

State of Alaska  
Department of Health and Social Services  
Senior and Disabilities Services (SDS)

**Developmental Disabilities (DD) Registration and Review**

***Applicant/Person needing DD services***

Name: \_\_\_\_\_  Male  Female  
Date of Birth: \_\_\_\_\_  
Street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Mail address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email address: \_\_\_\_\_ Preferred contact:  Mail  Telephone  Email  
Marital Status:  Single  Married  
Racial/Ethnic Background: (Optional. Check more than one if applicable.)  
 Alaska Native/American Indian  Hispanic/Latino  
 Asian  Native Hawaiian/Pacific Islander  
 Black/African American  White  
 Other \_\_\_\_\_

Applicant eligible for Alaska Native/Indian Health Services benefits  
 Applicant enrolled in Medicaid/Denali Kid Care/TEFRA. Medicaid Number: \_\_\_\_\_

In the next 12 months, applicant would accept:

- Developmental disabilities grant services  
 Home and community based Medicaid waiver services  
 Either program (Eligibility criteria, available funding, and location may influence the program you may be selected for.)

***Legal Representative***

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Mail address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email address: \_\_\_\_\_ Preferred contact:  Mail  Telephone  Email  
State agency interest:  Public Guardian (OPA)  Office of Children's Services (OCS) Custody  
Representative Type:  Parent  Conservator  
 Delegated Parental Authority  Power of Attorney  
 Full Guardian  Representative Payee  
 Partial Guardian  Unknown  
 Other: \_\_\_\_\_

***Contact/Person completing form for applicant (if other than representative)***

Name: \_\_\_\_\_  
Relationship to applicant/person needing services: \_\_\_\_\_  
Street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Mail address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email address: \_\_\_\_\_ Preferred contact:  Mail  Telephone  Email

***If you need help completing this form, please contact:***  
***Anchorage (907) 269-3666, Toll Free 1-800-478-9996***  
***Fairbanks (907) 451-5045, Toll Free 1-800-777-1672***

## Review of Current Life Concerns

Please review the following list of community participation, living situation, and caregiver concerns.

- Provide the additional information or description requested after each checked item. **Scoring will be based on the information provided. No points will be given if the required additional information or description has not been included.**
- Consider the level of need for supports and services for the problems created by each of the concerns checked. Show the level of need after each checked item by marking a number from 1 – 4.
- Use the following as a guide to help decide the level of need:

**1 = No need/Not applicable:** no services needed at this time, but possible need in the future.

**2 = Minor need:** manageable problems, but additional supports and services would help.

**3 = Moderate need:** some problems needing supports and services to manage.

**4 = Major need:** difficult problems needing extensive supports and services.

### Community Participation Concerns

### Level of Need

1. Behavior which causes physical harm to self or others. Injures self (scratches, bites, etc.) or physically assaults others.  
***Behavior must be described on page 5; mark as Item 1.*** 1  2  3  4
2. Behavior which interferes with home and/or community life. Frequent, challenging behavior resistant to interventions.  
***Behavior must be described on page 5; mark as Item 2.*** 1  2  3  4
3. Behavior leading to justice system involvement. Within the last five years, arrested, charged, jailed, or placed on probation; continues to engage in behaviors likely to result in further involvement in the juvenile or adult justice system.  
***Date of most recent justice system contact \_\_\_\_\_***  
***Current status of applicant \_\_\_\_\_***  
***If in jail, anticipated date of release \_\_\_\_\_*** No  Yes
4. Victim of psychological, physical, sexual, and/or financial abuse. Unable to make appropriate decisions regarding health and safety; finances, living situation or other life circumstances may be at risk.  
***Circumstances must be described on page 5; mark as Item 4.*** 1  2  3  4
5. Complex, chronic medical condition. Requires on-going care and frequent attention by medical professionals, and routine supervision regarding medical needs.  
***Condition must be described on page 5; mark as Item 5.*** 1  2  3  4
6. Applicant is caring for children or will be parent within eight months.  
***Circumstances must be described on page 5; mark as Item 6; include names and ages of children, and/or estimated due date.*** 1  2  3  4

Use the following as a guide to help decide the level of need:

