopping				
	Computer Assistance				
	Making Bed				
	Driving (Van?)				
	Errands				
	Laundry/ Ironing				
	Housekeeping				
	Answer Phone				
	Child Care				
	Pet Care				
	Reading				
	Others:				
Medical	Needs:	How Often (days a week/ times a day)?	How long does it take?	Preference of time of day (am/pm):	Notes (include preferences and other things):
	Pressure Relief/ Positioning				
	Medications				
	Range of Motion				
	Skin Care/ Inspection				
	Suctioning/ Respiratory Care				
	Wound Care				
	Diabetes Care				
	Other:				

Developing Non 24-Hour Supports

SURVEY SUMMARY

SKILL	PROJECTED TOTAL MONTHLY HOURS OF SUPPORT NEEDED-	DESCRIPTION OF HOW THE PERSON IS SUPPORTED
Home Living		
Time Concepts		
Phone Usage		
Medical Knowledge		
Health issues		
Community Mobility		
Safety		
Reading/Math Skills		
Cooking/Meal Prep		
Housekeeping		
Laundry		

COMMENTS:

Information Provided by: _____

Outline the support requirements...

- Can be on their own
- Need “access to support
- Need “oversight” support
- Need “help with” support
- Need “doing for” support
- Need for awake overnight staff? If not live-in companion model or family model residential should be considered.

Supports “Ready Reckoners”

Monday-Friday

	AM							PM												AM				
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5
CAN DO ON OWN																								
NEEDS “ACCESS TO” SUPPORTS																								
NEEDS “OVERSIGHT” SUPPORTS																								
NEEDS “HELP WITH” SUPPORTS																								
NEEDS “DOING FOR” SUPPORTS																								

The Weekly Schedule form can be used for planning the days and hours services are needed in order to determine the total number of weekly hours to be utilized.

PA
Weekly Schedule (Sample)

Time	SUN	MON	TUES	WED	THUR	FRI	SAT
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
12:00am							
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
Total Hours Per Day							

Total Number of Hours Per Week: _____