



# EXPANDED SPED PROGRAM POOL DATA

ND DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES/HCBS

SFN 56 (4-2006)

Social Security Number

Check Here if  
Person Lives Alone

Last Name of Eligible Expanded SPED Program Applicant (Please Print)

First Name (Please Print)

Birth Month

Birth Day

Birth Year

Sex  
1 - Male 2 - Female

### ADLs (Point Value: 0, 1, 2, or 3)

<input type="checkbox"/> Bathe	<input type="checkbox"/> Dress/ Undress	<input type="checkbox"/> Eat	<input type="checkbox"/> Toilet	<input type="checkbox"/> Continence
<input type="checkbox"/> Transfer In/Out Bed/Chair	<input type="checkbox"/> Get Around Inside			

### IADLs (Point Value: 0, 1, or 2) OR health, welfare, safety need:

<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Housework	<input type="checkbox"/> Laundry	<input type="checkbox"/> Shopping	<input type="checkbox"/> Taking Medicine
<input type="checkbox"/> Get Around Outside	<input type="checkbox"/> Transportation	<input type="checkbox"/> Money Management	<input type="checkbox"/> Use Telephone	

### Cost of Service Estimated Monthly Dollars

Adult Family Foster Care	Chore Service	ERS (please check)	Family Home Care
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Homemaker Service

Respite Care	Non-Medical Transportation	Other (Identify Service)
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Case Manager	County Number
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