

## STANDARDIZED FAMILY SUPPORT TOOL

**Draft for data collection period only – Please DO NOT Distribute**

This tool is designed to help Service Coordinators work collaboratively with individuals and their families. The tool is intended to gather information to determine the need for respite, personal assistance, and day care, as well as the amount of services needed.

Section 1. Individual Demographics							
Date (mm/dd/yyyy):				UCI:			
Individual's Name:				DOB (mm/dd/yyyy):			
Race/Ethnicity:				Primary Language:			
Services that are currently authorized:							
<input type="checkbox"/> Respite		<input type="checkbox"/> Personal Assistance		<input type="checkbox"/> Day Care			
Service Coordinator Name:							
Regional Center Name:							
Supervisor/Manager Name:							
Section 2. Resources & Supports							
Individuals should develop natural supports and must use local and community resources <i>before</i> accessing regional center services (see Welfare and Institution Codes Sections <a href="#">4512</a> , <a href="#">4648</a> , <a href="#">4659</a> , and <a href="#">4644</a> ).							
Natural supports are unpaid relationships and connections with people in their communities. These relationships improve people's lives and include, but are not limited to family, friends from diverse backgrounds, classmates, coworkers, neighbors, and people met through clubs, organizations, and community activities. Generic resources are services or supports offered by agencies that must serve everyone and are funded by public money. Please ensure that all natural supports and generic resources currently being used by the individual/family (e.g., IHSS, personal assistance or respite through private insurance, generic day care, Child Action) are noted on the individual's schedule.							
Individual's Typical Schedule							
List the name of work, school, program (e.g., Applied Behavior Analysis or ABA), and/or activity the individual attends and the time they attend per week, including commute (e.g., Monday: 9AM to 6PM).							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work Name/Description							
Natural Supports/Generic Resources 1							
Natural Supports/Generic Resources 2							
School/Program/ Activity 1 Name/Description							
School/Program/ Activity 2 Name/Description							
Summer School/Program Name/Description *If different from school year							
After considering natural supports/generic resources, is there a need for respite, personal assistance, or day care services? <input type="checkbox"/> YES <input type="checkbox"/> NO							

Please explain why there is a need for respite, personal assistance, or day care services:

Which services did the individual use in the past year? Please note you will only complete sections for those services authorized or used by the individual in the past year.

Respite (Section 4)       Personal Assistance (Section 5)       Day Care (Section 6)

### Section 3: Respite

Respite is one of an array of family support services that are provided to an individual with developmental disabilities and their family/caregiver that contributes to the ability of the family to reside together. Respite provides “intermittent or regularly scheduled temporary non-medical care and supervision” to the individual. Respite is designed to do all of the following: “(1) Assist family members in maintaining the individual at home; (2) Provide appropriate care and supervision to ensure the individual’s safety in the absence of family members; (3) Relieve the family members from the constantly demanding responsibility of caring for the individual, and (4) Attend to the individual’s basic self-help needs and other activities of daily living including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by family members.” Respite is not meant to cover all care needs.

### Individual Needs

Considering the individual’s needs over the past year, choose the most appropriate response under each heading. When choosing a response option, the individual should be compared with other non-disabled peers in the individual’s age group.

