¿Hablas Español? □Si □No ¿Necesitas un documento en Español? □Si □No

<i>Provider please complete: What programs will the participant be enrolled in?</i> □ Title III-B (Complete 1 st page) □ Title III-C1 (Complete 1 st & 2 nd page) □ Title III-C2 (Complete 1 st , 2 nd , & 3 rd page) □ C1 Take Out Meals (Complete 1 st & 2 nd page) □ C2 Take Out Meals (Complete 1 st , 2 nd , 3 rd page) □ Title III-D (Complete 1 st page) □ Title III-E (Complete 1 st , 2 nd , & 3 rd page) □ WyHS (Complete 1 st , 2 nd , & 3 rd page)										
		Client P	lease Cor	nplete: 1	Ba	sic Client Infor	mati	ion		
Date of Assessment: / / (Today's date – Assessment date in A&D) /					Nickname:					
Legal First Name: Legal			Legal L	Last Name:			Middle Initial:			
Date of Birth:	Age:	Age:		Gender (check one): □Female □Male □Non-Disclose □Transgender-Female □Tra □Other			☐Other ☐Non-Binary Insgender-Male			
Residential Address:						Check if same as Re iling Address:	esiden	tial Address		
Residential City, State	and Zi	p Code:		N	Mailing City, State and Zip Code:					
Primary Phone Number Phone Type: Cell)			Secondary Phone Number: () Phone Type: Cell Home					
Email Address:					Are you willing to volunteer?					
EnglishSpanishAmerican IndiaOtherImage: Asian or Asian			on-Hispa Indian/N Asian Ai	ne) -Hispanic			Ethnicity (check one) Hispanic or Latino Not Hispanic or Latino 			
Marital Status? (check one)				Do you live alone?Are you w□ Yes□ No□ Full Ti			vorking? me 🗖 Part time 🗖 No			
Are you disabled?Are you a veteran?TyesNo				Are you the spouse or dependent of a veteran? Yes INO						
Is your monthly income at or below this amount?Image: YesImage: NoFamily size 1-\$1,304Family size 2-\$1,762Family size 3-\$2,220Family size 4-\$2,679										
Emergency contact name: Ro				Relatio	Relationship:			Phone Number: () Phone Type: Cell Home		
<i>Use of Information:</i> The information you provide on the AGNES form will be disclosed to the Wyoming Department of Health (WDH), Aging Division, Community Living Section. The WDH will only use or disclose the information as permitted by the Health Insurance Portability and Accountability Act (HIPAA). For more detailed information on how the WDH may use or disclose your health information, please see the WDH Notice of Privacy Practices found online at https://health.wyo.gov/admin/privacy/ or you may request a copy from the WDH Aging Division by calling 1 (800) 442-2766. If you feel you have been treated inappropriately, received services that have not been of the quality expected, or you have not been provided services as stated in the service plan, you may contact the Wyoming State Long Term Care Ombudsman at 1 (800) 856-4398 or the WDH										

Signature _

Aging Division, Community Living Section at 1 (800) 442-2766.

Date_



Aging Needs Evaluation Summary (AGNES) - One Form This form <u>may not</u> be altered. Revised 1/16/2025

Nutrition Screening	YES (please circle)	NO (please circle)
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	0
I eat fewer than 2 meals per day.	3	0
I eat few fruits or vegetables or milk products.	2	0
I have 3 or more drinks of beer, liquor or wine almost every day.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0
I don't always have enough money to buy the food I need.	4	0
I eat alone most of the time.	1	0
I take 3 or more different prescribed or over-the-counter drugs a day.	1	0
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	0
I am not always physically able to shop, cook, and/or feed myself.	2	0
What is the consumer's nutrition risk score?- TOTAL (0-2= No Risk) (3-5= Moderate Risk) (6 or more= High Risk)		
Staff Only: If High Risk: The Dietitian may contact the participant regarding their risk score to provide information that may be beneficial. Was the referral made to the RD?	□ Yes	D No
Nutrition Risk Action	Nutrition Ris	k Score
Good! Reassess in 6-12 months.	0-2: No Risk	
Offer nutrition education and counseling services. Reassess in 3-6 months.	3-5: Moderate Risk	
Recommend that the client discusses their score with a dietitian or health professional. Offer nutrition education and counseling services.	6 or more: High Risk	

Staff Only: If Participant is Eligible for C2 Home Delivered Meals, Please Check a Reasoning:

- □ Unable to prepare their own meals due to ADL/IADL assessment
- □ Lacking meal support service in home or community
- □ Unable to consume meals at a congregate dining location due to physical or emotional difficulties
- □ Spouse of eligible participant
- Disabled person under 60 years who resides with eligible participant
- \Box Staff members of the nutrition program who are 60 years of age or older
- □ Persons under 60 years of age who provide meal-related volunteer services

*This page is for WDH, Aging Division Title III-C1, C2, E and WYHS eligible participants.



