



**EVALUATION OF PROPOSED CONSERVATEE'S DAILY FUNCTION ABILITY:**

**Proposed Conservatee's Level of Education:**

**Language(s) Spoken:**

<b>CLIENT DESCRIPTION</b> <i>(including their concerns, abuse information, and current services in place)</i> <b>and CLIENT APPEARANCE:</b>
<b>CAREER HISTORY:</b>
<b>HEALTH STATUS and PROVIDERS:</b>

<b>Functioning Levels (Activities of Daily Living/ADL)</b>				
<b>Bathing:</b> either sponge, shower, or tub	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Dressing:</b> includes choosing and obtaining clothing	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Toileting:</b> going to toilet, cleaning self, and changing clothes	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				

<b>Transfer:</b> can get in and out of bed; can get on and off chair	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Continence:</b> both urine and bowel function completely by self	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Feeding:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Any other information regarding this evaluation of the client's "Activities of Daily Living" function:</b>				

<b>Instrumental Activities of Daily Living (IADL)</b>				
<b>Ability to use Telephone/Cellular Phone:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Shopping:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				

<b>Food Preparation:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Housekeeping:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Laundry:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Mode of Transportation:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Responsible for Medications:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Any other information regarding this evaluation of the client's "Activities of Daily Living" function:</b>				

## Managing Finances

<b>Ability to handle finances:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Ability to appreciate the value of money:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Can manage small amounts of cash for purchases:</b> <small>(Less than \$20) – (Understanding cost of items and change needed)</small>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Can manage large amounts of cash for purchases:</b> <small>(More than \$20) – (Understanding cost of items and change needed)</small>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Can understand how to make online purchases with a credit card:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				

<b>Can understand how to use a debit card/credit card responsibly:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Can resist others who may take advantage of client's money:</b> (Cash, debit, or credit card)	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Can keep track of charitable donations and resist requests if they exceed reasonable donation allowance given client's income:</b>	<input type="checkbox"/> No impairment	<input type="checkbox"/> Impairment present	<input type="checkbox"/> So impaired as to be incapable of being assessed	<input type="checkbox"/> Not assessed
<b>Comments:</b>				
<b>Any other information regarding this evaluation of the client's financial management function/skills:</b>				
<b>Please note activities which are important for client's quality and enjoyment of life and assistance needed to maintain these activities:</b>				
<b>Safety Observations:</b>				
<b>Social Network/Circle of Support:</b>				

<b>Suspected type(s) of abuse client is dealing with:</b>	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Financial abuse	<input type="checkbox"/> Self-Neglect	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Unable to assess
<b>Comments:</b>							
<b>Client possibly at risk for:</b>	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Financial abuse	<input type="checkbox"/> Self-Neglect	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Other
<b>Comments:</b>							
<b>Services client may benefit from:</b>	<input type="checkbox"/> Housing resources	<input type="checkbox"/> House-keeping resources	<input type="checkbox"/> Financial resources	<input type="checkbox"/> Transportation resources	<input type="checkbox"/> Mental health resources	<input type="checkbox"/> Legal services	<input type="checkbox"/> Monitoring resources (e.g., friendly visitor)
<b>Comments:</b>							
<b>Other services not mentioned above:</b>							
<b>Case Management Need:</b>							
<b>Additional relevant information:</b> <i>(any information not included in any of the areas above).</i>							

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date \_\_\_\_\_

\_\_\_\_\_  
**Type or Print Name**

\_\_\_\_\_  
**Signature of Declarant**

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