SG ENABLE

Inclusive society, Enabled lives.

APPLICATION FOR ADULT DISABILITY SERVICES

Please tick ⊘ where applicable

Name of Applicant: _____

NRIC / BC No.: _____

I. ASSESSMENT

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q1 MOBILITY	Rating ○ **A** Requires no support for mobility in day-to-day routines	☐ Needs supervision, assistance or instructions to move around ☐ Needs supervision or physical guidance by staff in the use of assistive devices e.g., walking frame, quad stick or wheelchair ☐ Needs pushing/positioning of wheelchair to meals/toilet/centre activities ☐ Wheel chair bound - needs positioning/transfer from wheelchair to toilet commode/dining chair ☐ _____
	Rating ○ **B** Requires some support for mobility in day-to-day routines	
	Rating ○ **C** Requires significant support for mobility in day-to-day routines	
	Rating ○ **D** Totally dependent on staff for mobility in day-to-day routines	
Q2 FEEDING	Rating ○ **A** Requires no support to feed	☐ Needs supervision because of poor ability to self-feed or messy eating ☐ Needs positioning on chair ☐ Needs assistance to cut up food into suitable portions at the dining table ☐ Needs supervision to prevent choking / food grabbing from visitors or at meal times ☐ Needs assistance for refusal to eat due to withdrawn or depressed behaviour ☐ Needs encouragement or assistance to feed self ☐ _____
	Rating ○ **B** Requires Some Support to feed	
	Rating ○ **C** Requires significant support to feed	
	Rating ○ **D** Totally dependent on staff to feed	
Q3 TOILETING (*excludes transferring person to wheelchair for toileting)	Rating ○ **A** Requires no support for toileting	☐ Needs supervision to commence/complete toileting ☐ Needs supervision/assistance in positioning over toilet receptacle ☐ Needs assistance with undressing and dressing, clothing adjustments or change of clothes/diapers ☐ Needs reminders/supervision to flush toilet after use ☐ Needs reminders/supervision/assistance to clean self after toileting ☐ Needs supervision/assistance in cleaning after episodes of incontinence ☐ _____
	Rating ○ **B** Requires some support for toileting	
	Rating ○ **C** Requires significant support for toileting	
	Rating ○ **D** Totally dependent on staff for toileting	

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q4 PERSONAL GROOMING & HYGIENE (*excludes cleaning/changing after incontinence)	Rating ○ **A** Requires no support for grooming or hygiene	☐ Needs constant reminders/assistance to be neat in attire ☐ Needs constant reminders/assistance to wipe mouth after meals ☐ Needs constant reminders to bathe ☐ Needs supervision/assistance due to general self-neglect ☐ Need supervision/assistance with selection of appropriate clothing ☐ Need supervision/assistance with combing of hair ☐ Need supervision/assistance with shaving ☐ Need assistance with trimming of finger and toe nails ☐ Need supervision/assistance with dressing, putting on slippers, etc. ☐ Need supervision/assistance with brushing of teeth, cleaning and fitting dentures and other oral care ☐ Need supervision/assistance with sanitary napkins during menstruation ☐ Needs supervision/assistance with soaping, washing, drying ☐ _____
	Rating ○ **B** Requires some support for grooming or hygiene	
	Rating ○ **C** Requires significant support for grooming or hygiene	
	Rating ○ **D** Totally dependent on staff for grooming or hygiene	
Q5 PSYCHIATRIC PROBLEMS (No Formal Diagnosis Needed)	Rating ○ **A** Requires no support for the specified mental health problem	☐ Hallucinations e.g. hear and/or responds to voices ☐ Delusions e.g. is suspicious, accuses others of causing harm ☐ Anxiety e.g. anxious and tense or preoccupied with physical symptoms/ complaints ☐ Depression e.g. lacks interest in daily activities, tearful, easily upset, agitated ☐ _____
	Rating ○ **B** Requires support to monitor the specified mental health problem (in view of history) **OR** Requires support to follow up with psychiatric evaluation due to suspicion of mental health problem	
	Rating ○ **C** Requires behavioural support to deal with <u>mild interference</u> in mental health functioning.	
	Rating ○ **D** Requires behavioural support to deal with moderate – severe interference in mental health functioning	

