

Prioritization of Urgency of Need for Services (PUNS)**Individual Data**

Date of Meeting: ____/____/____

Date Created: ____/____/____

Date Finalized: ____/____/____

First Name: _____

Last Name: _____

Gender: _____

MCI: _____

County/Joinder: _____

Birth Date: ____/____/____

Category: _____

Date mailed to the family: ____/____/____

Reason for update or review:

___ Newly Eligible

___ In a private ICF or state ID center

___ Annual update (regardless of changes
in category or supports needed)

___ Change of category only (emergency, critical, planning)

___ Change in supports needed only (more
or less) – unchanged category

___ Change in category and supports needed

___ No longer wishes to receive services or no
longer eligible for services___ Comes off waiting list – needs met by
another program (e.g. CHC, another waiver)**Participant Information:****(Signature may be found on original document)**

Name	Role	Date	Signature

For the following items, indicate the reason for need by answering Yes/No for all questions

Emergency Need (Person needs supports immediately)		
1	Death, family crisis, serious illness of a caregiver or caregiver is no longer able to provide care with no other caregivers available	
2	Immediate supports (behavioral, day, in-home or other) will prevent the immediate need for residential support	
3	Person has been committed by the court or is at risk of incarceration without supports (could be to a state center, group home or other residential situation)	
4	Person is living in a setting or location that places their health or safety at risk and immediately needs a new place to live (e.g. shelter, prison, acute care hospital, or person is homeless)	
5	Additional supports are needed immediately to protect the person's health and safety or to keep him/her from being placed in a state center, nursing home, large ICF or other congregate care setting due to behavioral needs, physical needs, or other situations	
6	Long term (greater than 90 days) supports are needed immediately for (1) family/caregiver to keep the person at home and there is no other caregiver available; OR (2) Person needs immediate support to stay in their own home/family home	
7	Short term (90 days or fewer) supports are needed immediately for (1) family/caregiver to keep the person at home and there is no other caregiver available; OR (2) Person needs immediate support to stay in their own home/family home	
8	There are two or more people in the home that require support with their activities of daily living which compromises the caregiver's ability to ensure the person's health and safety	
9	Person has a single caregiver and supports are needed immediately to ensure the person's health and safety	
10	Person or family/caregiver needs immediate support to maintain his/her employment situation, obtain follow along supported employment or achieve a post-school employment outcome	

Critical Need (Person needs supports within two years)		
1	Person has a caregiver age 60+ and will need supports within the next two years	
2	Person has an ill caregiver who will be unable to continue providing care within the next two years	
3	Person has behavioral support needs or medical concerns or conditions that will warrant additional supports within the next two years	
4	Person has personal or physical care needs that cannot be met by current family/caregivers or the person's health has deteriorated and supports will be needed within the next two years	
5	There has been a death or other family crisis (e.g. illness, divorce), requiring additional supports within the next two years	
6	There has been a change in the household that no longer allows the caregiver to provide the level of support previously provided (e.g. new member of the household that requires care and assistance with activities of daily living; deteriorating health of caregiver)	
7	Person or caregiver will need an alternative living arrangement within the next two years	
8	Person has graduated or left school in the past 5 years	
9	Person is graduating from high school within the next two years and will need supports	

10	Person has a single caregiver and will need supports within the next two years	
11	There are two or more people in the home that require support with their activities of daily living	
12	Person moved from another county where they were receiving residential, day or in-home supports (non-waiver funds only)	
13	Person is receiving day supports that are inappropriate to meet their needs	
14	Person moved from another state where they were receiving residential, day or in-home supports	
15	The county/administrative entity has plans to assist the person in moving within the next two years (from a state center, nursing home, state hospital or other residential setting)	
16	Person is losing eligibility for Children and Youth supports within the next two years	
17	Person is losing eligibility for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/behavioral health rehabilitation services	
18	Person is losing eligibility for OBRA/Nursing Home supports within the next two years	
19	Person receives services or support for behavioral or medical diagnoses during most of the day or at a very high level	
20	Person is losing eligibility for Residential Treatment Facility within the next two years	
21	Person is losing eligibility for residential supports received in an Approved Private School within the next two years	
22	Person is leaving jail, prison or other criminal justice setting within the next two years	
23	Person will need support to stay in their own home/family home within the next two years	
24	Person has been identified as ready for discharge within the next two years (from a state hospital, state center, private ICF, nursing home or other residential setting)	

Planning for Need (Person's need for support is more than two years away but less than five years away)		
1	Family/caregiver is or will be 60+ years of age and will need supports in the next 2-5 years	
2	Person lives in a large residential or group setting, and person/family has expressed a desire to move (or the county/administrative entity plans to move the person)	
3	Known need for supports more than two years away Specify: Enter Date Needed: (MM/DD/YYYY): _/_/_/____	
4	Person or family/caregiver will need increased supports in the next 2-5 years	
5	Person is losing eligibility for Children and Youth supports within the next 2-5 years Enter Date Needed: (MM/DD/YYYY): _/_/_/____	
6	Person is losing eligibility for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/behavioral health rehabilitation services or other mental health/behavioral support (including therapeutic foster care) within 2-5 years Enter Date Needed: (MM/DD/YYYY): _/_/_/____	
7	Person is losing eligibility for Residential Treatment Facility supports within 2-5 years Enter Date Needed: (MM/DD/YYYY): _/_/_/____	
8	Person is losing eligibility for residential supports provided in an Approved Private School placement within 2-5 years Enter Date Needed: (MM/DD/YYYY): _/_/_/____	
9	Person will be graduating from high school in the next 2-5 years Enter Date Needed: (MM/DD/YYYY): _/_/_/____	
10	Person lives in a residential setting that is more restrictive than what is needed	

