

Please tick ☒ where applicable

Name of Applicant: \_\_\_\_\_

NRIC / BC No.: \_\_\_\_\_

### I. ASSESSMENT

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
<b>Q1 MOBILITY</b>	Rating <input type="radio"/> <b>A</b> Requires no support for mobility in day-to-day routines	<input type="checkbox"/> Needs supervision, assistance or instructions to move around <input type="checkbox"/> Needs supervision or physical guidance by staff in the use of assistive devices e.g., walking frame, quad stick or wheelchair <input type="checkbox"/> Needs pushing/positioning of wheelchair to meals/toilet/centre activities <input type="checkbox"/> Wheel chair bound - needs positioning/transfer from wheelchair to toilet commode/dining chair <input type="checkbox"/> _____
	Rating <input type="radio"/> <b>B</b> Requires some support for mobility in day-to-day routines	
	Rating <input type="radio"/> <b>C</b> Requires significant support for mobility in day-to-day routines	
	Rating <input type="radio"/> <b>D</b> Totally dependent on staff for mobility in day-to-day routines	
<b>Q2 FEEDING</b>	Rating <input type="radio"/> <b>A</b> Requires no support to feed	<input type="checkbox"/> Needs supervision because of poor ability to self-feed or messy eating <input type="checkbox"/> Needs positioning on chair <input type="checkbox"/> Needs assistance to cut up food into suitable portions at the dining table <input type="checkbox"/> Needs supervision to prevent choking / food grabbing from visitors or at meal times <input type="checkbox"/> Needs assistance for refusal to eat due to withdrawn or depressed behaviour <input type="checkbox"/> Needs encouragement or assistance to feed self <input type="checkbox"/> _____
	Rating <input type="radio"/> <b>B</b> Requires Some Support to feed	
	Rating <input type="radio"/> <b>C</b> Requires significant support to feed	
	Rating <input type="radio"/> <b>D</b> Totally dependent on staff to feed	
<b>Q3 TOILETING</b> (*excludes transferring person to wheelchair for toileting)	Rating <input type="radio"/> <b>A</b> Requires no support for toileting	<input type="checkbox"/> Needs supervision to commence/complete toileting <input type="checkbox"/> Needs supervision/assistance in positioning over toilet receptacle <input type="checkbox"/> Needs assistance with undressing and dressing, clothing adjustments or change of clothes/diapers <input type="checkbox"/> Needs reminders/supervision to flush toilet after use <input type="checkbox"/> Needs reminders/supervision/assistance to clean self after toileting <input type="checkbox"/> Needs supervision/assistance in cleaning after episodes of incontinence <input type="checkbox"/> _____
	Rating <input type="radio"/> <b>B</b> Requires some support for toileting	
	Rating <input type="radio"/> <b>C</b> Requires significant support for toileting	
	Rating <input type="radio"/> <b>D</b> Totally dependent on staff for toileting	

Please tick ☒ where applicable

### I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
<b>Q4 PERSONAL GROOMING &amp; HYGIENE</b> (* excludes cleaning/changing after incontinence)	Rating Requires no support for grooming or hygiene <input type="radio"/> <b>A</b>	<input type="checkbox"/> Needs constant reminders/assistance to be neat in attire <input type="checkbox"/> Needs constant reminders/assistance to wipe mouth after meals <input type="checkbox"/> Needs constant reminders to bathe <input type="checkbox"/> Needs supervision/assistance due to general self-neglect <input type="checkbox"/> Need supervision/assistance with selection of appropriate clothing <input type="checkbox"/> Need supervision/assistance with combing of hair <input type="checkbox"/> Need supervision/assistance with shaving <input type="checkbox"/> Need assistance with trimming of finger and toe nails <input type="checkbox"/> Need supervision/assistance with dressing, putting on slippers, etc. <input type="checkbox"/> Need supervision/assistance with brushing of teeth, cleaning and fitting dentures and other oral care <input type="checkbox"/> Need supervision/assistance with sanitary napkins during menstruation <input type="checkbox"/> Needs supervision/assistance with soaping, washing, drying <input type="checkbox"/> _____
	Rating Requires some support for grooming or hygiene <input type="radio"/> <b>B</b>	
	Rating Requires significant support for grooming or hygiene <input type="radio"/> <b>C</b>	
	Rating Totally dependent on staff for grooming or hygiene <input type="radio"/> <b>D</b>	
<b>Q5 PSYCHIATRIC PROBLEMS</b> (No Formal Diagnosis Needed)	Rating Requires no support for the specified mental health problem <input type="radio"/> <b>A</b>	<input type="checkbox"/> Hallucinations e.g. hear and/or responds to voices <input type="checkbox"/> Delusions e.g. is suspicious, accuses others of causing harm <input type="checkbox"/> Anxiety e.g. anxious and tense or preoccupied with physical symptoms/complaints <input type="checkbox"/> Depression e.g. lacks interest in daily activities, tearful, easily upset, agitated <input type="checkbox"/> _____
	Requires support to monitor the specified mental health problem (in view of history) Rating <input type="radio"/> <b>B</b> OR Requires support to follow up with psychiatric evaluation due to suspicion of mental health problem	
	Rating Requires behavioural support to deal with <u>mild interference</u> in mental health functioning. <input type="radio"/> <b>C</b>	
	Rating Requires behavioural support to deal with moderate – severe interference in mental health functioning <input type="radio"/> <b>D</b>	

