

Date of Visit:

 _____ / _____ / _____
 Month Day Year

Policyowner:	Policy Number:
Facility or Agency:	Caregiver(s):
Days Care is to be Provided: <input type="checkbox"/> Every <input type="checkbox"/> Every-Other <input type="checkbox"/> x/Wk <input type="checkbox"/> Per Schedule: <input type="checkbox"/> Sun, <input type="checkbox"/> Mon, <input type="checkbox"/> Tues, <input type="checkbox"/> Wed, <input type="checkbox"/> Thurs, <input type="checkbox"/> Fri, <input type="checkbox"/> Sat.	

ADL	Level of Assistance				Frequency of Assistance			Supportive Equipment Used				
Bathing How often does the policyowner bathe: _____ x per week	Substantial Hands-On-Assist		Substantial Supervision for Safety		Every Time		Tub/Shower Chair					
	Moderate Hands-On-Assist		Supervision – Oversight/Cueing		More than ½ the Time		Grab Bars					
	Minimal Hands-On-Assist		Independent		Occasionally		Walker/Wheelchair					
	Stand-By Assist						Other:					
Dressing How often does the policyowner change clothes: _____ x per week	Substantial Hands-On-Assist		Substantial Supervision for Safety		Every Time		Walker/Wheelchair					
	Moderate Hands-On-Assist		Supervision – Oversight/Cueing		More than ½ the Time		Reacher/Grabber					
	Minimal Hands-On-Assist		Independent		Occasionally		Hook					
	Stand-By Assist						Shoe Horn					
Toileting How often does the policyowner use the toilet: _____ x per day _____ x per week	Substantial Hands-On-Assist		Substantial Supervision for Safety		Every Time		Raised Toilet Seat					
	Moderate Hands-On-Assist		Supervision – Oversight/Cueing		More than ½ the Time		Commode					
	Minimal Hands-On-Assist		Independent		Occasionally		Toilet Safety Frame					
	Stand-By Assist						Bed pan/Urinal					
Contenance Care How often does the policyowner require incontinence care: _____/day ____/week ____/month	Substantial Hands-On-Assist		Substantial Supervision for Safety		Every Time		Pads/Briefs					
	Moderate Hands-On-Assist		Supervision – Oversight/Cueing		More than ½ the Time		Catheter					
	Minimal Hands-On-Assist		Independent		Occasionally		Ostomy					
	Stand-By Assist											
Eating What kind of assistance does the policyowner require for eating	Substantial Hands-On-Assist		Substantial Supervision for Safety		Every Meal		Specialty Utensils					
	Moderate Hands-On-Assist		Supervision – Oversight/Cueing		More than ½ the Meals		TF/ IV/TPN					
	Minimal Hands-On-Assist		Independent		Occasional Meals		Mechanically Altered Diet Specify: _____					
	Stand-By Assist											
Transferring What kind of assistance does the policyowner require for transferring	Substantial Hands-On-Assist		Substantial Supervision for Safety		Every Time		Walker/Cane					
	Moderate Hands-On-Assist		Supervision – Oversight/Cueing		More than ½ the Time		Lift Chair					
	Minimal Hands-On-Assist		Independent		Occasionally		Hoyer Lift					
	Stand-By Assist						Wheelchair					
IADLs	IADL	Indep	Assist	Freq	IADL	Indep	Assist	Freq	IADL	Indep	Assist	Freq
What kind of assistance does the policyowner require for Instrumental Activities of Daily Living	Handling Money				Clothing Selection				Housekeeping			
	Telephone Use				Personal Hygiene				Laundry			
	Shopping				Meal Prep							

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.