APPENDIX C LIFE EXPERIENCE APPRAISAL

ASSESSMENT REVIEW

NAME	
MCI#	
DOB / AGE	
SIS LEVEL	
SIS GROUP	
SIS DATE	

I. SIS		
AREA	COMMENTS	ALIGN
MEDICAL		
BEHAVIORAL		
COMMENTS:		

II. PA PLUS		
SUPPLEMENTAL QUESTION	RESPONSE	ALIGN
Mobility		
Transfer		
Vision		
Hearing		
Communication		
Safety		
Treatments		
Psychiatric Diagnosis		
Psychotropic Meds		
Telephone		
COMMENTS:		

	PA SUPPLEMENTAL QUESTIONS			
Health Risks		Y/N	ALIGN	
1	The Individual requires exceptionally high levels of staff support to address severe medical risks related to inhalation or oxygen therapy; postural drainage; chest PT, suctioning; oral stimulation and/or jaw positioning; tube feeding; parenteral feeding; skin care turning or positioning; skin care dressing of open wounds; protection from infectious diseases due to immune system impairment; seizure management; dialysis; ostomy care; medically-related lifting and/or transferring; therapy services, and/or other critical medical supports?			
S	evere Community Safety Risk			

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2	The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has been convicted of a crime related to these risks?		
3	The Individual is currently a severe community safety risk to others related to actual or attempted assault and/or injury to others; property destruction due to fire setting and/or arson; and/or sexual aggression and has not been convicted of a crime related to these risks?		
Se	Severe Risk or Injury to Self		
4	The Individual displays self-directed destructiveness related to self-injury; pica; and/or suicide attempts which seriously threatens their own health and/or safety?		
5	Individual displays a risk of falling, as demonstrated by an unsteady gait, active seizures,		

FINDINGS

EXCEPTION ASSESSMENT	
AGREE WITH SIS LEVEL	
EXPLANATION	

Spell Check