

EVALUATION OF PROPOSED CONSERVATEE'S DAILY FUNCTION ABILITY:

Proposed Conservatee's Level of Education:

Language(s) Spoken:

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| <p>CLIENT DESCRIPTION <i>(including their concerns, abuse information, and current services in place)</i> and CLIENT APPEARANCE:</p> |
| <p>CAREER HISTORY:</p> |
| <p>HEALTH STATUS and PROVIDERS:</p> |

| Functioning Levels (Activities of Daily Living/ADL) | | | | |
|---|---|--|--|--|
| <p>Bathing: either sponge, shower, or tub</p> | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| <p>Comments:</p> | | | | |
| <p>Dressing: includes choosing and obtaining clothing</p> | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| <p>Comments:</p> | | | | |
| <p>Toileting: going to toilet, cleaning self, and changing clothes</p> | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| <p>Comments:</p> | | | | |

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|---|---|---|---|---|
| Transfer: can get in and out of bed; can get on and off chair | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Continence: both urine and bowel function completely by self | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Feeding: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Any other information regarding this evaluation of the client's "Activities of Daily Living" function: | | | | |

| Instrumental Activities of Daily Living (IADL) | | | | |
|---|---|---|---|---|
| Ability to use Telephone/Cellular Phone: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Shopping: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |

| | | | | |
|---|---|--|--|--|
| Food Preparation: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Housekeeping: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Laundry: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Mode of Transportation: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Responsible for Medications: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Any other information regarding this evaluation of the client's "Activities of Daily Living" function: | | | | |

Managing Finances

| | | | | |
|--|---|--|--|--|
| Ability to handle finances: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Ability to appreciate the value of money: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Can manage small amounts of cash for purchases: (Less than \$20) – (Understanding cost of items and change needed) | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Can manage large amounts of cash for purchases: (More than \$20) – (Understanding cost of items and change needed) | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Can understand how to make online purchases with a credit card: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |

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|--|---|--|--|--|
| Can understand how to use a debit card/credit card responsibly: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Can resist others who may take advantage of client's money: (Cash, debit, or credit card) | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Can keep track of charitable donations and resist requests if they exceed reasonable donation allowance given client's income: | <input type="checkbox"/> No impairment | <input type="checkbox"/> Impairment present | <input type="checkbox"/> So impaired as to be incapable of being assessed | <input type="checkbox"/> Not assessed |
| Comments: | | | | |
| Any other information regarding this evaluation of the client's financial management function/skills: | | | | |
| Please note activities which are important for client's quality and enjoyment of life and assistance needed to maintain these activities: | | | | |
| Safety Observations: | | | | |
| Social Network/Circle of Support: | | | | |

| | | | | | | | |
|--|---|---|---|--|---|--|---|
| Suspected type(s) of abuse client is dealing with: | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Financial abuse | <input type="checkbox"/> Self-Neglect | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Unable to assess |
| Comments: | | | | | | | |
| Client possibly at risk for: | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Financial abuse | <input type="checkbox"/> Self-Neglect | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Other |
| Comments: | | | | | | | |
| Services client may benefit from: | <input type="checkbox"/> Housing resources | <input type="checkbox"/> House-keeping resources | <input type="checkbox"/> Financial resources | <input type="checkbox"/> Transportation resources | <input type="checkbox"/> Mental health resources | <input type="checkbox"/> Legal services | <input type="checkbox"/> Monitoring resources (e.g., friendly visitor) |
| Comments: | | | | | | | |
| Other services not mentioned above: | | | | | | | |
| Case Management Need: | | | | | | | |
| Additional relevant information: <i>(any information not included in any of the areas above).</i> | | | | | | | |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date _____

Type or Print Name

Signature of Declarant

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