Score	ADLs (Activities of Daily Living)	Score	IADLs (Instrumental Activities of Daily Living)
0 2 4 6	Rate client's ability to perform BATHING. Independent Intermittent supervision/ minimal assistance Partial assistance Total dependence	0 1 2 3	Rate client's ability to PREPARE MEALS. Independent/ prepares simple or partial meals Prepares with verbal cueing or reminding Prepares with minimal help Does not prepare any meals
0 2 4 6	Rate client's ability to EAT. Independent Intermittent supervision/ minimal assistance Extensive help Total dependence	0 2 4 6	Rate client's ability to perform SHOPPING. Independent Does with supervision/reminding Shops with hands-on help/ assistive devices Done by others or shops by phone
0 1 2	Rate client's Bowel/Bladder CONTINENCE. Independent Requires assistance sometimes Totally dependent	0 2 4	Rate client's ability to MANAGE MEDICATIONS. Independent/ does not occur Done with help some of the time Done with help all of the time
0 1 2 3	Rate client's ability to perform TRANSFER. Independent Limited physical assistance Extensive assistance Total dependence	0 2 4 6	Rate client's ability to MANAGE MONEY. Completely independent Needs assistance sometimes Needs assistance most of the time Completely dependent
0 2 4 6 8	Rate client's ability to perform TOILETING. Independent Reminding, cueing or monitoring Limited physical assistance Extensive assistance Total dependence	0 1 2 3	Rate the client's ability to perform LIGHT HOUSEWORK. Independent Needs assistance sometimes Needs assistance most of the time Unable to perform tasks
0 1 2 3 4	Rate client's ability to perform DRESSING. Independent Limited physical assistance Reminding, cueing or monitoring Extensive assistance Total dependence	0 1 2	Rate the client's ability to perform LAUNDRY. No setup or physical help/ Independent Supervision/cueing required Totally dependent
Staff Signature: Date: Quarter Period:		0 1 2	Rate client's ability to USE THE TELEPHONE. Independent Can perform with some help Cannot perform function at all without help
ADL Total Number:ADL Total Score: IADL Total Number: IADL Total Score: Eligible Participant Initials:		2	Rate the client's ability to access TRANSPORTATION. Independent Done with help some of the time Done by others Requires ambulance

*This page is for WDH, Aging Division Title III-B (**Chore Services Only**), Title III-C2, Title III-E and WYHS eligible participants. Initial ADL/IADL for new assessment or renewal, to be completed by an ACC, or your organization's program support staff.



Score	ADLs (Activities of Daily Living)	Score	IADLs (Instrumental Activities of Daily Living)
0 2 4 6	Rate client's ability to perform BATHING. Independent Intermittent supervision/ minimal assistance Partial assistance Total dependence	0 1 2 3	Rate client's ability to PREPARE MEALS. Independent/ prepares simple or partial meals Prepares with verbal cueing or reminding Prepares with minimal help Does not prepare any meals
0 2 4 6	Rate client's ability to EAT. Independent Intermittent supervision/ minimal assistance Extensive help Total dependence	0 2 4 6	Rate client's ability to perform SHOPPING. Independent Does with supervision/reminding Shops with hands-on help/ assistive devices Done by others or shops by phone
0 1 2	Rate client's Bowel/Bladder CONTINENCE. Independent Requires assistance sometimes Totally dependent	0 2 4	Rate client's ability to MANAGE MEDICATIONS. Independent/ does not occur Done with help some of the time Done with help all of the time
0 1 2 3	Rate client's ability to perform TRANSFER. Independent Limited physical assistance Extensive assistance Total dependence	0 2 4 6	Rate client's ability to MANAGE MONEY. Completely independent Needs assistance sometimes Needs assistance most of the time Completely dependent
0 2 4 6 8	Rate client's ability to perform TOILETING. Independent Reminding, cueing or monitoring Limited physical assistance Extensive assistance Total dependence	0 1 2 3	Rate the client's ability to perform LIGHT HOUSEWORK. Independent Needs assistance sometimes Needs assistance most of the time Unable to perform tasks
0 1 2 3 4	Rate client's ability to perform DRESSING. Independent Limited physical assistance Reminding, cueing or monitoring Extensive assistance Total dependence	0 1 2	Rate the client's ability to perform LAUNDRY. No setup or physical help/ Independent Supervision/cueing required Totally dependent
Staff Signature: Date: Quarter Period:		0 1 2	Rate client's ability to USE THE TELEPHONE. Independent Can perform with some help Cannot perform function at all without help
ADL Total Number:ADL Total Score: IADL Total Number: IADL Total Score: Eligible Participant Initials:		2	Rate the client's ability to access TRANSPORTATION. Independent Done with help some of the time Done by others Requires ambulance

*This page is for WDH, Aging Division Title III-E and WYHS eligible participants. Quarterly ADL/IADL, to be completed by an ACC.



