

**NC DAAS CONSUMER DIRECTED SERVICES
PARTICIPANT SELF-ASSESSMENT FORM**

The Purpose of Self-Assessment is to help the Care Advisor in the local provider agency to determine the capacity of the consumer to be a Participant in the Consumer Directed Service program.

Based in part on the need assessment provided by the Participant and the consideration of factors by the Care Advisor, the combined observations will help to determine:

- ✓ **What help in the home is needed by the potential Participant in Consumer Directed Services**
- ✓ **The ability of the potential Participant to self-direct the care needed**
- ✓ **If there is a need for and someone available who can help the potential Participant function as the director of services and the employer of Personal Assistant(s)**

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Consumer Directed Services is a program that allows an individual to decide how their personal care and home management needs will be met by allowing them to choose who will assist them, how they want to be assisted, and when this assistance is wanted.

Please respond to the following statements/questions and sign and date the form when you have completed your responses.

Statement of why I need assistance in my home:

Services..... Respond as fully as possible. *This is the beginning of your opportunity to have direct input to the services you may receive.*

1. What services in your home do you want and need (bathing, dressing, ambulation, meals, shopping, laundry, etc)?

2. What other services (equipment, personal care items purchased, other community services) would help you maintain your independence in your home setting?

Caregivers....Consider how you will deal with the following tasks as a Participant in the program of Consumer Directed Services:

1. How will you find and select people to help you in your home?
2. How will you determine what you may need to pay someone to assist you in your home?
3. How would you go about showing someone what you want them to do for you?
4. If you are not happy with the way your caregiver is assisting you, how would handle the situation?

Working with a Care Advisor from the local provider agency and the Financial Management Service that will do payroll services for you in behalf of your paid caregiver:

1. How would you work with someone who stands ready to help you make the best of the opportunity to self-direct your care by offering advice and guidance but does not tell you that things MUST be done a certain way? How do you feel about this approach to service?

2. The Consumer Directed Services program that you are interested in has only one MUST requirement and that is for you to use the Financial Management Service chosen by the state for payroll services for caregivers of Participants in consumer directed programs. Describe what this means to you and whether you like this one requirement for you to participate in the consumer directed program.

Representative.....this is someone you may appoint to help you make decisions and also manage the caregiver that you will hire. This person may be a family member or a friend. They could meet with the Care Advisor or representative from the Financial Management Service when they make contact with you for home visits.

1. Do you want to appoint someone to be your Representative?

Yes _____

No _____

2. **If** you answered **Yes**, who do you want to be your Representative?

_____ Telephone # _____

Address _____

This person is my relative _____ or friend _____

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I would like to participate in the Consumer Directed Service program of

(Name of Provider Agency)

(My Signature)

(Date)