**Attachment C New York State Office for the Aging**

**SADS Program Personal Care Worksheet**

This worksheet must be used in conjunction with the SADS Program Training and Health Status Worksheet and the Social Adult Day Services Monitoring Tool.

NYSOFA requires social adult day services programs to provide some hands-on personal care in toileting (including care of incontinence), mobility, transfers and eating.

A Program may opt to: 1) provide total assistance with toileting (including care of incontinence), mobility, transfers and eating; and 2) provide some or total assistance with grooming, bathing, changing simple dressings, using supplies, adaptive/assistive equipment and self-administration of medications.

Complete the following chart. Place a check mark to indicate the highest level of personal care assistance provided to the participants.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activities of Daily Living | No Assistance | Supervision and Verbal Cueing, set-up only | Minimal Physical Assistance | Moderate Physical Assistance | Total Physical Assistance |
| Toileting |  |  |  |  |  |
| Continence care |  |  |  |  |  |
| Mobility-ambulating |  |  |  |  |  |
| Mobility- wheelchair |  |  |  |  |  |
| Transfers |  |  |  |  |  |
| Eating-feeding |  |  |  |  |  |
| Grooming-hair  or shaving |  |  |  |  |  |
| Bathing/showers |  |  |  |  |  |
| Nail care |  |  |  |  |  |
| Changing simple dressings |  |  |  |  |  |
| Using supplies, adaptive/assistive equipment |  |  |  |  |  |
| Self- administration of medication |  |  |  |  |  |