Wyoming Department of Health

Caregiver's Services Evaluation

INFORMATION PROVIDED:	SERVICES PROVIDED	REFERRAL (IF APPROPRIATE):	REFERRAL DATE
1. ____Adult/Child Protective Services (APS, Law Enforcement, etc.)	1☐	1 _____	1. _____
2. ____Companion Services (Senior Companion, etc.)	2☐	2 _____	2. _____
3. ____Counseling (Mental Health, etc.)	3☐	3 _____	3. _____
4. ____Direct care of loved one (Home Health, PHN , etc.)	4☐	4 _____	4. _____
5. ____Emotional Support Services (Counseling, etc.)	5☐	5 _____	5. _____
6. ____Equipment/Supplies (NEEDS, Loan Closets, Food Bank etc.)	6☐	6 _____	6. _____
7. ____Financial (LIEAP, SNAP, community programs, etc.)	7☐	7 _____	7. _____
8. ____Health Information (Free Clinics, Specific Health Information, etc.)	8☐	8 _____	8. _____
9. ____Home Modifications (grab bars, loan closets, community programs, etc.)	9☐	9 _____	9. _____
10. ____Homemaker/Chores (community programs, churches, etc.)	10☐	10 _____	10. _____
11. ____ Legal/Guardianship (LAW, pro bono attorneys in community, etc.)	11☐	11 _____	11. _____
12. ____Long-Term Care Ombudsman Information	12☐	12 _____	12. _____
13. ____Long-Term Care Placement Information (outside of the home)	13☐	13 _____	13. _____
14. ____Meals/Food (SNAP, etc.)	14☐	14 _____	14. _____
15. ____Personal Care (Home Health, etc.)	15☐	15 _____	15. _____
16. ____Personal Emergency Response Service (PERS)	16☐	16 _____	16. _____
17. ____Rehabilitation (physical, drug, etc.)	17☐	17 _____	17. _____
18. ____Respite	18☐	18 _____	18. _____
19. ____Stress Reduction (yoga, exercise, counselor, etc.)	19☐	19 _____	19. _____
20. ____Support for the ORC in maintaining living situation	20☐	20 _____	20. _____
21. ____Support group	21☐	21 _____	21. _____
22. ____Support with issues related to services (SNAP etc.)	22☐	22 _____	22. _____
23. ____Training (Help, Guardianship, Wills, etc.)	23☐	23 _____	23. _____
24. ____Transportation	24☐	24 _____	24. _____
25. ____Other_____	25☐	25 _____	25. _____

Other action: _____

_____ _____

Signature of person completing the evaluation Date

Signature of the Caregiver Date

PROGRESS NOTES: (attach additional pages as needed):