**1 = No need/Not applicable:** no services needed at this time, but possible need in the future.

**2 = Minor need:** manageable problems, but additional supports and services would help.

**3 = Moderate need:** some problems needing supports and services to manage.

**4 = Major need:** difficult problems needing extensive supports and services.

### Living Situation Concerns

### Level of Need

7. Death of primary caregiver within the past 12 months. 1  2  3  4   
*Name of caregiver* \_\_\_\_\_  
*Date of death* \_\_\_\_\_
8. No long-term caregiver available to assist with daily care needs. 1  2  3  4   
*Name of temporary caregiver* \_\_\_\_\_  
*Relationship to applicant* \_\_\_\_\_  
*End date of temporary care* \_\_\_\_\_
9. Homeless. 1  2  3  4   
No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter.  
*Location of night-time residence* \_\_\_\_\_  
*Length of time applicant has been homeless* \_\_\_\_\_  
*Date of discharge from institution* \_\_\_\_\_
10. Discharge from foster care/Office of Children's Services within a year. 1  2  3  4   
Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified.
11. Current residence is a nursing home, psychiatric treatment facility/hospital or intermediate care facility for the mentally retarded (ICF/MR). No  Yes   
*Name of treatment facility* \_\_\_\_\_  
*Date of admission* \_\_\_\_\_

### Caregiver Concerns

### Level of Need

12. Caregiver unable to provide adequate care. 1  2  3  4   
Age, health, physical or psychological condition affects ability to continue providing care.  
*Circumstances must be described on page 5; mark as Item 12; include caregiver's birth date if age is a factor.*
13. Caregiver unable to meet behavior or health needs of applicant. 1  2  3  4   
Supports, skills or training insufficient to meet applicant level of need.  
*Circumstances must be described on page 5; mark as Item 13.*
14. Caregiver unable to get or hold a job. 1  2  3  4   
Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.

**Circumstances must be described on page 5; mark as Item 14.**  
**Service Needs**

SDS grants and programs make a variety of services available. The availability of a specific service will depend on the funding source. All services are subject to the limitations and requirements of state and federal regulations.

- Consider the service descriptions below, and determine which services are needed now, and which might be needed in the future.
- Check either the “Now” box or a multi-year box (1-2, 3-4, or 5-10 years) following the description.

**Services coordination** to gain access to, plan for, and monitor delivery of, medical, social, educational, and other services.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**In home supports:** Services to help applicants acquire, retain, and/or improve self-help and social skills while living full time in the home of an unpaid caregiver.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Family habilitation:** Services in a family-like setting to help applicants acquire, retain, and/or improve self-help and social skills while living full-time in the licensed home of a paid caregiver.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Shared care:** Services in a family-like setting to help applicants acquire, retain and/or improve self-help and social skills while living part time in the licensed home of a paid caregiver.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Group home:** Services in a group setting to help applicants, age 18 or older, acquire, retain and/or improve self-help and social skills while living full time in a licensed assisted living home.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Supported living:** Services in an independent setting to help applicants, age 18 or older, acquire, improve, and/or retain self-help and social skills while living full time in their own residences.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Day habilitation:** Services (recreational and other activities) outside the home to help applicants acquire, improve, and/or retain self-help and social skills needed to participate in community life.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Respite:** Relief services for caregivers which offer occasional breaks from the stress of caring for people with developmental disabilities.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Supported employment:** Services which provide training, support, and supervision to help applicants to find and keep a job, or to participate in subsistence activities.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Transportation:** Services to enable applicants to reach work sites and various resources, and to participate in community activities.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Specialized medical equipment and supplies** which help applicants to experience their surroundings, to communicate, and to perform daily activities.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Nursing oversight:** Services provided by a registered nurse to ensure that care of a medical nature is delivered in a manner that protects applicant health and safety.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Intensive active treatment:** Professional treatment/therapy to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Environmental modifications:** Home modifications necessary for applicant health and safety.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Chore:** Regular cleaning and heavy household chores within a residence where no one else is available.

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

**Other:** \_\_\_\_\_  
\_\_\_\_\_

Now  1-2 yrs.  3-4 yrs.  5-10 yrs.

Please provide additional information as required:

Item # \_\_\_\_

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