

**ASSESSMENT WORKSHEET FOR NATURAL RESIDENTIAL SETTING
FOR INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS AND/OR
ALCOHOL AND OTHER DRUG DEPENDENT DIAGNOSES**

Name – SSI Recipient (Last, First, MI)

For an individual who has not been found eligible using F-20817, complete a comprehensive assessment that meets, at a minimum, COP or WMAP Targeted Case Management criteria. Following assessment, enter the approximate number of hours per month needed in each service area.

_____ 1.	Case planning, monitoring and review	_____ 14.	Transportation
_____ 2.	Case management	_____ 15.	Assistance in learning and/or completing daily living tasks (e.g., personal grooming, laundry, planning/preparing food, purchasing necessities, housekeeping, financial management, training in the use of available transportation)
_____ 3.	Assessment / diagnosis	_____ 16.	Crisis intervention
_____ 4.	Assistance in obtaining needed benefits (e.g., financial support, legal services, money management)	_____ 17.	Vocational Services
_____ 5.	Advocacy	_____ 18.	Acquiring/maintaining adequate housing
_____ 6.	Education, support, and consultation to clients' families and other major supports	_____ 19.	Social/recreational activities
_____ 7.	Supportive counseling/psychotherapy	_____ 20.	Coordination of services with other human service programs
_____ 8.	Assertive outreach	_____ 21.	On-site supervision needed to protect health, safety, welfare
_____ 9.	Symptom management	_____ 22.	Respite to family or other major supports
_____ 10.	Medical support/obtaining health care	_____ 23.	Other—Specify:
_____ 11.	Referral		
_____ 12.	Socialization and interpersonal		
_____ 13.	Assistance with and training in community functioning (e.g., family relationships, parenting)	_____	TOTAL Monthly Hours

IF THE TOTAL HOURS ARE 40 HOURS OR MORE OF 'NEEDS' PER MONTH, THE PERSON IS ELIGIBLE FOR SSI-E.

Keep in agency case file