



Division of Senior and Disability Services 

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**Section A-  
Name & Identifying Information**

The system will populate this section

- A1. Name – legal name
- A2. Gender
- A3. Birth Date
- A4. Marital Status
- A5. DCN
- A6. Not used in Missouri
- A7. Not used in Missouri

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**Section A-  
Name & Identifying Information**

- A8. Reason for assessment
  - Initial assessment
  - Routine assessment
  - Significant change in status reassessment
- A9. Assessment Reference Date – establish a reference point
- A10. Participant's expressed goals of care – text box

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**Section A-  
Name & Identifying Information**

- A11. Postal/Zip code of usual living arrangement
- A12. Residential/living status at time of assessment
- A13. Marital Status – Living Arrangement
- A14. Time Since Last Hospital Stay – during the last 90 days

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# B

## Section B- Intake & Initial History

- B1. Date Case Opened
  - Date referred into the webtool
- B2. Ethnicity/Race
- B3. Primary Language
  - Preferred language for day-to-day communication
- B4. Residential History over last 5 years

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