

SADS STAY-AT- HOME ASSESSMENT

Date:

Participant:

- Address
- Telephone
- Email

Caregiver/Emergency Contact:

- Address
- Telephone
- Email

Type and frequency of social contacts:

Score of Loneliness Scale:

Current expressed needs:

- Critical needs
- Urgent needs
- Meals, groceries
- Personal care supplies
- Medication
- Housekeeping, trash removal
- Ability to perform ADLs

Psycho-social-emotional-spiritual needs:

Caregiver supports identified:

Elder abuse, including financial exploitation/scams identified:

Monitoring and socialization adult day services that the participant/caregiver may be interested:

Program staff signature, title and date:

