

State of Alaska
Department of Health and Social Services
Senior and Disabilities Services (SDS)

IDD-04 Developmental Disabilities (DD) Registration and Review

Applicant/Person needing DD services

Name: _____ Male Female
Date of Birth: _____
Street address: _____ City/State/Zip: _____
Mail address: _____ City/State/Zip: _____
Phone: Home _____ Cell _____ Work _____
Email address: _____ Preferred contact: Mail Phone Email
Marital Status: Single Married
Racial/Ethnic Background: (Optional. Check more than one if applicable.)
 Alaska Native/American Indian Hispanic/Latino
 Asian Native Hawaiian/Pacific Islander
 Black/African American White
 Other _____

Applicant eligible for Alaska Native/Indian Health Services benefits
 Applicant enrolled in Medicaid/Denali Kid Care/TEFRA. Medicaid Number: _____

In the next 12 months, applicant would accept:

- Individualized Supports Waiver Services
- People with Intellectual and Developmental Disabilities Waiver Services
- Both Programs

Legal Representative

Name: _____
Street address: _____ City/State/Zip: _____
Mail address: _____ City/State/Zip: _____
Phone: Home _____ Cell _____ Work _____
Email address: _____ Preferred contact: Mail Phone Email
State agency interest: Public Guardian (OPA) Office of Children's Services (OCS) Custody
Representative Type: Parent Conservator
 Delegated Parental Authority Power of Attorney
 Full Guardian Representative Payee
 Partial Guardian Unknown
 Other: _____

Contact/Person completing form for applicant (if other than representative)

Name: _____
Relationship to applicant/person needing services: _____
Street address: _____ City/State/Zip: _____
Mail address: _____ City/State/Zip: _____
Phone: Home _____ Cell _____ Work _____
Email address: _____ Preferred contact: Mail Phone Email

If you need help completing this form, please contact:
Anchorage (907) 269-3666, Toll Free 1-800-478-9996
Fairbanks (907) 451-5045, Toll Free 1-800-777-1672

Review of Current Life Concerns

Please review the following list of community participation, living situation, and caregiver concerns.

- Provide the additional information or description requested after each checked item. **Scoring will be based on the information provided. No points will be given if the required additional information or description has not been included.**
- Consider the level of need for supports and services for the problems created by each of the concerns checked. Show the level of need after each checked item by marking a number from 1 – 4.
- Use the following as a guide to help decide the level of need:

1 = No need/Not applicable: no services needed at this time, but possible need in the future.

2 = Minor need: manageable problems, but additional supports and services would help.

3 = Moderate need: some problems needing supports and services to manage.

4 = Major need: difficult problems needing extensive supports and services.

Community Participation Concerns

Level of Need

1. Behavior which causes physical harm to self or others. Injures self (scratches, bites, etc.) or physically assaults others. ***Behavior must be described on page 5; mark as Item 1.*** 1 2 3 4
2. Behavior which interferes with home and/or community life. Frequent, challenging behavior resistant to interventions. ***Behavior must be described on page 5; mark as Item 2.*** 1 2 3 4
3. Behavior leading to justice system involvement. Within the last five years, arrested, charged, jailed, or placed on probation; continues to engage in behaviors likely to result in further involvement in the juvenile or adult justice system. No Yes
Date of most recent justice system contact _____
Current status of applicant _____
If in jail, anticipated date of release _____
4. Victim of psychological, physical, sexual, and/or financial abuse. Unable to make appropriate decisions regarding health and safety; finances, living situation or other life circumstances may be at risk. ***Circumstances must be described on page 5; mark as Item 4.*** 1 2 3 4
5. Complex, chronic medical condition. Requires on-going care and frequent attention by medical professionals, and routine supervision regarding medical needs. ***Condition must be described on page 5; mark as Item 5.*** 1 2 3 4
6. Applicant is caring for children or will be parent within eight months. ***Circumstances must be described on page 5; mark as Item 6; include names and ages of children, and/or estimated due date.*** 1 2 3 4

Use the following as a guide to help decide the level of need:

1 = No need/Not applicable: no services needed at this time, but possible need in the future.

