This form should accompany all NC-SNAP assessments. Pleasecomplete **all** applicable sections of the form. A copy of this form, along with a copy of the *NC-SNAP* assessment, should be forwarded to the responsible LME-MCO for keying into the *NC-SNAP* database. After data entry, the forms should be filed and maintained per documentation requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of *NC-SNAP* Assessment:** |       | **Individual’s Name:**  |       |
| **Type of Assessment (c*heck only one)*** | **Individual’s Unique ID No.** |       |
| [ ]  | **Initial Assessment**  | **[ ]**  | **Special Update** | **Individual’s Case No.** |  |
| [ ]  | **Annual Update** | **Medicaid ID No.** |  |
| **[ ]  State funded Services [ ]  Money Follows Person [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| [ ]  | **Change in DD Support Status (*if applicable,* c*heck only one)***  |
|  | [ ]  | **Deceased** | [ ]  | **Refused Services** | [ ]  | **Unable to Locate** | [ ]  | **Moved to Another****LME-MCO** |
|  | [ ]  | **Moved Out-of-State** | [ ]  | **No Longer Receiving Services (other)** |
|  | [ ]  | **Changed Provider (name):** |  [ ]  **SIS Assessment (date completed)**   |

Current *NC-SNAP* Scores

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Daily Living:** |   | **Health Care:**  |   | **Behavioral Supports:** |   | **Overall Level:** |   |

Examiner/Agency Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Examiner’s Name:**  |       | **Agency Name:**  |       |
| **NC-SNAP Certification No.** |       | **Agency Address:**  |       |
| **Examiner’s Email:**  |       | **Agency Phone:**  |       |

**Individual’s Type of Residential Placement** ***(check only one)***

|  |  |
| --- | --- |
| [ ]  | Independent Living (lives by self or with roommate) |
| [ ]  | Family Home (lives with family member or guardian) |
| [ ]  | Foster Home |
| [ ]  | 1 Bed Alternative Family Living (AFL) |
| [ ]  | 2 - 6 Bed Alternative Family Living (AFL) |
| **Supervised Living DD Adult Group Home (state funded)**  |
| **[ ]**  | 1 - 3 Bed Supervised Living DD Adult |
| **[ ]**  | 4 - 6 Bed Supervised Living DD Adult |
|  |  |
| **Supervised Living DD Minor Group Home (state funded)** |
| [ ]  | 1 - 3 Bed Supervised Living DD Minor |
| [ ]  | 4 - 6 Bed Supervised Living DD Minor |
|  |  |
| **ICF/ID Group Home (Medicaid funded)** |
| **[ ]**  | 1 - 6 Bed ICF/ID Group Home |
| **[ ]**  | 7 - 15 Bed ICF/ID Group Home |
| **[ ]**  | > 15 Bed ICF/ID Group Home |
| **Adult Care/Nursing/Rest Homes (homes for aged/disabled)** |
| **[ ]**  | 1 - 6 Bed Adult Care/Nursing/Rest Home |
| **[ ]**  | 7- 15 Bed Adult Care/Nursing/Rest Home |
| **[ ]**  | > 15 Bed Adult Care/Nursing/Rest Home |
| **Large Congregate Care (> 15 Bed)** |
| **[ ]**  | State Developmental Center |
| **[ ]**  | Psychiatric Hospital |
| **[ ]**  | Neuro Med Treatment Center |
| **Other Residential Not Listed Above (Specify Below)** |
| **[ ]**  | 1 - 6 Bed Other Residential  |
| **[ ]**  | 7-15 Bed Other Residential  |
| **[ ]**  | > 15 Bed Other Residential  |
| Specify Other Residential  |       |

Oct 2017