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q6a BEHAVIOURAL PROBLEMS DISRUPTIVE BEHAVIOUR	**Rating ○ A** Requires no support (i.e., no evidence of past and current disruptive behaviour)	☐ Shouting, screaming ☐ Tantrums, anger control problems, irritability ☐ Hyperactivity, impulse control problems ☐ Oppositional ☐ Sexually disinhibited behaviour (e.g. Stripping, masturbation) ☐ Absconding, wandering ☐ Inappropriate speech/vocalisation ☐ Inappropriate social behaviour ☐ Other disruptive behaviour: _____ ☐ How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ ☐ Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating ○ B Requires support to monitor for the presence of disruptive behaviour (in view of history)	
	Rating ○ C Requires behavioural support to deal with occasional (1-3 times a week) display of disruptive behaviour **OR** Requires behavioural support to deal with mild level of disruptive behaviour	
	Rating ○ D Requires significant behavioural support to deal with frequent display of disruptive behaviour (>4 times a week) **OR** Requires behavioural support to deal with moderate - severe level of disruptive behaviour	
Q6b. BEHAVIOURAL PROBLEMS STEREOTYPIC BEHAVIOUR	**Rating ○ A** Requires no support (i.e., no evidence of past and current stereotypic behaviour)	☐ Hand-flapping or waving ☐ Head-rolling ☐ Body-rocking ☐ Spinning or flipping of objects ☐ Sniffing objects ☐ Repetitive hand or finger movements ☐ Repetitive vocal sequences or screaming (if the behaviour is stereotypical and not rated under "Disruptive Behaviour") ☐ Other stereotypic behaviour: _____ ☐ How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ ☐ Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating ○ B Requires support to monitor for the presence of stereotypic behaviours (in view of history)	
	Rating ○ C Requires behavioural support to deal with occasional (1-3 times a week) display of stereotypic behaviour OR Requires behavioural support to deal with mild level of stereotypic behaviour	
	Rating ○ D Requires significant behavioural support to deal with frequent (>4 times a week) display of stereotypic behaviour OR Requires behavioural support to deal with moderate - severe level of stereotypic behaviour	

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q7a. RISK BEHAVIOURS AGGRESSION	**Rating ○ A** Requires no support (i.e., no evidence of past and current aggressive behaviour)	
	Rating ○ B Requires support to monitor for the presence of aggressive behaviours (in view of history)	☐ Verbal aggression ☐ Property destruction ☐ Body slamming ☐ Physical aggression towards staff, strangers, other persons (e.g., punching, hitting, biting, kicking with body contact) ☐ Sexual aggression or abusive behaviour ☐ Other aggressive behaviour: _____ ☐ How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ ☐ Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating ○ C Requires behavioural support to deal with occasional (1-3 times a week) display of aggressive behaviour **OR** Requires behavioural support to deal with mild level of aggressive behaviour	
	Rating ○ D Requires behavioural support to deal with frequent (>4 times a week) display of aggressive behaviour **OR** Requires behavioural support to deal with moderate - severe level of aggressive behaviour	
*Q7b. RISK BEHAVIOURS SELF INJURIOUS OR SUICIDAL BEHAVIOUR	**Rating ○ A** Requires no support (i.e., no evidence of past and current self-harm/suicidal behaviour)	
	Rating ○ B Requires support to monitor for the presence of self-harm/suicidal behaviour (in view of history)	☐ Self-mutilation (e.g. head banging, hair-pulling, skinpicking, self-biting, self-scratching) ☐ Inserting fingers or objects into body orifices ☐ Pica, extreme drinking ☐ Intentional risk-taking and reckless behaviours ☐ Attempted suicide ☐ Other self-harming behaviour: _____ ☐ How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ ☐ Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating ○ C Requires behavioural support to deal with occasional display of self-harm/ suicidal behaviour (1-3 times a week) **OR** Requires behavioural support to deal with mild level of self-harm/suicidal behaviour	
	Rating ○ D Requires behavioural support to deal with the frequent (>4 times a week) display of self-harm/suicidal behavior **OR** Requires behavioural support to deal with moderate - severe level of self-harm/suicidal behaviour	

