

## NEGOTIATED SERVICE AGREEMENT

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Client	m	orm	ation	•

Client Name	Teach Me	Home Phone	<u></u>
Address		Medicaid #	
City		Date of Birth	1 1
State	ID	Martial Status	
Zip Code		UAI Assessment Date	03/27/2012
Language	English	Admission Date	/ /
Gender			

City			Date of Diffi		
State	ID		Martial Status		
Zip Code			UAI Assessment Date	03/27/2012	
Language	English	,	Admission Date	/ /	
Gender					
Housing Arra		Faci	ilita Nama		
Next Review I	Date: 03/27/2013	Faci	llity Name :		
Region 5		Phon	ie:		
Primary Phys	ician				
Physician Name Telephone ()					
Doutin on t Mac	lical Wistows				
Pertinent Med	iicai History				
Current Diagno	osis:	7	9		

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UAI/NSA Functional Abilities, Supports, and Pro	ovider Ca	re Plan	
1. Meal Preparation: Ability to prepare own food.		fety issues	
Assistance quired	Available Supp	Unmet Needs	
		110045	
Provider Care Plan	Writ	ten Care	Plan (Comments):
Frequency:DailyWeeklyMonthlyAs Needed			
Responsible Party:			
	·		
2. Eating Meals: Assistance needed to perform the ac			eating
Assistance Required	Available Supp	Unmet Needs	
1004-1100	Supp	110005	
Provider Care Plan	Writ	ten Care	Plan (Comments):
Frequency: Daily Weekly Monthly As Needed			
Responsible Party:			
Responsible 1 at ty.			
3. Toileting: Ability to get to and from the toilet, man adjust clothing.	age colosto	my or oth	er devices, to cleanse after eliminating, and to
Assistance	Available	Unmet	
Required	Supp	Needs	
Describer Comple	777-14	C	Disc. (Comments)
Provider Care Plan	Writ	ten Care	Plan (Comments):
Frequency:DailyWeeklyMonthlyAs Needed			
Responsible Party:			
4. Mobility: Ability to get around, both inside and out	side usino	mechanic	al aids if needed
Assistance	Available	Unmet	
Required	Supp	Needs	
Provider Care Plan	Writ	ten Care	Plan (Comments):
Frequency:DailyWeeklyMonthlyAs Needed			

Available

Supp

Unmet

Needs

Written Care Plan (Comments):

5. Transferring: Ability to transfer when in bed or wheelchair

Frequency: \_\_\_Daily \_\_\_Weekly \_\_\_Monthly \_\_\_As Needed

Assistance

Provider Care Plan

Responsible Party:

Required

Responsible Party:

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Available Supp Writ	Unmet Needs ten Care Plan	(Comments):	
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Writing in his/h		(Comments):	
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ng in his/l		(Comments):	
	ner living quar		
		ers, including dishes	s, floors, and
Available	Unmet		
Supp	Needs		
Written	Care Plan (Co	mments):	
		,	
Available	Unmet		
	Needs		
		· · · · · · · · · · · · · · · · · · ·	
Writ	ten Care Plan	(Comments):	
he night			
Available	Unmet		<del></del>
Supp	Needs		
<b>XX</b> I*4	tam Carr DI	(Commont-)-	
writ	ten Care Plan	(Comments):	
	he night. Available Supp	Mritten Care Plan  Written Care Plan  he night.  Available Unmet Needs	Written Care Plan (Comments):  he night. Available Unmet

Responsible Party:

Cifett's Manie Teact Me			
16. Emergency Response: Ability to recognize the	need for an	nd to seek	emergency help.
Assistance	Available	Unmet	l l l l l l l l l l l l l l l l l l l
Required	Supp	Needs	
rovider Care Plan	XX/wii	tton Coro	Plan (Comments):
Trovider Care Fran	44 1 1	iten Care	rian (Comments).
Frequency:DailyWeeklyMonthlyAs Needed			
Responsible Party:			
17. Medication: Ability/willingness to administer his			
Assistance	Available	Unmet Needs	
Required	Supp	Needs	
Provider Care Plan	XXI	Han Cara	Plan (Comments):
Provider Care Plan	WIN	nen Care	Plan (Comments):
Frequency:DailyWeeklyMonthlyAs Needed			
Responsible Party:			
18. Supervision: Ability to manage his/hr life, includ		nd activiti	es.
Assistance	Available	Unmet	
Required	Supp	Needs	
Provider Care Plan	Writ	tten Care	Plan (Comments):
Frequency:DailyWeeklyMonthlyAs Needed			
Constitution of the Parker			
sponsible Party:			
NGA Community Community and Other Company			
NSA Community Supports and Other Services			
Habilitation Needs and Special Equipmen			
Meeting special needs for physical/emotional disability or imp			ne adaptation or special equipment). This includes
wheelchairs, walkers, canes, hearing aids, orthopedic supports,	, glasses, coi	ntacts, etc.	
Behavior Management/Interpersonal Need	ds:		
Use of community services such as day treatment, sheltered we			
management, targeted service coordination, transportation, etc.	. This would	d include fa	mily support, physicians, attorneys, social
workers, etc.			
T. d. 1.1		,	1
Is there a behavior management plan YES NO	If ye	es, please	attach.
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		_	
Community Support System/External Ser	vices:		
Use of community services such as day treatment, sheltered we		erams, fina	ncial or legal services, vocational training, case
anagement, targeted service coordination, transportation, etc.			
workers, etc.			

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General Medical Needs/Condition	ons:
This includes health monitoring, appointments, sidermatology, and other specialties. Frequency of	special diets, and medical transportation. Also dental, vision, podiatry, oncology,
223	n blood level eliceks, daygell, etc.
Other Identified Needs/Identifie	ad Dialra/Dautiain auta Caala.
Other Identified Needs/ Identifie	ed Risks/ Participants Goals:
Transfer/Discharge Planning:	
Planning should include resident desires, where	resident will live and types of preparations needed for such a move. List the services
and support he/she/ will need to transition succes receiving as well as devices and supports.	essfully. Describe the services resident could benefit from that he/she is not currently
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-	provisions of this document. Each has retained a copy for their records.
(If there is any disagreement, such shoul records and documentation concerning s	ld be noted) "Attach any signed and dated physician's orders, admission
records and documentation concerning s	special needs.
Resident:	Date:
Legal Guardian:	
Provider:	
DHW Representative:	