



**Family Support Services Program (FSSP)
Most In Need (MIN) Assessment**

Name of Individual: _____ DOB: _____
 Form Completed By: _____ Age: _____
 Relationship to Individual: _____ Diagnosis: _____
 Social Security Number: _____ Medicaid ID: _____

Please list the names and ages of all siblings living within the household:

The Most In Need (MIN) process determines the family’s level of need per State guidelines. To enroll into the Family Support Services Program (FSSP), you must complete the MIN form. Families will be enrolled and prioritized based on their score. You will be notified by mail with your results and you will enroll into FSSP based on your total score and pending available resources.

HOUSEHOLD RESOURCES

Please check the resources for which any member of your household receives:

<input type="checkbox"/>	Child Health Plan Plus (CHP+)	<input type="checkbox"/>	Home and Community Based Services	If yes, list program or waiver:	
<input type="checkbox"/>	Commodities	<input type="checkbox"/>	Low-income Energy Assistance Program (LEAP)	<input type="checkbox"/>	Supplemental Security Income (SSI)
<input type="checkbox"/>	Early Intervention	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Certified Nursing Assistant (CNA)
<input type="checkbox"/>	Home Care Allowance (HCA)	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	Personal Care Assistant (PCA)
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	Section 8 Housing	<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Medicaid Buy-in	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/>	Other (please list):			Family Income:	

Instructions: In each category below, please check the area that you feel best describes your family member’s Intellectual and Developmental Disability (IDD) or Developmental Delay. **There should be one check mark in the “Needs” area and one in the “Resources” area for each category.**

MOBILITY

Needs

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Consider balance, coordination, and amount of assistance needed for moving around compared to typical development and consistent with age.

<input type="checkbox"/>	Individual can walk independently, mobility is not limited, and individual has full use of hands and feet.
<input type="checkbox"/>	Individual can walk with some assistance and has use of hands and feet.
<input type="checkbox"/>	Individual is unable to walk and has limited use of hands and feet. Individual can partially assist with moving around and weight/size is not a problem.
<input type="checkbox"/>	Individual is unable to walk or move around alone and/or their weight/size makes helping them move around difficult.
Comments:	

Resources

Consider access to adaptive equipment, therapies, support from others/agencies, and funding sources that cover the cost of therapies and equipment.

<input type="checkbox"/>	There are no needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports. Individual has access to all needed therapies and equipment and there is no financial stress to meet this need.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need. Therapy and equipment are available to meet the need with no additional financial stress.
<input type="checkbox"/>	Needs are partially met. Cost of services causes some financial stress or inconsistent access to services or care causes some stress. Therapy is not consistent and/or equipment is not always available.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress (e.g., uninsured, no access to therapy, or mobility aids).
Comments:	

MEDICAL/NURSING CARE (Including Hearing, Vision, and Ongoing Therapies)

Needs

Compare to typical development and age typical need for medical care.

<input type="checkbox"/>	Individual does not require any more medical care than routine medical appointments (e.g., annual well-child check-ups and seasonal illness visits).
<input type="checkbox"/>	Individual requires more medical care than routine medical visits. Individual has at least monthly medical or therapy appointments.
<input type="checkbox"/>	Individual requires medical care for a frequent and acute illness or medical condition. Individual has at least biweekly medical or therapy appointments.
<input type="checkbox"/>	Individual has medical needs that significantly impact their ability to participate in home, school, and community activities. Individual has multiple medical or therapy appointments a week that significantly affect their ability to participate in daily activities.
Comments:	

Resources

Consider adequate medical coverage, access to healthcare, eyeglasses, hearing aids, etc.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports. Individual has access to all needed care and therapies and there is no financial stress to meet this need.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need. Access to care and therapies are available to meet the need with no additional financial stress.
<input type="checkbox"/>	Needs are partially met. Cost of services causes some financial stress or inconsistent access to services, therapies or care and/or distance traveled to services (over 20 miles) causes some stress.

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<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. There is no consistent access to needed medical care, services, or therapies.
Comments:	

TRANSPORTATION**Needs**

Consider if the vehicle adequately equipped for the individual with the IDD, if transportation is difficult, if you spend excessive amounts of time transporting for medical appointments (greater than 20 miles), or there is a lack of access to public transportation.