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q8 COMMUNITY LIVING NEEDS TASK ORIENTATION	Rating ○ **A** Requires no support to engage in learning a task	Must be able to focus attention & engage in repetitive tasks continuously for more than 1 hour, AND ☐ Work on task without supervision ☐ Work on task with minimum supervision *(tick at least 1)*
	Rating ○ **B** Requires some support to engage in learning a task	Must be able to focus attention & engage in repetitive tasks continuously for ½ - 1 hour, AND ☐ Follow instructions ☐ Respond to corrections ☐ Ask for help *(tick at least 2)*
	Rating ○ **C** Requires moderate support to engage in learning a task	Must be able to focus attention & engage in repetitive task continuously for 10 - 30 minutes, AND ☐ Follow instructions ☐ Retrieve/keep task-related tools/materials *(tick at least 1)*
	Rating ○ **D** Requires significant support to engage in learning a task	☐ Unable to focus attention & engage in repetitive task continuously for more than 10 minutes ☐ Unable to follow instructions & retrieve/keep task related tools/materials *(tick at least 1)*
Q9 COMMUNITY LIVING NEEDS COMMUNICATION NEEDS (RECEPTIVE & EXPRESSIVE)	Rating ○ **A** Requires no communication support	RECEPTIVE ☐ Understand multistep instructions EXPRESSIVE ☐ Relate (verbal/non-verbal) experiences when asked *(tick all)*
	Rating ○ **B** Requires minimal communication support	RECEPTIVE ☐ Understand 2-step instructions EXPRESSIVE ☐ Ask (verbal/non-verbal) simple questions ☐ Make request for things or for help *(tick 1 receptive & 1 expressive)*
	Rating ○ **C** Requires moderate communication support	RECEPTIVE ☐ Understand 1-step instructions EXPRESSIVE ☐ Indicate yes/no (verbal/non-verbal) to simple question ☐ Protest against intrusions to personal space/desire *(tick at least 1)*
	Rating ○ **D** Requires significant communication support	RECEPTIVE ☐ Unable to understand 1-step instructions EXPRESSIVE ☐ Unable to indicate yes/no (verbal/non-verbal) to simple question ☐ Unable to protest against intrusions to personal space/desire *(tick all)*

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q10 COMMUNITY LIVING NEEDS TIME MANAGEMENT	Rating ○ **A** Requires no support to manage time on a daily basis	☐ Able to tell time, date, & day ☐ Follow timetable of daily routine without supervision *(tick all)*
	Rating ○ **B** Requires minimal support to manage time on a daily basis	☐ Tell time, day, or date ☐ Recognise and follow sequence of scheduled activities with/without prompting *(tick all)*
	Rating ○ **C** Requires moderate support to manage time on a daily basis	☐ Follow sequence of scheduled activities only with prompting *(tick all)*
	Rating ○ **D** Requires significant support to manage time on a daily basis	☐ Unable to follow the sequence of scheduled activities even with prompting *(tick all)*
Q11 COMMUNITY LIVING NEEDS GETTING AROUND	Rating ○ **A** Requires no support to get to familiar destinations in the community	☐ Use EZ link card (if applicable) ☐ Recognise familiar places ☐ Follow safety rules ☐ Behave appropriately in public *(tick all)*
	Rating ○ **B** Requires minimal support to get to familiar destinations in the community	☐ Use EZ link card (if applicable) ☐ Recognise familiar places ☐ Follow safety rules ☐ Behave appropriately in public *(tick at least 2)*
	Rating ○ **C** Requires moderate support to get to familiar destinations in the community	☐ Recognise familiar places ☐ Follow safety rules ☐ Behave appropriately in public *(tick at least 1)*
	Rating ○ **D** Requires significant support to get to familiar destinations in the community	☐ Unable to recognise familiar places ☐ Unable to follow safety rules ☐ Unable to behave appropriately in public *(tick all)*