<p><b>Age of individual:</b></p>	<ul style="list-style-type: none"> <li>• 0 – 5 years</li> <li>• 6 – 12 years</li> <li>• 13 – 17 years</li> <li>• 18 and over</li> </ul>
<p><b>School/Childcare/Day Program/Other program Attendance:</b> Based on a typical daily schedule for individuals over the age of 3.</p>	<ul style="list-style-type: none"> <li>• More than 20 hours per week (or individual is under the age of 3).</li> <li>• 11 to 20 hours per week.</li> <li>• 5 to 10 hours per week.</li> <li>• Does not attend; home all day.</li> <li>• Unable to attend; home all day (home/hospital instruction up to 5 hrs./week)</li> </ul>
<p><b>Medical Needs and Impact on Supervision or Care:</b> Medical issues that require regular treatment and/or follow-up from a physician/specialist. <i>(Note a nursing assessment is required for individuals requiring nursing tasks such as, G-tube feeding, oxygen/nebulizer, complicated medications)</i></p>	<ul style="list-style-type: none"> <li>• Individual has no exceptional medical needs; requires routine medical care.</li> <li>• Condition(s) requires occasional /ongoing medical/therapy appointments administration.</li> <li>• Requires ongoing (weekly) health/medical procedures, and medication administration.</li> <li>• Requires moderate (daily) health/medical procedures, and medication.</li> <li>• Requires frequent (multiple times per day) health/medical procedures, and complicated medication administration (nebulizer/oxygen therapy, diabetes care, catheter care/change, wound care, frequent turning, etc.)</li> <li>• Extraordinary medical care (ventilator dependent, trach care, feeding tube, frequent suctioning), 24 hours/day (intervention required every 3 hours or less).</li> </ul>
<p><b>Mobility:</b> Ability to walk, sit, need for wheelchair(s), walker, assistance, or total care for transferring or positioning, as it impacts the level of supervision or care needs at home and in the community.</p>	<ul style="list-style-type: none"> <li>• Independent with no equipment at home or in the community with minimal care needs.</li> <li>• Independent with equipment at home or in the community with minimal care needs.</li> <li>• Independent with equipment or chair(s) at home or in the community with moderate care needs.</li> <li>• Not independently mobile with equipment/chairs at home or in the community or requires constant support.</li> </ul>

	<ul style="list-style-type: none"> <li>• Not mobile, requires total care and lifting/repositioning regularly.</li> </ul>
<p><b>Activities of Daily Living (ADLs):</b> Individual's degree of independence in dressing, bathing, using the toilet, hygiene, eating/feeding as it impacts the level of supervision or care needs. (Compare with non-disabled peers in individual's age group.)</p>	<ul style="list-style-type: none"> <li>• Completely independent, no special care needed OR needs are typical for the individual's age.</li> <li>• Can complete ADL's but requires some reminders/verbal prompting.</li> <li>• Requires some physical assistance.</li> <li>• Requires significant physical assistance/hand over hand support.</li> <li>• Requires full physical support completing ADLs.</li> </ul>
<p><b>Social Needs:</b> The extent to which the individual socially interacts with others in both individual and group situations as it impacts the level of supervision or care needs.</p>	<ul style="list-style-type: none"> <li>• N/A Does not interact with others</li> <li>• Interacts well with others.</li> <li>• Parent(s)/caregiver(s)/supports provide consistent interaction to engage with others.</li> <li>• Difficulty interacting with others requiring close supervision.</li> <li>• Requires constant supervision for health and safety of self or others due to aggression towards others and/or medical fragility.</li> </ul>
<p><b>Behavioral Needs:</b> The extent to which the individual's emotional state, reactions, and behaviors interfere with daily functioning and require intervention as it impacts the level of supervision or care needs. (For example, interfering behavior can include aggression, self-injury, or destructive &amp; emotional outbursts.)</p>	<ul style="list-style-type: none"> <li>• N/A Does not display interfering behaviors.</li> <li>• Interfering behaviors are appropriate for age.</li> <li>• Interfering behaviors are easily redirected most of the time.</li> <li>• Interfering behaviors require frequent redirection, and this redirection is not always successful.</li> <li>• Interfering behaviors are unresponsive to redirection, such that the individual requires frequent intervention and line of sight supervision.</li> </ul>
<p><b>Safety Needs:</b> The extent to which the individual can use their senses and thinking skills to make decisions, reason, and problem solve to stay safe at home and in the community as it impacts the level of supervision or care needs.</p>	<ul style="list-style-type: none"> <li>• Displays appropriate awareness and judgment for age.</li> <li>• Needs reminders around potential dangers.</li> <li>• Needs close supervision around potential dangers.</li> <li>• Needs constant supervision around potential dangers &amp; lacks understanding of consequences of behaviors.</li> <li>• Needs constant supervision due to elopement (i.e., running away) behaviors either at home or in the community &amp; lacks understanding of potential dangers.</li> </ul>
<p><b>Communication:</b> The extent to which the individual can communicate, whether by talking, using sign language, or other methods as it impacts the level of supervision or care needs.</p>	<ul style="list-style-type: none"> <li>• Communication is understood by others, such that the individual can effectively get their needs met across settings (e.g., at home and in the community/school).</li> <li>• Communication is not always understood by others, such that it creates difficulty in getting needs met across some settings. (e.g., home versus community/school).</li> <li>• Communication is not always understood by others, such that it creates difficulty in getting needs met across most settings.</li> <li>• Communication is rarely understood by others, such that it creates significant difficulty in getting needs met across most settings.</li> <li>• Individual does not have a have reliable form of communication and needs full support to communicate across all settings.</li> </ul>