INSERT INDIVIDUAL'S NAME HERE

Existing Supports and Services

Answer Yes/No for supports that are currently in place specifying whether the supports are ODP or non-ODP supports (Non-ODP supports include education, EPSDT and community resources)

	Individual Supports	
	Respite Supports 24 Hour	
	ODP Supports	
	Non-ODP Supports	
	Respite Supports (<24 hour)	
	ODP Supports	
	Non-ODP Supports	
	Occupational Therapy	
	ODP Supports	
	Non-ODP Supports	
	Physical Therapy	
	ODP Supports	
	Non-ODP Supports	
	Communication Supports	
	ODP Supports	
	Non-ODP Supports	
	Other therapies	
	ODP Supports	
	Non-ODP Supports	
	Education	
	Non-ODP Supports	
	Post Secondary/Adult Education	
	ODP Supports	
	Non-ODP Supports	
	In-Home and Community Supports, Companion or Specialized Skills Development	
	ODP Supports	
	Non-ODP Supports	
	Assistive Technology	
	ODP Supports	
	Non-ODP Supports	
	Homemaker/Chore Supports	
	ODP Supports	
	Non-ODP Supports	
	Environmental Accessibility (e.g. adaptations to home or vehicle)	
	ODP Supports	
	Non-ODP Supports	
	Other Individual Supports	
	ODP Supports	
	Non-ODP Supports	
	Transportation	
	Transportation (including trip/mileage reimbursement, para-transit, etc.)	
	ODP Supports	

INSERT INDIVIDUAL'S NAME HERE

	Non-ODP Supports	
	Employment and Day Supports	
	Senior Supports	
	ODP Supports	
	Non-ODP Supports	
	Supported employment (Career Assessment, job coaching, etc.)	
	ODP Supports	
	Non-ODP Supports	
	Community Participation Supports	
	ODP Supports	
	Non-ODP Supports	
	Adult Day Supports	
	ODP Supports	
	Non-ODP Supports	
	Other Day Supports (e.g. volunteering, community experience)	
	ODP Supports	
	Non-ODP Supports	
	Residential Supports	
	Family Living/Life Sharing	
	ODP Supports	
	Non-ODP Supports	
	Foster Care (Children only)	
	Non-ODP Supports	
	Individual Home Owned/Leased by the person with < 24 hour staff	
	ODP Supports	
	Non-ODP Supports	
	Individual Home owned/Leased by the person with 24 hour staff	
	ODP Supports	
	Non-ODP Supports	
	Agency Group Home or Apartment < 24 hour staff	
	ODP Supports	
	Non-ODP Supports	
	Agency Group Home or Apartment 24 hour staff	
	ODP Supports	
	Non-ODP Supports	
	Nursing Home	
	Non-ODP Supports	
	Other Institution with > 15 People	
	ODP Supports	
	Non-ODP Supports	
	State Center	
	ODP Supports	
	Non-ODP Supports	
	Private ICF	
	ODP Supports	
	Non-ODP Supports	
	Domiciliary Care/Personal Care Boarding Home (Adult Foster Care)	

INSERT INDIVIDUAL'S NAME HERE

	Non-ODP Supports	
	Assisted Living	
	Non-ODP Supports	
	Transitional Housing/Respite	
	ODP Supports	
	Non-ODP Supports	
	Other Residential/Housing Supports	
	ODP Supports	
	Non-ODP Supports	

Supports Needed

For the following items, indicate if support is needed by answering yes or no for all questions

	Individual Supports	
	Date of first request in this category (MM/DD/YYYY)	
	Person needs support overnight to provide a break for the caregiver	
	Person needs support for a few hours during the day to provide a break for the caregiver	
	Person needs behavioral support or services	
	Person needs physical therapy to help them increase or maintain their ability to move	
	Person needs support with a difficulty communicating	
	Person needs other therapies (e.g. visual/mobility, occupational, music)	
	Person needs support with education beyond high school	
	Person needs support to learn or maintain skills and to take part in activities at home or in the community	
	Person needs an object/device to help them communicate, self-direct, and/or build adaptive capabilities (e.g. assistive technology, adaptive equipment)	
	Person needs support with medical needs not covered by insurance (Certified nursing assistant or nurse)	
	Person needs modifications to their home or vehicle to access them or for safety and/or independence	
	Person needs other individual supports not listed above	
	Transportation	
	Date of first request in this category (MM/DD/YYYY)	
	Person needs transportation on a daily or almost daily basis	
	Person needs transportation every few days or less often	
	Employment or Day Supports	
	Date of first request in this category (MM/DD/YYYY)	
	Person needs support upon retirement or in planning their retirement	
	Person needs support finding or keeping a job	
	Person needs support with activities that will better prepare them for a job (e.g. learning about work incentives, how to manage medical and cash benefits when working)	

INSERT INDIVIDUAL'S NAME HERE

	Person needs support to participate in community activities, including volunteering	
	Residential Supports	
	Date of first request in this category (MM/DD/YYYY)	
	Person needs support that would be best provided by living in another family home with a family trained to provide support (Lifesharing)	
	Person needs constant support living in a home or apartment an agency owns and operates, with vocational supports	
	Person needs support living in a home that they own	
	Person needs occasional support living in a home or apartment an agency owns and operates	
	Person needs constant support living in a home or apartment an agency owns and operates, without vocational supports	
	Person needs other housing or residential supports	