

Information may be gathered from current assessment (ILA) or directly from the individual, legal representative or provider(s).

Applicant Name: \_\_\_\_\_

**SECTION 1** Pre-Eligibility Screening

- 1) Is the applicant a Vermont resident **and** age 18 or over?                      Yes                      No  
IF NO ,STOP – Not Eligible
- 2) Can the needs of the individual be adequately met by services available through other sources (including but not limited to trusts, contracts for care, private insurance, Medicare, Community Medicaid, VA, VHAP, etc.)?                      Yes                      No  
IF YES, STOP - Not Eligible

**SECTION 2** Eligibility

- 1) Does the individual require supervision or any physical assistance three (3) or more times in seven (7) days with any single, or combination of, ADL's or IADL's?  
Yes – Eligible                      No - Continue
- 2) Does the individual have impaired judgment or decision-making skills that require general supervision on a daily basis?  
Yes – Eligible                      No - Continue
- 3) Does the individual require at least monthly monitoring for a chronic health condition?  
Yes – Eligible                      No - Continue

Describe: \_\_\_\_\_

- 4) Will the individual's health condition worsen if services (adult day, homemaker) are not provided or if services are discontinued?

Yes – Eligible                      No – Not Eligible

Describe need: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_