



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES
RISK ASSESSMENT

Eligible Adult's Name:

DA Number:

RISK DOMAIN	RISK LEVEL			
1. Health and Functional Status	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
	Independent with this domain and/or strong supports in place	Minimal functional limitations or health concerns requiring little to no assistance	Requires assistance with activities of daily living or health needs and/or assistance is inconsistently provided	Complete dependence on others for health and functional ability and/or assistance is unavailable/withheld
Observations:				
2. Social	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
	Independent with this domain and/or strong social supports in place	Minimal limitations or need for social support	Limited social supports and/or supports are inconsistently available	Strong need for social support, socially isolated, and/or no supports available/withheld
Observations:				
3. Financial	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
	Independent with this domain and/or strong financial supports/resources in place	Minimal limitations or need for financial support system, occasionally unable to purchase necessities	Limited ability to make financial decisions and/or poor decision making leading to some recurring financial issues, limited income	No financial control and/or no financial supports, financial demands outweigh income, no or low income with financial dependence on others and/or others dependent on income
Observations:				



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4. Living Environment	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
	No issues in this domain such as safety or cleanliness concerns and/or strong supports in place	Minimal issues with living environment requiring little to no assistance and/or few safety concerns	Inconsistent supports to maintain living environment, conditions of living environment are impaired	Unsafe living conditions and/or structural issues/hazards making conditions unsafe
Observations:				
5. Mental Health	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
	No mental health issues and/or mental health issues controlled independently and/or with strong supports	Mental health/behavioral issues causing minimal limitations and/or disruptions to daily living	Mental health concerns or behaviors negatively impacting daily functioning requiring intervention	Severe mental health/behavioral issues resulting in unsafe situation requiring immediate help and/or immediate threats of harm to self or others
Observations:				
6. Decisional Capacity	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Medium Risk	<input type="checkbox"/> High Risk
	No issues in this domain and/or strong supports in place	Minimal limitations or need for assistance with decision making	Impaired decision making causing impact to daily functioning but not requiring guardian/conservator	No capacity to consent as noted through observations or verified through other means (physician/hospital/court records), no supports, or need for guardian/conservator
Observations:				

Completed By:

Date: