

**PUBLIC GUARDIANSHIP PROGRAM
ASSESSMENT FORM**

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**PGP ASSESSMENT FORM SATISFY CODE OF
VIRGINIA REQUIREMENTS (22VAC30-70-50)**

" Each client's record shall contain a Virginia Uniform Assessment Instrument (UAI) or a similar comprehensive assessment instrument."

Other Comprehensive Assessments Include:

- PGP Assessment Form
- MDS from a Skilled Nursing Facility
- VIDES and SIS from Community Services Board

Only required to have one assessment on file

**PGP ASSESSMENT ADAPTED FROM THE
UNIFORMED ASSESSMENT INSTRUMENT**

- Demographics
- Services Currently Being Received
- Health Insurance Information
- Physical/Medical Health and Substance Abuse
- Treatment Compliance
- Hospital Admissions
- Psycho-Social Status
- Everyday Functioning
- Family/Friends Contact
- Public Guardianship Program Summary

MANUAL AVAILABLE ON THE DARS PUBLIC WEBSITE

Department for Aging and Rehabilitative Services-Adult Protective Services Division User Manual: Uniform Assessment Instrument Chapter 13

Department for Aging and Rehabilitative Services February 2017
 Adult Protective Services Division User's Manual, DARS

13
Uniform Assessment Instrument

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INFORMATION SOURCES

Preferred Source of Information is the Individual.

- Build Rapport
- Questions should be directed to the individual
- Always remain neutral
- Ask questions clearly and slowly

At times, it may be necessary to speak with other individuals to accurately assess the individual due to a cognitive or physical disability.

- Physicians
- Nurses
- Social Workers
- Caretakers

Psycho-Social Status

Behavior Pattern:

Wandering/Passive – Less than weekly Wandering/Passive – Weekly or more

Abusive/Aggressive/Disruptive – Less than weekly Abusive/Aggressive/Disruptive – Weekly or more Comatose N/A

Describe Inappropriate Behaviors: Click or tap here to enter text.

Orientation:

Disoriented – Some spheres, some of the time Disoriented – Some spheres, all the time

Disoriented – All spheres, some of the time Disoriented – All spheres, all the time

Comatose N/A

Spheres Affected: Click or tap here to enter text.

Current psychiatric or psychological evaluation needed: Choose an item.

PSYCH-SOCIAL STATUS | Behavior Pattern

Does the person ever wander without purpose (trespass, get lost, go into traffic, etc.) or become agitated and abusive?

Wandering/Passive (Less than Weekly or Weekly or More)	<ul style="list-style-type: none"> Individual physically moves about aimlessly, is not focused mentally (wandering), or lacks awareness or interest in personal matters and/or in activities taking place in close proximity (passive) Examples: not taking medications, not eating, withdrawal self-care or leisure activities, impaired judgement, agitation, or hallucinations that is not disruptive.
Abusive/Aggressive/Disruptive (Less Than Weekly or Weekly or More)	<ul style="list-style-type: none"> The individual's behavior exhibits acts detrimental to the life, comfort, safety, and/or property of the individual and/or others. The behavior occurs less than weekly. Examples, Agitations, hallucinations, or assaultive behavior that is detrimental/disruptive are included here.
Comatose	<ul style="list-style-type: none"> Refers to an individual who is semi-conscious or unconscious.
N/A	<ul style="list-style-type: none"> Individual has Appropriate Behavior. Individual's behavioral pattern is suitable to the environment and adjusts to accommodate expectations in different environments and social circumstances.

Psycho-Social Status	
Behavior Patterns: <input type="checkbox"/> Wandering/Passive – Less than weekly <input type="checkbox"/> Abusive/Aggressive/Disruptive – Less than weekly <input type="checkbox"/> Abusive/Aggressive/Disruptive – Weekly or more	<input type="checkbox"/> Wandering/Passive – Weekly or more <input type="checkbox"/> Comatose <input type="checkbox"/> N/A
Describe Inappropriate Behaviors: Click or tap here to enter text.	
Orientation: <input type="checkbox"/> Disoriented – Some spheres, some of the time <input type="checkbox"/> Disoriented – All spheres, some of the time <input type="checkbox"/> Comatose	<input type="checkbox"/> Disoriented – Some spheres, all the time <input type="checkbox"/> Disoriented – All spheres, all of the time <input type="checkbox"/> N/A
Spheres Affected: Click or tap here to enter text.	
Current psychiatric or psychological evaluation needed: Choose an item.	

Is the person oriented to person, place and time?

PSYCHO-SOCIAL STATUS | Orientation

ORIENTATION

<div style="background-color: #c6e0b4; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; background-color: #d9ead3; border-radius: 50%;"></div> </div> <p>Person</p> <p>“Please tell me your full name?” (So that I can make sure our record is correct)</p>	<div style="background-color: #c6e0b4; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; background-color: #d9ead3; border-radius: 50%;"></div> </div> <p>Place</p> <p>“Where are we now?” (State, county, town, street number and name)</p>	<div style="background-color: #c6e0b4; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; background-color: #d9ead3; border-radius: 50%;"></div> </div> <p>Time</p> <p>“Would you tell me the date today?” (year, season, date, day, month)</p>
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ORIENTATION

Disoriented, Some Spheres, All Spheres or Comatose

Disoriented, Some Spheres: Has problems with one or two of person, place, or time.

Disoriented, All Spheres: Has problems with all three of person, place, AND time.

Comatose: semi-conscious or unconscious state or is otherwise non-communicative.

Some of the Time or All of the Time

Some of the Time:

Alternating periods of awareness and unawareness. Periodically but not always.

All of the Time:

They are disoriented always or this is their usual state.



Everyday Functioning (may attach documentation)	
Ambulating: Choose an item.	Bathing: Choose an item.
Dressing: Choose an item.	Eating: Choose an item.
Grooming: Choose an item.	Toileting: Choose an item.
Transferring: Choose an item.	Medication Administration: Choose an item.
Meal Prep: Choose an item.	Housekeeping: Choose an item.
Additional information (if needed). Click or tap here to enter text.	

EVERYDAY FUNCTIONING

- Independent
- Prompting
- Supervision
- Needs Some Direct Assistance
- Needs Total Assistance

Ambulating

Bathing

Dressing

Eating

Grooming

Toileting

Transferring

Med Management

Meal Prep

Independent-	• Does not need a device/equipment or assistance from another person.
Prompting-	• The individual is able to perform the activity without hands-on assistance of another person, but must have another person present to prompt and/or remind him or her to safely perform the activity.
Supervision-	• The individual is able to perform the activity but needs supervision to ensure that it is fully and safely completed.
Needs Some Direct Assistance-	• means the individual needs equipment or a device and the assistance of another person to complete the activity.
Needs Total Assistance-	• means another person completes the entire activity and the individual does not participate in the activity at all.


FAMILY AND FRIENDS CONTACT

- Are Family and or Friends Actively involved in the client's life?
- Yes No N/A
- If yes list names relationship and frequency of contact and contact information

Family/Friends Contact

Are family and/or friends actively involved in the client's life? Choose an item.

If "Yes," list names, relationship, frequency of contact and contact information: Click or tap here to enter text.



QUESTIONS?
