

Best Single Source Plus ESG-CARES [CV]
ADDITIONAL HOUSEHOLD MEMBER DISABILITY FORM

Additional Household Member Name: _____ **Date:** _____

NOTE: This form needs to be filled out for each Additional Household Member who has a disability and/or a Co-occurring disability. This form is to be completed specific to one client only.

Disability Type: Alcohol abuse Drug abuse Both alcohol & drug abuse Chronic health condition
 HIV/AIDS Mental health condition Physical Developmental disorder

Disability Determination? Yes No Client Doesn't Know Client Refused

IF YES: Expected to be of long-continued/indefinite duration & impair ability to live independently?

Yes No Client Doesn't Know Client Refused

IF YES: Is documentation of the disability & severity on file? Yes No

IF YES: Is the client currently receiving services or treatment? Yes No Client Doesn't Know Client Refused

Start Date: _____

Is the above condition long-term? Yes No

End Date: _____

Additional or Co-occurring disability information (no more than one disabling condition per section):

Disability Type: Alcohol abuse Drug abuse Both alcohol & drug abuse Chronic health condition
 HIV/AIDS Mental health condition Physical Developmental disorder

Disability Determination? Yes No Client Doesn't Know Client Refused

IF YES: Expected to be of long-continued/indefinite duration & impair ability to live independently?

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IF YES: Is documentation of the disability & severity on file? Yes No

IF YES: Is the client currently receiving services or treatment? Yes No Client Doesn't Know Client Refused

Start Date: _____

Is the above condition long-term? Yes No

End Date: _____

Additional or Co-occurring disability information (no more than one disabling condition per section):

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Start Date: _____

Is the above condition long-term? Yes No

End Date: _____