TEXAS Health and Human Services

Form 2059-W
July 2013-E

Summary of Individual's Need for Service Worksheet

Individual Name	Assessment Date
Individual No.	Action Type

1. Medical Conditions Reported by the Individual (List physical/medical conditions that cause functional limitations):

A. _____ B. _____ C. _____

D. _____ E. _____ F. _____

2. Functional Limitations

☐ Bedfast ☐ Behavior/Emotional Problems ☐ Blackouts ☐ Chair Bound ☐ Cognitive Impairment ☐ Contractures ☐ Dizziness
☐ Falls Easily ☐ General Weakness ☐ Hearing Impairment ☐ Incontinence ☐ Lack of ADL Skills ☐ Limited Dexterity
☐ Limited Range of Motion ☐ Nausea ☐ Numbness ☐ Pain ☐ Paralysis ☐ Shortness of Breath ☐ Spasticity
☐ Speech Impairment ☐ Tremors ☐ Unable to Stand for Long ☐ Vision Impairment ☐ Other _____

3. Description of Individual's Home Environment

Residence
- ☐ In town/suburb
- ☐ Rural area, easily accessible
- ☐ Rural area, inaccessible
- ☐ Isolated

Laundry
- ☐ Washer and Dryer
- ☐ Washer/No Dryer
- ☐ Neither

Adequate ☐ Home equipped with electricity, heat, water, and plumbing

Explanation of specific problems that impact service delivery:

Inadequate Unsafe ☐ Unsanitary ☐ Severe state of disrepair
☐ Other _____

Inadequate Questionable ☐ No water ☐ No plumbing ☐ No electricity ☐ No A/C or fan
☐ No telephone ☐ Extreme clutter ☐ Dangerous pets
☐ Other _____

Assistive Devices: _____

4. Individual's Living Arrangement:

☐ Alone ☐ With Spouse ☐ With Family/Friends ☐ AFC/RC ☐ Other: _____

5. Household/Caregivers: List all persons living in the household, other caregivers, relationship to the individual , tasks performed and reason why the person cannot meet all of the individual's needs.

Household/Caregiver Name and Relationship	Household (Yes or No)	Tasks Performed	Caregiver Status
A.			
B.			
C.			
D.			

6. Common Household Task(s) being purchased and the reason:

7. Other Agencies Serving the Individual and Limitations:

8. Agency(ies) Selected:

Service	Provider ID	Provider DBA Name	Method of Selection