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| Attachment H | | | | | | | | |
| SADS Service Plan | | | | | | | | |
| **Participant** | |  | | | | **Current Date** |  | | |
| **Schedule** |  | | **Age** |  | **Date of Enrollment** | | |  | | |

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| **MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS** |
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| **COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS** | | | |
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| GOALS | | | | |
| **Expected Outcome** | **Outcome Criteria** | **TD** | **DA** | |
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TD: Target Date DA: Date Achieved

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| **SOCIALIZATION** | |
| **Activity** | **Level of Engagement** |
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| **Capacity for Self-esteem** *(Interacts with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect):* |
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| FUNCTIONAL ASSESSMENT/STAFF INTERVENTION | |
| **ADLs** | **Level of Care** |
| * Mobility |  |
| * Transfers |  |
| * Toileting |  |
| * Continence |  |
| * Eating |  |
| * Self administration of medication |  |
| * Supervision and Monitoring |  |

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| **Capacity for independence and self care** (*Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity):* |
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| **Participant/Caregiver signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Program staff signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| SADS Service Plan | | | | | | | | |
| **Participant** | | **Mary Jones** | | | | **Current Date** | **6/2/11** | | |
| **Schedule** | **M,W,F w/transportation** | | **Age** | **80** | **Date of Enrollment** | | | **5/10/11** | | |

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| **MEDICAL/NUTRITION/SENSORY/MEDICATION/PAIN STATUS** |
| Mary has arthritis, high blood pressure and a history of falls. She has a regular diet, is allergic to strawberries and wears dentures. She wears glasses; hearing appears within normal limits and complains of being cold. Medication is taken at home for high blood pressure and Mary carries Tylenol with her for pain. |

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| **COGNITIVE/PSYCHOSOCIAL/SPIRITUAL/COMMUNICATION STATUS** |
| Mary is generally alert and pleasant with occasional forgetfulness. She lives alone, her daughter is her primary caregiver, and many family members are involved. She raised 5 children and volunteered at her Catholic church. Mary can identify her needs and verbalize them to staff. |

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| GOALS | | | |
| **Expected Outcome** | **Outcome Criteria** | **TD** | **DA** |
| Using her walker safely | Mary will be active in the Walkers Group | 9/11 |  |
| Pain free | Mary will take her Tylenol as needed | 9/11 |  |

TD: Target Date DA: Date Achieved

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| **SOCIALIZATION** | |
| **Activity** | **Level of Engagement** |
| Walkers group | Active |
| Devotions | Active |
| Bakers club | Active |

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| **Capacity for Self-esteem** *(Interacts with others and seeks to establish, maintain, or improve the participant's sense of usefulness to self and others, the desire to use his or her physical and mental capabilities to the fullest extent, and his or her sense of self-respect):* |
| Mary used to organize monthly church suppers. She will be asked to contribute a favorite recipe for the Bakers club and lead the group in preparing it. |

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| FUNCTIONAL ASSESSMENT/STAFF INTERVENTION | |
| **ADLs** | **Level of Care** |
| * Mobility: uses (new) walker | * Physical cues |
| * Transfers: uses walker for standing/sitting | * Physical cues |
| * Toileting: requires help with clothing | * Minimal Assist |
| * Continence: wears pads | * Monitoring/toileting schedule |
| * Eating: | * Independent, NO STRAWBERRIES |
| * Self administration of medication | * Prompt if she appears to be in pain |
| * Supervision and Monitoring | * Verbal cues/encouragement |

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| **Capacity for independence and self care** (*Use of existing capacities, develops new capacities and interests and compensate for existing or developing impairments in capacity):* |
| Mary has just been told she needs to use her walker at all times due to recent falls at home. She can be unsteady, is uncomfortable using the walker, and is afraid of falling. Mary will be able to practice using the walker and feel safe in the program area. |

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| **Participant/Caregiver signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Program staff signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_** |