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q12 COMMUNITY LIVING NEEDS MANAGING MONEY	Rating ○ **A** Requires no support to handle money	☐ Consider price when making a purchase ☐ Receive correct change ☐ Give appropriate amount when making payment ☐ Store money for safekeeping *(tick all)*
	Rating ○ **B** Requires minimal support to handle money	☐ Consider price when making a purchase ☐ Receive correct change ☐ Give appropriate amount when making payment ☐ Store money for safekeeping *(tick at least 3)*
	Rating ○ **C** Requires moderate support to handle money	☐ Receive correct change ☐ Wait to receive change ☐ Give appropriate amount when making payment ☐ Store money for safekeeping *(tick at least 2)*
	Rating ○ **D** Requires significant support to handle money	☐ No concept of money ☐ Unable to handle money due to physical limitation *(tick at least 1)*
Q13 COMMUNITY LIVING NEEDS LEISURE/RECREATION	Rating ○ **A** Requires no support to engage in leisure/recreational activities	☐ Play board/card games or sports that requires simple rules ☐ Participate in outings and comply with both safety & conventional rules of etiquette *(tick at least 1)*
	Rating ○ **B** Requires minimal support to engage in leisure/recreational activities	☐ Play board/card games or sports that requires simple rules ☐ Participate in outings and comply with safety rules ☐ Participate in outings and comply with conventional rules of etiquette *(tick at least 1)*
	Rating ○ **C** Requires moderate support to engage in leisure/recreational activities	☐ Play board/card games or sports that requires simple rules ☐ Play board/card games or sports that have no rules / listen to music / watch television ☐ Participate in outings with significant supervision *(tick at least 1)*
	Rating ○ **D** Requires significant support to engage in leisure/ recreational activities	☐ Unable to play any board/card games or sports, listen to music or watch television ☐ Unable to participate in outings even with significant supervision *(tick all)*

Please tick ⊘ where applicable

I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q14 COMMUNITY LIVING NEEDS SOCIAL FUNCTIONING	Rating ○ **A** Requires no support to interact socially	☐ Initiate/ respond to interactions (verbal/gestures) ☐ Behave appropriately to others ☐ Demonstrate appropriate level of physical contact ☐ Participate in group activities ☐ Wait for turn ☐ Greet others (self-initiated / in response) ☐ Respond to name ☐ Tolerate proximity to others *(tick all)*
	Rating ○ **B** Requires minimal support to interact socially	☐ Initiate/ respond to interactions (verbal/gestures) ☐ Behave appropriately to others ☐ Demonstrate appropriate level of physical contact ☐ Participate in group activities ☐ Wait for turn *(tick at least 3)*
	Rating ○ **C** Requires moderate support to interact socially	☐ Participate in group activities ☐ Wait for turn ☐ Greet others (self-initiated / in response) ☐ Respond to name ☐ Tolerate proximity to others *(tick at least 2)*
	Rating ○ **D** Requires significant support to interact socially	☐ Unable to participate in group activities ☐ Unable to wait for turn ☐ Unable to greet others (self-initiated/in response) ☐ Unable to respond to name ☐ Unable to tolerate proximity to others *(tick at least 4)*

J. ASSESSED BY

Agency:	_____	Date of Referral:	_____
Name of Referral Staff:	_____	Tel No. (DID):	_____
Designation:	_____	Tel No. (HP):	_____
Email:	_____		