

# Health, Safety, and Welfare Assessment

## I. Medical Issues (Circle all that apply)

Diabetes/Endocrine, Neurological, Orthopedic, Vision, Cardiac, Pulmonary, Auto-Immune, Hearing, Cognitive

Other:

## Nursing Home Admission

Date and cause of original admission (include diagnoses):

What was the care plan at admission?

Current status of care plan?

## Action plan:

## II. Environmental Risk (Circle all that apply)

Fall risk, At Risk living situation, Family

Other:

## Action plan:

**III. Behavioral Risk (Circle all that apply)**

Mental Health, Alcohol Abuse, Substance Abuse, Financial, Injurious Behavior, Decision-making, Medical Non-compliance

Other:

**Action plan:**

I understand the risks identified above by the Money Follows the Person (MFP) Transition Coordinator and the alternatives available to address the risks associated with my decisions.

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Participant Signature/Date

Date

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Participant Printed Name

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Transition Coordinator Signature

Date

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Case Manager Signature

Date