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### I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q6a BEHAVIOURAL PROBLEMS DISRUPTIVE BEHAVIOUR	Rating <input type="radio"/> <b>A</b> Requires no support (i.e., no evidence of past and current disruptive behaviour)	<input type="checkbox"/> Shouting, screaming <input type="checkbox"/> Tantrums, anger control problems, irritability <input type="checkbox"/> Hyperactivity, impulse control problems <input type="checkbox"/> Oppositional <input type="checkbox"/> Sexually disinhibited behaviour (e.g. Stripping, masturbation) <input type="checkbox"/> Absconding, wandering <input type="checkbox"/> Inappropriate speech/vocalisation <input type="checkbox"/> Inappropriate social behaviour <input type="checkbox"/> Other disruptive behaviour: _____ <input type="checkbox"/> How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ <input type="checkbox"/> Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating <input type="radio"/> <b>B</b> Requires support to <u>monitor</u> for the presence of disruptive behaviour (in view of history)	
	Rating <input type="radio"/> <b>C</b> Requires behavioural support to deal with <u>occasional</u> (1-3 times a week) display of disruptive behaviour <b>OR</b> Requires behavioural support to deal with <u>mild</u> level of disruptive behaviour	
	Rating <input type="radio"/> <b>D</b> <b>OR</b> Requires significant behavioural support to deal with <u>frequent</u> display of disruptive behaviour (>4 times a week) <b>OR</b> Requires behavioural support to deal with <u>moderate - severe</u> level of disruptive behaviour	
Q6b. BEHAVIOURAL PROBLEMS STEREOTYPIC BEHAVIOUR	Rating <input type="radio"/> <b>A</b> Requires no support (i.e., no evidence of past and current stereotypic behaviour)	<input type="checkbox"/> Hand-flapping or waving <input type="checkbox"/> Head-rolling <input type="checkbox"/> Body-rocking <input type="checkbox"/> Spinning or flipping of objects <input type="checkbox"/> Sniffing objects <input type="checkbox"/> Repetitive hand or finger movements <input type="checkbox"/> Repetitive vocal sequences or screaming (if the behaviour is stereotypical and not rated under "Disruptive Behaviour") <input type="checkbox"/> Other stereotypic behaviour: _____ <input type="checkbox"/> How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ <input type="checkbox"/> Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating <input type="radio"/> <b>B</b> Requires support to <u>monitor</u> for the presence of stereotypic behaviours (in view of history)	
	Rating <input type="radio"/> <b>C</b> Requires behavioural support to deal with <u>occasional</u> (1-3 times a week) display of stereotypic behaviour <b>OR</b> Requires behavioural support to deal with <u>mild</u> level of stereotypic behaviour	
	Rating <input type="radio"/> <b>D</b> <b>OR</b> Requires significant behavioural support to deal with <u>frequent</u> (>4 times a week) display of stereotypic behaviour <b>OR</b> Requires behavioural support to deal with <u>moderate - severe</u> level of stereotypic behaviour	

Please tick ☐ where applicable

### I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q7a. RISK BEHAVIOURS AGGRESSION	Rating <input type="radio"/> A Requires no support (i.e., no evidence of past and current aggressive behaviour)	<input type="checkbox"/> Verbal aggression <input type="checkbox"/> Property destruction <input type="checkbox"/> Body slamming <input type="checkbox"/> Physical aggression towards staff, strangers, other persons (e.g., punching, hitting, biting, kicking with body contact) <input type="checkbox"/> Sexual aggression or abusive behaviour <input type="checkbox"/> Other aggressive behaviour: _____ <input type="checkbox"/> How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ <input type="checkbox"/> Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating <input type="radio"/> B Requires support to monitor for the presence of aggressive behaviours (in view of history)	
	Rating <input type="radio"/> C Requires behavioural support to deal with occasional (1-3 times a week) display of aggressive behaviour OR Requires behavioural support to deal with <u>mild</u> level of aggressive behaviour	
	Rating <input type="radio"/> D Requires behavioural support to deal with frequent (>4 times a week) display of aggressive behaviour OR Requires behavioural support to deal with <u>moderate - severe level</u> of aggressive behaviour	
*Q7b. RISK BEHAVIOURS SELF INJURIOUS OR SUICIDAL BEHAVIOUR	Rating <input type="radio"/> A Requires no support (i.e., no evidence of past and current self-harm/suicidal behaviour)	<input type="checkbox"/> Self-mutilation (e.g. head banging, hair-pulling, skinpicking, self-biting, self-scratching) <input type="checkbox"/> Inserting fingers or objects into body orifices <input type="checkbox"/> Pica, extreme drinking <input type="checkbox"/> Intentional risk-taking and reckless behaviours <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other self-harming behaviour: _____ <input type="checkbox"/> How recently did the behaviour last occur? (e.g. Within Last 30 days / More than 30 days ago) _____ <input type="checkbox"/> Frequency in which the behaviour(s) occurred: (e.g. 1-3 times a week / >4 times a week) _____
	Rating <input type="radio"/> B Requires support to <u>monitor</u> for the presence of self-harm/suicidal behaviour (in view of history)	
	Rating <input type="radio"/> C Requires behavioural support to deal with <u>occasional</u> display of self-harm/suicidal behaviour (1-3 times a week) OR Requires behavioural support to deal with <u>mild</u> level of self-harm/suicidal behaviour	
	Rating <input type="radio"/> D Requires behavioural support to deal with the <u>frequent</u> (>4 times a week) display of self-harm/suicidal behavior OR Requires behavioural support to deal with <u>moderate - severe</u> level of self-harm/suicidal behaviour	

Please tick ☑ where applicable

### I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q8 COMMUNITY LIVING NEEDS TASK ORIENTATION	Rating Requires no support to engage in learning a task ○ A	Must be able to focus attention & engage in repetitive tasks continuously for more than 1 hour, AND <input type="checkbox"/> Work on task without supervision <input type="checkbox"/> Work on task with minimum supervision <i>(tick at least 1)</i>
	Rating Requires some support to engage in learning a task ○ B	Must be able to focus attention & engage in repetitive tasks continuously for ½ - 1 hour, AND <input type="checkbox"/> Follow instructions <input type="checkbox"/> Respond to corrections <input type="checkbox"/> Ask for help <i>(tick at least 2)</i>
	Rating Requires moderate support to engage in learning a task ○ C	Must be able to focus attention & engage in repetitive task continuously for 10 - 30 minutes, AND <input type="checkbox"/> Follow instructions <input type="checkbox"/> Retrieve/keep task-related tools/materials <i>(tick at least 1)</i>
	Rating Requires significant support to engage in learning a task ○ D	<input type="checkbox"/> Unable to focus attention & engage in repetitive task continuously for more than 10 minutes <input type="checkbox"/> Unable to follow instructions & retrieve/keep task related tools/materials <i>(tick at least 1)</i>
Q9 COMMUNITY LIVING NEEDS COMMUNICATION NEEDS (RECEPTIVE & EXPRESSIVE)	Rating Requires no communication support ○ A	<div> <div> <u>RECEPTIVE</u>  <input type="checkbox"/> Understand multistep instructions </div> <div> <u>EXPRESSIVE</u>  <input type="checkbox"/> Relate (verbal/non-verbal) experiences when asked </div> </div> <i>(tick all)</i>
	Rating Requires minimal communication support ○ B	<div> <div> <u>RECEPTIVE</u>  <input type="checkbox"/> Understand 2-step instructions </div> <div> <u>EXPRESSIVE</u>  <input type="checkbox"/> Ask (verbal/non-verbal) simple questions  <input type="checkbox"/> Make request for things or for help </div> </div> <i>(tick 1 receptive &amp; 1 expressive)</i>
	Rating Requires moderate communication support ○ C	<div> <div> <u>RECEPTIVE</u>  <input type="checkbox"/> Understand 1-step instructions </div> <div> <u>EXPRESSIVE</u>  <input type="checkbox"/> Indicate yes/no (verbal/non-verbal) to simple question  <input type="checkbox"/> Protest against intrusions to personal space/desire </div> </div> <i>(tick at least 1)</i>
	Rating Requires significant communication support ○ D	<div> <div> <u>RECEPTIVE</u>  <input type="checkbox"/> Unable to understand 1-step instructions </div> <div> <u>EXPRESSIVE</u>  <input type="checkbox"/> Unable to indicate yes/no (verbal/non-verbal) to simple question  <input type="checkbox"/> Unable to protest against intrusions to personal space/desire </div> </div> <i>(tick all)</i>