<b>Caregiver Stress Survey</b>	
<p><b>Caregiver Stress:</b> Caregiver stress is the extent to which the caregiver experiences care-related stress on their time, energy, and overall well-being. Please ask the parent/caregiver to answer the following questions as they pertain to their caregiver experience.</p>	
I am able to relax.	<ul style="list-style-type: none"> <li>• Always</li> <li>• Often</li> <li>• Sometimes</li> <li>• Never</li> </ul>
I can count on having a block of time to use as I would like.	<ul style="list-style-type: none"> <li>• Always</li> <li>• Often</li> <li>• Sometimes</li> <li>• Never</li> </ul>
I have time just for myself.	<ul style="list-style-type: none"> <li>• Always</li> <li>• Often</li> <li>• Sometimes</li> <li>• Never</li> </ul>
<b>Special Circumstances</b>	
<p>Special Circumstances: Please answer the following questions as they pertain to special circumstances and/or changes in family dynamics in the last year.</p>	
<p><b>Caregiver Stress:</b></p> <p><input type="checkbox"/> Caregiver experiencing stress due to changes in job schedule, overall availability, or caregiver duties (e.g., caring for an aging parent/family member or other children with disabilities in the home)</p> <p><input type="checkbox"/> Only one caregiver is available to provide most care</p> <p><input type="checkbox"/> N/A</p>	
<p><b>Family Changes:</b></p> <p><input type="checkbox"/> Addition of new family members (birth, foster, or adoption)</p> <p><input type="checkbox"/> Significant life events (recent relocation, loss of home)</p> <p><input type="checkbox"/> Intermittent single parent (deployment, job with extended travel)</p> <p><input type="checkbox"/> Changes in household composition (loss of caregiver)</p> <p><input type="checkbox"/> N/A</p>	
<p><b>Caregiver Needs:</b></p> <p><input type="checkbox"/> Deterioration in the caregiver's health</p> <p><input type="checkbox"/> Increased medical/mental health needs of the caregiver</p> <p><input type="checkbox"/> Difficulty providing care due to developmental disabilities of one or more caregivers</p> <p><input type="checkbox"/> Difficulty providing care to due age (65 or older)</p> <p><input type="checkbox"/> N/A</p>	
<p><b>Needs of the individual:</b></p> <p><input type="checkbox"/> Deterioration in the individual's health</p> <p><input type="checkbox"/> Increased medical or personal care requirements</p> <p><input type="checkbox"/> N/A</p>	
<p>Family preference:</p> <p><input type="checkbox"/> In-Home Respite</p> <p><input type="checkbox"/> Out-of-Home Respite</p> <p><input type="checkbox"/> Combination of In-Home <u>and</u> Out-of-Home</p>	
<p>Number of siblings under the age of 18 that reside in the home:</p>	
<p>Has the family been utilizing current respite hours? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If no, explain:</p>	
<p>For families with two or more individuals who currently have or are seeking respite, is 1:1 respite being requested? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

### Section 4: Personal Assistance

Personal assistance (PA) is available to individuals to assist with completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). PA may include direct assistance (actually performing a task for the individual) or supporting the individual to perform a task. PA services may be provided on an episodic or on a continuous basis when generic resources are not available. The services can be used in the family home or the individual's home. PA services are intended to promote living in the least restrictive community-based setting that is age-appropriate.

#### Support Needs

Please review the individual's CDER and confirm the responses with the individual/family, where applicable. Follow CDER guidance related to age. For the remainder of the questions, please select the response that best represents the individual's support needs. When choosing a response option, if the individual is too young to be expected to independently perform the activity, choose "question does not apply or is not relevant due to the individual's age."

