

Information may be gathered from current assessment (ILA) or directly from the individual, legal representative or provider(s).

Applicant Name: _____

SECTION 1 Pre-Eligibility Screening

- 1) Is the applicant a Vermont resident **and** age 18 or over? Yes No
IF NO ,STOP – Not Eligible
- 2) Can the needs of the individual be adequately met by services available through other sources (including but not limited to trusts, contracts for care, private insurance, Medicare, Community Medicaid, VA, VHAP, etc.)? Yes No
IF YES, STOP - Not Eligible

SECTION 2 Eligibility

- 1) Does the individual require supervision or any physical assistance three (3) or more times in seven (7) days with any single, or combination of, ADL's or IADL's?
Yes – Eligible No - Continue
- 2) Does the individual have impaired judgment or decision-making skills that require general supervision on a daily basis?
Yes – Eligible No - Continue
- 3) Does the individual require at least monthly monitoring for a chronic health condition?
Yes – Eligible No - Continue

Describe: _____

- 4) Will the individual's health condition worsen if services (adult day, homemaker) are not provided or if services are discontinued?

Yes – Eligible No – Not Eligible

Describe need: _____

Additional Comments: _____

Case Manager Signature: _____ Date: _____