<input type="checkbox"/>	Individual/family has a typical transportation situation.
<input type="checkbox"/>	Individual/family's participation in home, school, or community activities is interrupted by access to transportation at least once a week.
<input type="checkbox"/>	Individual/family's participation in home, school, or community activities is interrupted by access to transportation more than once a week.
<input type="checkbox"/>	Individual/family has no reliable access to transportation.
Comments:	

Resources

Consider ramps, vehicle adaptations, other agency resources/support, and availability of public transportation.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need.
<input type="checkbox"/>	Needs are partially met. Cost of services causes some financial stress or inconsistent access to transportation or distance traveled (greater than 20 miles) causes some stress.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress.
Comments:	

SELF-CARE (feeding, bathing, dressing, and/or toileting)**Needs**

Compare to typical development and consistent with age.

<input type="checkbox"/>	Individual is able to consistently perform self-care tasks independently and consistent with age.
<input type="checkbox"/>	Individual requires verbal reminders to start or complete some tasks.
<input type="checkbox"/>	Individual requires hands-on assistance to complete most tasks.
<input type="checkbox"/>	Individual requires total care not consistent with others their age.
Comments:	

Resources

Consider paid caregiving provided by a family member or outside party (e.g., CNA, IHSS hours, etc.), support from family members, neighbors, friends, and agencies.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports. There is paid care (including being paid as a parent through CNA or IHSS) or I have support and there are necessary breaks from caregiving as needed.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need. There is paid care but that does not cover all needed care throughout the day and there is access to some support and breaks in caregiving.

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<input type="checkbox"/>	Needs are partially met. Cost of services causes some financial stress or inconsistent access to services or care causes some stress. There is no consistent access to support and breaks from caregiving.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. There is no access to paid care.
Comments:	

SUPERVISION**Needs**

Compare to typical development and consistent with age.

<input type="checkbox"/>	Supervision typical for that age.
<input type="checkbox"/>	Individual needs occasional supervision. Individual can be left alone at home or in another room for brief periods of time without monitoring.
<input type="checkbox"/>	Individual requires frequent supervision. Individual can be left alone in another room but requires frequent monitoring.
<input type="checkbox"/>	Individual requires constant line of sight supervision and can never be unsupervised.
Comments:	

Resources

Consider paid caregiving provided by a family member or outside party (e.g., CNA, PCA hours, etc.), shared caregiving in the home, support by extended family, friends, neighbors, and agencies.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports or respite care.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need.
<input type="checkbox"/>	Needs are partially met. Cost of services causes some financial stress or inconsistent access to services or respite care causes some stress.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. We have no access to respite, shared caregiving, financial, or agency support.
Comments:	

BEHAVIOR**Needs**

Consider inappropriate behaviors (e.g., aggressive or abusive) towards others, and self or property, running, wandering or elopement, unprovoked outbursts of screaming, crying. Compare to typical development and consistent with age.

<input type="checkbox"/>	There are no behavioral concerns.
<input type="checkbox"/>	There are mild behavioral concerns. Individual may require verbal reminders, redirection or supervision but it usually does not result in injury to self and others or property and does not cause significant disruption in daily activities.
<input type="checkbox"/>	There are moderate behavioral concerns. Individual exhibits inappropriate behaviors that put self or others at risk and causes interruption of daily activities. Individual requires frequent interventions at least weekly.
<input type="checkbox"/>	There are extreme behavioral concerns. Individual exhibits inappropriate behaviors that put self or others at risk and causes interruption of daily activities and requires interventions daily.
Comments:	

Resources

Consider breaks from caregiving, therapies, and support from others/agencies.

<input type="checkbox"/>	No needs in this area.
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<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports and respite care.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need. We have access to therapies (e.g., ABA) and respite care and needed equipment to meet the need.
<input type="checkbox"/>	Needs are partially met. Cost of services causes some financial stress or inconsistent access to therapies (e.g., ABA), respite care, and needed equipment causes some stress
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. We have no access to respite, shared caregiving, financial or agency support, or therapies.
Comments:	

SLEEP**Needs**

Compare to age-appropriate sleep patterns. According to the Centers for Disease Control (CDC), the recommended amount of sleep per day is 14-17 hours (0-3 months old), 12-16 hours, (4-12 months old), 11-14 hours (1-2 years old), 10-13 hours (3-5 years old), 9-11 hours (6-13 years old), and 8-10 hours (14-17 year old).

