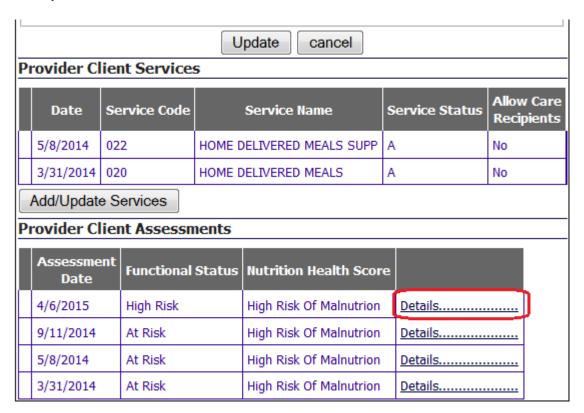


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To re-sync a clients function status. Click on "Details" of the most recent a Client Assessment.



This will bring up the Provider Client Assessment Details

| This will bring up the Frovider elicite Assessment betails. | | | | | | | | | | | |
|--|--|---------------|----------------------|----------------|------------|---------|--|--|--|--|--|
| Aging Resource Management System | | | | | | | | | | | |
| .Susan. | Ferriola | | | | | | | | | | |
| lome | Region Allocation | Region Budget | Provider Budgets | Providers Clie | nts Export | Reports | | | | | |
| Provider Client Assessment Details | | | | | | | | | | | |
| Asses | ssment Date: | 04 / 06 | /2015 | | | | | | | | |
| □ View / Correct (no new assessment date needed) □ New Assessment / Re-Assessment (requires a new assessment date) | | | | | | | | | | | |
| Nut | rition health score | | | | | | | | | | |
| | | Response | Refused to answer | | | | | | | | |
| III . | a.Do you have an illness or condition that made you change the kind and/or amount of food you eat? | | | | | | | | | | |
| b.Ho | w many meals do you eat | 3 or more ▼ | | | | | | | | | |
| c.Ho | w many fruits per day? | 1 - | | | | | | | | | |
| d.Ho | w many vegetables per d | 3 or more ▼ | | | | | | | | | |
| 1 | | | | | | | | | | | |

1. 10-12-2015



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Check "View / Correct" scroll to the bottom and Click "update"

| e.Transfer into/out of bed or | r chair | 0 | Needs help and has p Needs help and has b Needs help and has n | oth unpaid and paid help | | | | | | |
|--|-----------|-------------|---|--------------------------|--|--|--|--|--|--|
| f.Ambulate (walk or move at the house without anyone's | Voc (W) N | 0 | Needs help and has unpaid help Needs help and has paid help Needs help and has both unpaid and paid help Needs help and has no help | | | | | | | |
| 23. How many unpaid caregivers involved in care including primary caregiver? | | | | | | | | | | |
| 24. How many hours per day of help,care, or supervision does client need? (Select DAILY or WEEKLY) a. # of daily hours needed Daily 24 b.If not daily, # of hours per week needed Weekly 0 25. How many hours per day of help,care, or supervision does caregiver provide? (Select DAILY or WEEKLY) a. # of daily hours provided Daily 24 b.If not daily, # of hours per week provided Weekly 0 26. Caregiver's Relationship to care recipient | | | | | | | | | | |
| ○ Wife ○ Granddaughter/in-law ○ Grandmother | | | | | | | | | | |
| ○ Husband ○ Grandson/in-law ○ Grandfather | | | | | | | | | | |
| □ Daughter/in-Law □ Niece □ Aunt | | | | | | | | | | |
| Son/in-law ○ Nephew ○ Un | | | | | | | | | | |
| Sister N | Nother | Other relat | ive | | | | | | | |
| ○ Brother ○ Father ○ Non-relative | | | | | | | | | | |
| Update cancel | | | | | | | | | | |

Once you click update; this will cause the SRW edit check to resync. Now both functional status' should be the same.

2. 10-12-2015