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

| Update | cancel |

**Provider Client Services**

| Date | Service Code | Service Name | Service Status | Allow Care Recipients |
|------|-------------|--------------|----------------|----------------------|
| 5/8/2014 | 022 | HOME DELIVERED MEALS SUPP | A | No |
| 3/31/2014 | 020 | HOME DELIVERED MEALS | A | No |

| Add/Update Services |

**Provider Client Assessments**

| Assessment Date | Functional Status | Nutrition Health Score | |
|-----------------|-------------------|------------------------|---|
| 4/6/2015 | High Risk | High Risk Of Malnutrion | Details................... |
| 9/11/2014 | At Risk | High Risk Of Malnutrion | Details................... |
| 5/8/2014 | At Risk | High Risk Of Malnutrion | Details................... |
| 3/31/2014 | At Risk | High Risk Of Malnutrion | Details................... |

**This will bring up the Provider Client Assessment Details.**

**Aging Resource Management System**

G.Susan.Ferriola

Home   Region Allocation   Region Budget   Provider Budgets   Providers   Clients   Export   Reports

**Provider Client Assessment Details**

Assessment Date:     04  / 06  / 2015

☐ View / Correct (no new assessment date needed)
☐ New Assessment / Re-Assessment (requires a new assessment date)

**Nutrition health score**

| Question | Response | Refused to answer |
|----------|----------|-------------------|
| a.Do you have an illness or condition that made you change the kind and/or amount of food you eat? | ○ Yes ● No | ☐ |
| b.How many meals do you eat per day? | 3 or more ▾ | ☐ |
| c.How many fruits per day? | 1 ▾ | ☐ |
| d.How many vegetables per day? | 3 or more ▾ | ☐ |

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

| e. Transfer into/out of bed or chair | ○ Yes  ◉ No | ○ Needs help and has paid help |
| | | ○ Needs help and has both unpaid and paid help |
| | | ○ Needs help and has no help |
| f. Ambulate (walk or move about the house without anyone's help | ○ Yes  ◉ No | ◉ 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?    ○ 0  ○ 1  ◉ 2  ○ 3 or more

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 | ○ Uncle |
| ○ Sister | ○ Mother | ○ Other relative |
| ○ 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.**