Score	ADLs (Activities of Daily Living)	Score	IADLs (Instrumental Activities of Daily Living)
0 2 4 6	Rate client's ability to perform BATHING. Independent Intermittent supervision/ minimal assistance Partial assistance Total dependence	0 1 2 3	Rate client's ability to PREPARE MEALS. Independent/ prepares simple or partial meals Prepares with verbal cueing or reminding Prepares with minimal help Does not prepare any meals
0 2 4 6	Rate client's ability to EAT. Independent Intermittent supervision/ minimal assistance Extensive help Total dependence	0 2 4 6	Rate client's ability to perform SHOPPING. Independent Does with supervision/reminding Shops with hands-on help/ assistive devices Done by others or shops by phone
0 1 2	Rate client's Bowel/Bladder CONTINENCE. Independent Requires assistance sometimes Totally dependent	0 2 4	Rate client's ability to MANAGE MEDICATIONS. Independent/ does not occur Done with help some of the time Done with help all of the time
0 1 2 3	Rate client's ability to perform TRANSFER. Independent Limited physical assistance Extensive assistance Total dependence	0 2 4 6	Rate client's ability to MANAGE MONEY. Completely independent Needs assistance sometimes Needs assistance most of the time Completely dependent
0 2 4 6 8	Rate client's ability to perform TOILETING. Independent Reminding, cueing or monitoring Limited physical assistance Extensive assistance Total dependence	0 1 2 3	Rate the client's ability to perform LIGHT HOUSEWORK. Independent Needs assistance sometimes Needs assistance most of the time Unable to perform tasks
0 1 2 3 4	Rate client's ability to perform DRESSING. Independent Limited physical assistance Reminding, cueing or monitoring Extensive assistance Total dependence	0 1 2	Rate the client's ability to perform LAUNDRY. No setup or physical help/ Independent Supervision/cueing required Totally dependent
Staff Signature: Date: Quarter Period:		0 1 2	Rate client's ability to USE THE TELEPHONE. Independent Can perform with some help Cannot perform function at all without help
ADL Total Number:		2 3	Rate the client's ability to access TRANSPORTATION. Independent Done with help some of the time Done by others Requires ambulance

*This page is for WDH, Aging Division Title III-E and WYHS eligible participants. Quarterly ADL/IADL, to be completed by an ACC.



Score	ADLs (Activities of Daily Living)	Score	IADLs (Instrumental Activities of Daily Living)
0 2 4 6	Rate client's ability to perform BATHING. Independent Intermittent supervision/ minimal assistance Partial assistance Total dependence	0 1 2 3	Rate client's ability to PREPARE MEALS. Independent/ prepares simple or partial meals Prepares with verbal cueing or reminding Prepares with minimal help Does not prepare any meals
0 2 4 6	Rate client's ability to EAT. Independent Intermittent supervision/ minimal assistance Extensive help Total dependence	0 2 4 6	Rate client's ability to perform SHOPPING. Independent Does with supervision/reminding Shops with hands-on help/ assistive devices Done by others or shops by phone
0 1 2	Rate client's Bowel/Bladder CONTINENCE. Independent Requires assistance sometimes Totally dependent	0 2 4	Rate client's ability to MANAGE MEDICATIONS. Independent/ does not occur Done with help some of the time Done with help all of the time
0 1 2 3	Rate client's ability to perform TRANSFER. Independent Limited physical assistance Extensive assistance Total dependence	0 2 4 6	Rate client's ability to MANAGE MONEY. Completely independent Needs assistance sometimes Needs assistance most of the time Completely dependent
0 2 4 6 8	Rate client's ability to perform TOILETING. Independent Reminding, cueing or monitoring Limited physical assistance Extensive assistance Total dependence	0 1 2 3	Rate the client's ability to perform LIGHT HOUSEWORK. Independent Needs assistance sometimes Needs assistance most of the time Unable to perform tasks
0 1 2 3 4	Rate client's ability to perform DRESSING. Independent Limited physical assistance Reminding, cueing or monitoring Extensive assistance Total dependence	0 1 2	Rate the client's ability to perform LAUNDRY. No setup or physical help/ Independent Supervision/cueing required Totally dependent
Staff Signature: Date: Quarter Period:		0 1 2	Rate client's ability to USE THE TELEPHONE. Independent Can perform with some help Cannot perform function at all without help
ADL Total Number:		2 3	Rate the client's ability to access TRANSPORTATION. Independent Done with help some of the time Done by others Requires ambulance

*This page is for WDH, Aging Division Title III-E and WYHS eligible participants. Quarterly ADL/IADL, to be completed by an ACC.