Please tick ☑ where applicable

## I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q10 COMMUNITY LIVING NEEDS TIME MANAGEMENT	Rating ○ <b>A</b> Requires no support to manage time on a daily basis	<input type="checkbox"/> Able to tell time, date, & day <input type="checkbox"/> Follow timetable of daily routine without supervision <p style="text-align: right;">(tick all)</p>
	Rating ○ <b>B</b> Requires minimal support to manage time on a daily basis	<input type="checkbox"/> Tell time, day, or date <input type="checkbox"/> Recognise and follow sequence of scheduled activities with/without prompting <p style="text-align: right;">(tick all)</p>
	Rating ○ <b>C</b> Requires moderate support to manage time on a daily basis	<input type="checkbox"/> Follow sequence of scheduled activities only with prompting <p style="text-align: right;">(tick all)</p>
	Rating ○ <b>D</b> Requires significant support to manage time on a daily basis	<input type="checkbox"/> Unable to follow the sequence of scheduled activities even with prompting <p style="text-align: right;">(tick all)</p>
Q11 COMMUNITY LIVING NEEDS GETTING AROUND	Rating ○ <b>A</b> Requires no support to get to familiar destinations in the community	<input type="checkbox"/> Use EZ link card (if applicable) <input type="checkbox"/> Recognise familiar places <input type="checkbox"/> Follow safety rules <input type="checkbox"/> Behave appropriately in public <p style="text-align: right;">(tick all)</p>
	Rating ○ <b>B</b> Requires minimal support to get to familiar destinations in the community	<input type="checkbox"/> Use EZ link card (if applicable) <input type="checkbox"/> Recognise familiar places <input type="checkbox"/> Follow safety rules <input type="checkbox"/> Behave appropriately in public <p style="text-align: right;">(tick at least 2)</p>
	Rating ○ <b>C</b> Requires moderate support to get to familiar destinations in the community	<input type="checkbox"/> Recognise familiar places <input type="checkbox"/> Follow safety rules <input type="checkbox"/> Behave appropriately in public <p style="text-align: right;">(tick at least 1)</p>
	Rating ○ <b>D</b> Requires significant support to get to familiar destinations in the community	<input type="checkbox"/> Unable to recognise familiar places <input type="checkbox"/> Unable to follow safety rules <input type="checkbox"/> Unable to behave appropriately in public <p style="text-align: right;">(tick all)</p>