<b>Walking (CDER)</b>	<ul style="list-style-type: none"> <li>• Cannot walk</li> <li>• Walks with support</li> <li>• Walks alone at least ten (10) feet, but is unsteady</li> <li>• Walks alone at least twenty (20) feet, but is unsteady</li> <li>• Walks alone at least twenty (20) feet with good balance</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Taking Prescription Medication (CDER)</b>	<ul style="list-style-type: none"> <li>• Requires assistance to take medication</li> <li>• Takes medication with supervision</li> <li>• Takes medication when reminded</li> <li>• Usually takes medication without reminders</li> <li>• Always takes medication without reminders</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Eating (CDER)</b>	<ul style="list-style-type: none"> <li>• Does not feed self; must be fed completely</li> <li>• Eats with fingers with assistance</li> <li>• Eats with fingers without assistance</li> <li>• Eats with at least one utensil, with spillage</li> <li>• Eats with at least one utensil, without spillage</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Toileting (CDER)</b>	<ul style="list-style-type: none"> <li>• Not toilet or habit trained</li> <li>• Habit trained only (toilets at preset intervals)</li> <li>• Toilets when prompted</li> <li>• Toilets without prompting, but needs assistance</li> <li>• Toilets independently; does not require assistance</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Bladder and Bowel (CDER)</b>	<ul style="list-style-type: none"> <li>• No control of either bladder or bowel</li> <li>• Wetting and/or soiling occur at least once a week during waking hours</li> <li>• Wetting and/or soiling occur at least once a week at night</li> <li>• Wetting and/or soiling occur no more than once a month</li> <li>• Complete control of bladder and bowel</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Personal Care (CDER)</b>	<ul style="list-style-type: none"> <li>• Does not perform or assist with personal care activities</li> </ul>

	<ul style="list-style-type: none"> <li>• Assists with personal care activities by performing helpful movements</li> <li>• Performs personal care activities, but needs assistance</li> <li>• Performs personal care activities independently when reminded</li> <li>• Performs personal care activities independently without reminders</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Dressing (CDER)</b>	<ul style="list-style-type: none"> <li>• Does not dress self</li> <li>• Assist with dressing by performing helpful movements</li> <li>• Dresses self, but needs assistance</li> <li>• Dresses self independently, but needs reminders to complete</li> <li>• Dresses self independently without reminders</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Safety Awareness (CDER)</b>	<ul style="list-style-type: none"> <li>• Requires constant supervision during waking hours to prevent injury/harm in all settings</li> <li>• Requires someone nearby during waking hours to prevent injury/harm in all settings</li> <li>• Requires constant supervision to prevent injury/harm in unfamiliar settings only</li> <li>• Requires someone nearby to avoid injury/harm in unfamiliar settings only</li> <li>• Does not require supervision to prevent injury/harm</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Self-Advocacy</b> (advocating for what they want, keeping safe in their home and community)	<ul style="list-style-type: none"> <li>• Does not independently complete any self-advocacy activities</li> <li>• Can complete minimal portions of self-advocacy activities, but needs assistance</li> <li>• Can complete some portions of self-advocacy activities, but needs assistance</li> <li>• Can independently complete many self-advocacy activities, but still needs assistance</li> <li>• Can independently complete all self-advocacy activities</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>
<b>Home Living Activities</b> (household chores, laundry)	<ul style="list-style-type: none"> <li>• Does not independently complete any home living activities</li> <li>• Can complete minimal portions of home living activities, but needs assistance</li> <li>• Can complete some portions of home living activities, but needs assistance</li> <li>• Can independently complete many home living activities, but still needs assistance</li> <li>• Can independently complete all home living activities</li> <li>• Question does not apply or is not relevant due to the individual's age</li> <li>• Current information not available</li> </ul>
<b>Meal Planning/ Preparation</b>	<ul style="list-style-type: none"> <li>• Does not independently complete any meal planning/preparation</li> <li>• Can complete minimal portions of meal planning/preparation, but needs assistance</li> <li>• Can complete some portions of meal planning/preparation, but needs assistance</li> <li>• Can independently complete many meal planning/preparation activities, but still needs assistance</li> <li>• Can independently complete all meal planning/preparation</li> <li>• Question does not apply or is not relevant due to the individual's age</li> <li>• Current information not available</li> </ul>
<b>Shopping/ Errands</b>	<ul style="list-style-type: none"> <li>• Does not independently complete any shopping/errands</li> </ul>

