

Live Well At Home Rapid Screen[®] – Family Caregiver

Older Adult Name:		Family Caregiver Name:	Screen Date:
1.	<p>Does <name of older person (NOP)> need help from someone else to do the following? a) Walking b) Getting out of bed/chair c) Going to the bathroom d) Bathing e) Dressing f) Eating</p>	<p>Answers: a, b, c, d, e, f If 2 or more circled → SCORE = 2</p>	<input type="checkbox"/>
2.	<p>During the last 6 months, has <NOP> had a fall that caused injuries or engaged in behavior problems such as wandering, verbal or physical disruption, or other behaviors that require supervision? Yes No</p> <p>NOTE: "Injuries" means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization OR 3 or more of any falls.</p>	<p>IF YES circled → SCORE = 2</p>	<input type="checkbox"/>
3.	<p>Does <NOP> have a family member/friend give help because she/he needs it? Yes No</p>	<p>If NO circled → SCORE = 2</p>	<input type="checkbox"/>
4.	<p>(if caregiver) Do you feel overwhelmed or stressed because of the care you provide <NOP>? Yes No</p>	<p>If YES circled → SCORE = 2</p>	<input type="checkbox"/>
5.	<p>Have you/<NOP> thought about moving <NOP> to other housing? Yes No</p> <p>If YES, where has <NOP> considered moving to?</p>	<p>If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2</p>	<input type="checkbox"/>
6.	<p>Does <NOP> live alone? Yes No</p>	<p>If YES circled → SCORE = 1</p>	<input type="checkbox"/>
7.	<p>Do you or your family have concerns about <NOP's> memory, thinking, or ability to make decisions?</p> <p>If YES, are you: Very concerned Somewhat concerned Not concerned?</p>	<p>If VERY CONCERNED circled → SCORE = 2 If SOMEWHAT CONCERNED circled → SCORE = 1</p>	<input type="checkbox"/>
<p>TOTAL SCORE (Sum of Scores For Items 1 Through 7) =</p>			<input type="text"/>
<p>Score and Risk Category 0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and higher = High Risk</p>			

Live Well At Home Rapid Screen [®] Concluding Questions		
1.	<For Screener Only>	<p>Did you observe any of the 10 warning signs of Alzheimer's disease with the older person? ___ No ___ Yes</p> <p>If yes, what is your level of concern? ___ Somewhat concerned ___ Very concerned</p>

2.	<Ask person being screened>	What is your (<NOP's>) gross income? (Circle monthly or annual income.)
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Gross Income (2016)					
Federal Poverty Income Guideline	1-person Household		2-person Household		Possible Funding Source
	MONTHLY	ANNUAL	MONTHLY	ANNUAL	
Up to 200%	\$1,980	\$23,760	\$2,670	\$32,040	Medical Assistance, Elderly Waiver, Alternative Care Program, Title III, Veterans
200 - 250%	\$1,981 – 2,475	\$23,761 – 29,700	\$2,671 - 3,338	\$32,041 - 40,050	Title III, <i>private pay</i> , Veterans
>250%	\$2,476	\$29,701	\$3,339	\$40,051	<i>Private Pay</i> , Veterans

SCORES				
SCREENER NAME/INITIALS	INITIAL SCREEN		RE-SCREEN	
	DATE	SCORE	DATE	SCORE