

4) Select the response that best describes the individual's wheelchair mobility. If the individual does not use a wheelchair, please indicate.

- Individual does not use a wheelchair
- Can use a wheelchair independently, including transferring
- Can use a wheelchair independently with assistance in transferring
- Requires assistance in transferring and moving
- No mobility (must be transferred and moved)

Note: If the individual uses a wheelchair and requires assistance in transferring and/or moving, or is not mobile, the SSA must ensure that the individual can be evacuated from their residence in case of emergency. Examples of possible assurances are the presence of personal emergency response systems and/or voluntary caregivers. For some individuals, a personal emergency response system, may adequately address the safety issues. The ISP must address how the individual is to be evacuated from their residence in case of emergency.

5) Indicate the frequency of each behavior over the last twelve months:

No Occurrences	Occasionally	Monthly	Weekly	Frequently	Daily	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs or wanders away
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eats inedible objects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smears feces
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Displays behavior of a sexually offending or predatory nature

Legend

No Occurrences	Behavior not displayed
Occasionally	Less than once per month
Monthly	About once per month
Weekly	About once per week
Frequently	Several times per week
Daily	Once a day or more

Note: An answer on any of these items (other than "No Occurrences") means the SSA must address the issue in the ISP and ensure there is a responsible party, such as a parent or relative, who can address the issue.

6) Indicate the frequency of each behavior over the last twelve months:

No Occurrences	Occasionally	Monthly	Weekly	Frequently	Daily	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual either intentionally or unintentionally does not follow rules about electricity, fire, water, tools, traffic, interacting with strangers, or hazardous physical situations like broken windows or open trenches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual either intentionally or unintentionally threatens to do harm to self, others or objects

Legend

No Occurrences	Behavior not displayed
Occasionally	Less than once per month
Monthly	About once per month
Weekly	About once per week
Frequently	Several times per week
Daily	Once a day or more

Note: A positive response to either item (other than “No occurrences”) must be addressed in the ISP.

_____ **date** _____
Signature of service and support administrator/assessor

The signature above attests the information contained in this pre-screen is to the best of their ability an accurate representation of the assessed individual’s issues. The signature above does not necessarily indicate agreement on family involvement of informal respite training.

Note: this Pre-screen is to be kept in the County Board’s official waiver file for the individual.