

Name: _____

Address: _____

Phone Number: _____

RON YOST PERSONAL ASSISTANCE SERVICES SHORT ASSESSMENT

This short assessment tool is to be used to estimate the hours of service needed by individuals applying for services through the Ron Yost Personal Assistance Services Program (RYPAS).

This is NOT to be considered the functional assessment required by the program and does NOT constitute a full, accurate assessment of need.

The purpose of this short assessment is to estimate individual need and give the RYPAS Board an estimate of the hours of need and the funding required in order to meet the needs of the individuals on the RYPAS waiting list.

Once an individual is approved for services, and RYPAS funding is available, a full functional assessment will need to be completed prior to the RYPAS Board approving hours of service and a start date for services.

Use this form to estimate the hours of assistance an individual will need in each of the main categories. A list of tasks in each category is included to help the individual determine the estimated need for services.

Category of Activities	Types of Assistance Required	Who Currently Provides Assistance?	Estimated Hours Needed Per Week
1. GROOMING/HYGIENE/EATING Activities May Include: Shaving/Applying Makeup; Teeth Care; Hair Care; Wash Face; Beard/Mustache Care; Eating; Remembering when to do self-care			
2. MOBILITY/TRANSFERS/ BATHING/TOILETING Activities May Include: Transfers In/Out Bed; Transfers In/Out Vehicle; Pushing Wheelchair; Turning in Bed; Showering/Bathing; Bowel Care			
3. TRANSPORTATION Activities May Include Assistance With: Private Transportation; Public Transportation			
4. HOUSEKEEPING Activities May Include: Cleaning; Remembering Tasks to Do; Remembering When to Do Tasks; Laundry; Cooking; Planning Menus; Shopping			

Category of Activities	Types of Assistance Required	Who Currently Provides Assistance?	Estimated Hours Needed Per Week
5. CONSUMER ACTIVITIES Activities May Include: Budgeting; Bill Paying; Making Change; Banking; Shopping			
6. DRESSING/TOILETING Activities May Include: Dressing; Knowing What to Wear; Fastening Fasteners; Bladder Care			
7. SOCIAL and COMMUNICATION Activities May Include: Personal Data; General Communication			
8. PERSONAL MANAGEMENT Activities May Include: Getting up on Time; Managing Daily Schedule			
TOTAL ESTIMATED HOURS NEEDED PER WEEK: _____			

I verify that I have estimated my hours of assistance as detailed above. I understand that this assessment does not replace the required functional assessment, nor does it constitute an approved number of hours.

Please be advised that there is a waiting list for RYPAS services. However, prompt compliance with the provision of the requested documentation will expedite your application and the start of services.

Applicant's Signature

Date

(If Applicable) Signature of Parent/Guardian/Power of Attorney

Date

Submit to: RYPAS, c/o WVSILC, PO Box 625, Institute, WV 25112-0625