Please tick ☒ where applicable

### I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q12 COMMUNITY LIVING NEEDS MANAGING MONEY	Rating <input type="radio"/> <b>A</b> Requires no support to handle money	<input type="checkbox"/> Consider price when making a purchase <input type="checkbox"/> Receive correct change <input type="checkbox"/> Give appropriate amount when making payment <input type="checkbox"/> Store money for safekeeping <div style="text-align: right;">(tick all)</div>
	Rating <input type="radio"/> <b>B</b> Requires minimal support to handle money	<input type="checkbox"/> Consider price when making a purchase <input type="checkbox"/> Receive correct change <input type="checkbox"/> Give appropriate amount when making payment <input type="checkbox"/> Store money for safekeeping <div style="text-align: right;">(tick at least 3)</div>
	Rating <input type="radio"/> <b>C</b> Requires moderate support to handle money	<input type="checkbox"/> Receive correct change <input type="checkbox"/> Wait to receive change <input type="checkbox"/> Give appropriate amount when making payment <input type="checkbox"/> Store money for safekeeping <div style="text-align: right;">(tick at least 2)</div>
	Rating <input type="radio"/> <b>D</b> Requires significant support to handle money	<input type="checkbox"/> No concept of money <input type="checkbox"/> Unable to handle money due to physical limitation <div style="text-align: right;">(tick at least 1)</div>
Q13 COMMUNITY LIVING NEEDS LEISURE/RECREATION	Rating <input type="radio"/> <b>A</b> Requires no support to engage in leisure/recreational activities	<input type="checkbox"/> Play board/card games or sports that requires simple rules <input type="checkbox"/> Participate in outings and comply with both safety & conventional rules of etiquette <div style="text-align: right;">(tick at least 1)</div>
	Rating <input type="radio"/> <b>B</b> Requires minimal support to engage in leisure/recreational activities	<input type="checkbox"/> Play board/card games or sports that requires simple rules <input type="checkbox"/> Participate in outings and comply with safety rules <input type="checkbox"/> Participate in outings and comply with conventional rules of etiquette <div style="text-align: right;">(tick at least 1)</div>
	Rating <input type="radio"/> <b>C</b> Requires moderate support to engage in leisure/recreational activities	<input type="checkbox"/> Play board/card games or sports that requires simple rules <input type="checkbox"/> Play board/card games or sports that have no rules / listen to music / watch television <input type="checkbox"/> Participate in outings with significant supervision <div style="text-align: right;">(tick at least 1)</div>
	Rating <input type="radio"/> <b>D</b> Requires significant support to engage in leisure/ recreational activities	<input type="checkbox"/> Unable to play any board/card games or sports, listen to music or watch television <input type="checkbox"/> Unable to participate in outings even with significant supervision <div style="text-align: right;">(tick all)</div>

Please tick ☑ where applicable

### I. ASSESSMENT (CONTINUED)

	Rating	Person's Needs (Please tick if person is not rated 'A'; more than one prompt may be ticked)
Q14 COMMUNITY LIVING NEEDS SOCIAL FUNCTIONING	Rating <input type="radio"/> <b>A</b> Requires no support to interact socially	<input type="checkbox"/> Initiate/ respond to interactions (verbal/gestures) <input type="checkbox"/> Behave appropriately to others <input type="checkbox"/> Demonstrate appropriate level of physical contact <input type="checkbox"/> Participate in group activities <input type="checkbox"/> Wait for turn <input type="checkbox"/> Greet others (self-initiated / in response) <input type="checkbox"/> Respond to name <input type="checkbox"/> Tolerate proximity to others <div style="text-align: right;">(tick all)</div>
	Rating <input type="radio"/> <b>B</b> Requires minimal support to interact socially	<input type="checkbox"/> Initiate/ respond to interactions (verbal/gestures) <input type="checkbox"/> Behave appropriately to others <input type="checkbox"/> Demonstrate appropriate level of physical contact <input type="checkbox"/> Participate in group activities <input type="checkbox"/> Wait for turn <div style="text-align: right;">(tick at least 3)</div>
	Rating <input type="radio"/> <b>C</b> Requires moderate support to interact socially	<input type="checkbox"/> Participate in group activities <input type="checkbox"/> Wait for turn <input type="checkbox"/> Greet others (self-initiated / in response) <input type="checkbox"/> Respond to name <input type="checkbox"/> Tolerate proximity to others <div style="text-align: right;">(tick at least 2)</div>
	Rating <input type="radio"/> <b>D</b> Requires significant support to interact socially	<input type="checkbox"/> Unable to participate in group activities <input type="checkbox"/> Unable to wait for turn <input type="checkbox"/> Unable to greet others (self-initiated/in response) <input type="checkbox"/> Unable to respond to name <input type="checkbox"/> Unable to tolerate proximity to others <div style="text-align: right;">(tick at least 4)</div>

### J. ASSESSED BY

Agency: _____	Date of Referral: _____
Name of Referral Staff: _____	Tel No. (DID): _____
Designation: _____	Tel No. (HP): _____
Email: _____	

\* Staff carrying out CAF-R assessment must be CAF-R certified.