

Arkansas Department of Human Services
Division of Developmental Disabilities Services

ACS WAIVER AREAS OF NEED

Waiver Individual Name: _____

NOTE: This page will only need to be completed at initial ICF level of care determination and age milestones. Annually for minors birth 0-5 years; every 3 years for minors age 5-21 or 18 if has a certificate of high school completion; every 5 years for adults age 22 and over. The person's functional limitations (deficits) must be clearly explained. Merely needing prompts in an area is not sufficient. Stating the person's goals for the area is not sufficient. This explanation must provide information concerning what the person cannot do for themselves. Compare children to peers not adults. What is the child not able to do that his/her peers can do? Describe only areas in which the individual experiences problems and/or challenges.

1. Self Care: Ability for own toileting, grooming, dressing, and eating needs.

2. Understanding and use of language: Ability to communicate needs and respond to others.

3. Learning: Ability to process, retain and apply information appropriately in different situations.

4. Mobility: Ability to move self from place to place by walking or with assistive device (s).

5. Self-Direction: Ability to make appropriate decisions regarding time, travel, finances, health and vocational.

6. Capacity for Independent Living: Ability to learn to cook, shop, clean and maintain self in an independent living situation.

Signature: _____
Individual Completing Form

Signature Date: _____

Title/Relationship: _____

Phone: () - Ext: _____