	<ul style="list-style-type: none"> <li>• Can complete minimal portions of shopping/errands, but needs assistance</li> <li>• Can complete some portions of shopping/errands, but needs assistance</li> <li>• Can independently complete many shopping/errands, but still needs assistance</li> <li>• Can independently complete all shopping/errands</li> <li>• Question does not apply or is not relevant due to the individual's age</li> <li>• Current information not available</li> </ul>
<b>Repositioning/ Transferring</b>	<ul style="list-style-type: none"> <li>• Does not independently complete any repositioning/transferring</li> <li>• Can complete minimal portions of repositioning/transferring, but needs assistance</li> <li>• Can complete some portions of repositioning/transferring, but needs assistance</li> <li>• Can independently complete many repositioning/transferring activities, but still needs assistance</li> <li>• Can independently complete all repositioning/transferring</li> <li>• Question does not apply or is not relevant due to the individual's age</li> <li>• Current information not available</li> </ul>
<b>Accompaniment to Medical Appointments</b>	<ul style="list-style-type: none"> <li>• Does not independently attend medical appointments</li> <li>• Can complete minimal portions of attending medical appointments, but needs assistance</li> <li>• Can complete some portions of attending medical appointments, but needs assistance</li> <li>• Can independently attend medical appointments, but still needs assistance</li> <li>• Can independently attend all medical appointments</li> <li>• Question does not apply or is not relevant due to the individual's age</li> <li>• Current information not available</li> </ul>
<b>Disruptive Social Behavior (CDER)</b>	<ul style="list-style-type: none"> <li>• Disruptive behavior interferes with social participation almost every day</li> <li>• Disruptive behavior interferes with social participation at least once a week, but not every day</li> <li>• Disruptive behavior interferes with social participation at least once a month, but not every week</li> <li>• Disruptive behavior interferes with social participation less than once a month</li> <li>• Disruptive behavior never occurs</li> <li>• Question does not apply</li> <li>• Current information not available</li> </ul>

### Section 5: Day Care

Day care plans may authorize up to 45 hours per week for school/meal breaks and up to 3 hours per day of commute time. Any hours that the individual is at school or in a day program while both parents/guardians are working or at school will be deducted from the hours approved for that day.

#### Day Care Provider Information

Name of day care provider:

Total hours of day care per week the individual receives:

#### Family Arrangement

What is the parental relationship?

- Living together and co-parenting  
 Living apart and co-parenting  
 Only one parent is available to provide most care  
 Other

For minors, who does the individual live with and what is the custody arrangement? \*Please note shared custody is considered a natural break.

**Parent/Guardian/Caregiver 1 Typical Weekly Schedule**

Please document parent/guardian/caregiver’s typical weekly schedule, or the time spent away from home working or going to school, (including commute, e.g., Monday: 9AM to 6PM).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
School							

If schedule varies week-to-week, please indicate this here:

Please share any potential unexpected changes that might affect the parent/guardian’s schedule:

**Parent/Guardian 2 Typical Weekly Schedule**

Please document parent/guardian/caregiver’s typical weekly schedule, or the time spent away from home working or going to school, (including commute, e.g., Monday: 9AM to 6PM).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
School							

If schedule varies week-to-week, please indicate this here:

Please share any potential unexpected changes that might affect parent/guardian’s schedule:

**Survey: Please share your experience using this tool and share the feedback you received from the individual/family.**

How long did it take you to administer the tool?	<input type="checkbox"/> 1-15 minutes <input type="checkbox"/> 16-30 minutes <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> 1 hour to 1.5 hours <input type="checkbox"/> more than 1.5 hours
Did you interpret/translate any part of this tool during administration?	<input type="checkbox"/> Yes, What language: <input type="checkbox"/> No
Based on your professional knowledge and expertise how would you rate this individual's overall support needs? (1 being the lowest, 10 being the highest)?	
Based on the sections you completed (respite, personal assistance, day care), how many hours of services would you authorize per week? <b>*Your response/s will not impact their services today.</b>	<input type="checkbox"/> Respite, how many hours per week? <input type="checkbox"/> Personal assistance, how many hours per week? <input type="checkbox"/> Daycare, how many hours per week?
If applicable to your regional center, has this individual had an exceptional amount of respite, personal assistance, or day care services approved in the past year?	<input type="checkbox"/> Yes for respite <input type="checkbox"/> Yes for personal assistance <input type="checkbox"/> Yes for day care <input type="checkbox"/> No exceptions approved <input type="checkbox"/> N/A

Please record any feedback the individual/family wants to share on their experience with this tool.

Draft for Data Collection