<input type="checkbox"/>	There are no problems or concerns with sleeping (e.g., sleeps through the night and gets recommended amount of sleep per day for age).
<input type="checkbox"/>	There are mild disturbances in sleep patterns that occur at least once a week.
<input type="checkbox"/>	There are moderate disturbances in sleep patterns that occur approximately 2-5 times a week.
<input type="checkbox"/>	There are extreme disturbances in sleep patterns that require interventions nightly.
Comments:	

Resources

Consider shared caregiving, breaks from constant supervision, sleep aids/medications, and modified sleeping environments.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports, respite care, paid care, and medical interventions.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need including natural supports, respite care, paid care, and medical interventions.
<input type="checkbox"/>	Needs are partially met. Lack of consistent access to additional services such as natural supports, respite care, paid care, and medical interventions causes some stress.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. We have no access to respite, shared caregiving, financial or agency support, therapies, or medical interventions.
Comments:	

COMMUNICATION**Needs**

Compare to typical development and consistent with age. The ability to speak, being understood, and comprehend important information.

<input type="checkbox"/>	There are no communication concerns.
<input type="checkbox"/>	There are mild communication concerns. Individual can consistently meet needs and wants (e.g., can ask for help and understands verbal prompts and instructions) through limited verbal skills or alternative means with familiar and unfamiliar people.
<input type="checkbox"/>	There are moderate communication concerns. Individual uses alternative means to communicate such as pointing and PECS or other devices. Individual is only understood by familiar people and has difficulty

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	comprehending important information and may not be able ask for help or understand verbal prompts and instructions.
<input type="checkbox"/>	There are extreme communication concerns. Individual has limited or inconsistent ways of communicating with others.
Comments:	

Resources

Consider availability of communication devices, sign language, speech therapy, and caregivers understanding of individual's language, gestures, and expressions.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports. Individual has access to all needed therapies and equipment and there is no financial stress to meet this need.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need. Therapy and equipment are available to meet the need with no additional financial stress.
<input type="checkbox"/>	Needs are partially met. The cost of services and inconsistent access to therapy and equipment causes some stress or financial stress.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. We have no access to therapy, communication devices, therapy, or needed equipment.
Comments:	

ACCESS TO SUPPORT NETWORKS**Needs**

Consider family's ability to participate in desired daily and community activities (e.g., church, grocery shopping, your own appointments, and work), support of family friends, community support groups, respite care, and level of isolation.

<input type="checkbox"/>	These are not affected by the individual's needs.
<input type="checkbox"/>	These are mildly affected by the individual's needs less than weekly.
<input type="checkbox"/>	These are moderately affected by the individual's needs at least weekly.
<input type="checkbox"/>	These are extremely affected by the individual's needs multiple times a week.
Comments:	

Resources

Consider shared caregiving, support from extended family/friends, church, community organizations, agencies, and access to respite.

<input type="checkbox"/>	No needs in this area.
<input type="checkbox"/>	Needs are completely met. We are easily able to meet this need with household resources and/or natural supports.
<input type="checkbox"/>	Needs are adequately met. We have services or supports in place to address the need.
<input type="checkbox"/>	Needs are partially met. Lack of consistent supports causes some stress or we live in a rural area (20 miles outside of the closest urban area) and have decreased access to support networks.
<input type="checkbox"/>	Needs are not met at all. We are unable to meet this need without significant emotional, physical, or financial stress. We have no access to therapy and communication devices.
Comments:	

FAMILY COMPOSITION & STABILITY

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Please mark the box if the statement is true	
This is a single-parent household or a parent travels or is deployed frequently for work.	<input type="checkbox"/>
The caregiver have significant physical, developmental, mental health concerns or chronic health conditions.	<input type="checkbox"/>
Other family members in the household have physical, developmental, and/or mental health needs	<input type="checkbox"/>
The caregiver is unable to work outside of the home due to the individual's need.	<input type="checkbox"/>
The primary caregiver is over the age of 65 or is a grandparent caring for a grandchild with IDD.	<input type="checkbox"/>
Within the last year, there has been a divorce, separation, death, or addition to the family.	<input type="checkbox"/>
We live in a rural area (more than 20 miles outside the closest urban area).	<input type="checkbox"/>
Siblings show signs of stress due to the needs of the individual with an IDD in the home.	<input type="checkbox"/>
Our family's activities center on the needs of the family member with IDD.	<input type="checkbox"/>
Relationships are strained within the family.	<input type="checkbox"/>
There are other children or adults with disabilities, delays, or illnesses in the home.	<input type="checkbox"/>
Siblings show signs of stress due to another family member with an IDD living in the home.	<input type="checkbox"/>
Our family has responsibility for other extended family members.	<input type="checkbox"/>

I verify that the information stated above is true to the best of my knowledge.

Signature of individual completing form

 Date

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