



VIP SERVICES INFORMATION FOR VETERANS' AFFAIRS

(To be used in conjunction with client's RSA Support Services Worksheet information)

Support Advisor Name		Date	
Client Ethnicity		Marital Status	
Do you live alone? Y/N		Are you currently employed Y/N, if Yes occupation.	

In the past 30 days how much difficulty did you have with the following activities:

Lawnmowing and gardening – managing your lawns and gardens				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> No, the service is not required		<input type="checkbox"/> Yes, the service is required		<input type="checkbox"/> Yes, urgently
Home help – keeping on top of household chores				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> No, the service is not required		<input type="checkbox"/> Yes, the service is required		<input type="checkbox"/> Yes, urgently
Podiatry – personal care				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> No, the service is not required		<input type="checkbox"/> Yes, the service is required		<input type="checkbox"/> Yes, urgently
ADT Medical and Smoke Alarm – Have you had breathing difficulties, or get lost when out				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> No, the service is not required		<input type="checkbox"/> Yes, the service is required		<input type="checkbox"/> Yes, urgently
Chemwash – managing washing your house, external windows and guttering, pathways				
<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Extreme or cannot do
<input type="checkbox"/> No, the service is not required		<input type="checkbox"/> Yes, the service is required		<input type="checkbox"/> Yes, urgently
Describe any general health, wellbeing, medical conditions that may cause issues for the client to maintain their independence at home				