2 = Minor need: manageable problems, but additional supports and services would help.

3 = Moderate need: some problems needing supports and services to manage.

4 = Major need: difficult problems needing extensive supports and services.

Living Situation Concerns

Level of Need

7. Death of primary caregiver within the past 12 months. 1 2 3 4
Name of caregiver _____
Date of death _____
8. No long-term caregiver available to assist with daily care needs. 1 2 3 4
Name of temporary caregiver _____
Relationship to applicant _____
End date of temporary care _____
9. Homeless. 1 2 3 4
No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter.
Location of night-time residence _____
Length of time applicant has been homeless _____
Date of discharge from institution _____
10. Discharge from foster care/Office of Children's Services within a year. 1 2 3 4
Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified.
11. Current residence is a nursing home, psychiatric treatment facility/hospital or intermediate care facility for the mentally retarded (ICF/MR). No Yes
Name of treatment facility _____
Date of admission _____

Caregiver Concerns

Level of Need

12. Caregiver unable to provide adequate care. 1 2 3 4
Age, health, physical or psychological condition affects ability to continue providing care.
Circumstances must be described on page 5; mark as Item 12; include caregiver's birth date if age is a factor.
13. Caregiver unable to meet behavior or health needs of applicant. 1 2 3 4
Supports, skills or training insufficient to meet applicant level of need.
Circumstances must be described on page 5; mark as Item 13.
14. Caregiver unable to get or hold a job. 1 2 3 4
Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.

Circumstances must be described on page 5; mark as Item 14.
Service Needs

SDS grants and programs make a variety of services available. The availability of a specific service will depend on the funding source. All services are subject to the limitations and requirements of state and federal regulations.

- Consider the service descriptions below, and determine which services are needed now, and which might be needed in the future.
- Check either the “Now” box or a multi-year box (1-2, 3-4, or 5-10 years) following the description.

Services coordination to gain access to, plan for, and monitor delivery of, medical, social, educational, and other services.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

In home supports: Services to help applicants acquire, retain, and/or improve self-help and social skills while living full time in the home of an unpaid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Family habilitation: Services in a family-like setting to help applicants acquire, retain, and/or improve self-help and social skills while living full-time in the licensed home of a paid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Shared care: Services in a family-like setting to help applicants acquire, retain and/or improve self-help and social skills while living part time in the licensed home of a paid caregiver.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Group home: Services in a group setting to help applicants, age 18 or older, acquire, retain and/or improve self-help and social skills while living full time in a licensed assisted living home.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Supported living: Services in an independent setting to help applicants, age 18 or older, acquire, improve, and/or retain self-help and social skills while living full time in their own residences.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Day habilitation: Services (recreational and other activities) outside the home to help applicants acquire, improve, and/or retain self-help and social skills needed to participate in community life.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Respite: Relief services for caregivers which offer occasional breaks from the stress of caring for people with developmental disabilities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Supported employment: Services which provide training, support, and supervision to help applicants to find and keep a job, or to participate in subsistence activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Transportation: Services to enable applicants to reach work sites and various resources, and to participate in community activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Specialized medical equipment and supplies which help applicants to experience their surroundings, to communicate, and to perform daily activities.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Nursing oversight: Services provided by a registered nurse to ensure that care of a medical nature is delivered in a manner that protects applicant health and safety.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Intensive active treatment: Professional treatment/therapy to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Environmental modifications: Home modifications necessary for applicant health and safety.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Chore: Regular cleaning and heavy household chores within a residence where no one else is available.

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Other: _____

Now 1-2 yrs. 3-4 yrs. 5-10 yrs.

Please provide additional information as required:

Item # ____

Item # ____

Item # ____

Item # ____

Item # ____

Item # ____
