

Dates of Service							
From:				To:			
	Day	Month	Year		Day	Month	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.