



DONEGAL CENTRE FOR INDEPENDENT LIVING

Ballymacool House, Ballymacool, Letterkenny, Co Donegal. ☎ 074 9128945



INITIAL ASSESSMENT

LEADER DETAILS

Title : _____

Surname : _____ First Name : _____

Address : _____

Tel No : _____ Mobile No : _____

Email : _____

Date of Birth : _____

Functional Difficulties/Diagnosis (Please ensure details of all diagnosis are included, including any learning difficulty.) _____

Strengths : _____

Aids & Appliances e.g. wheelchair, hoist, etc _____

NEXT OF KIN/CONTACT PERSON

Name : _____

Address : _____

Contact Tel No : _____



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HOUSEHOLD DETAILS

Name : _____ Relationship : _____ D.O.B. _____

Name : _____ Relationship : _____ D.O.B. _____

Name : _____ Relationship : _____ D.O.B. _____

Name : _____ Relationship : _____ D.O.B. _____

Additional Information/Family Support (include details of all people living in the home. Please clarify if partner/spouse is working full-time/part-time)

HOUSING/ACCOMODATION

Please add any information relevant to your application, for example, is the house suitably adapted & fit for purpose, awaiting adaption, serviced by public transport, rural/urban location?

ALLOCATED PA's

1. _____
2. _____
3. _____
4. _____
5. _____

TRANSPORT

Can you drive?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need assistance of a person to drive?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have access to a car?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a primary medical certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has DCIL representative explained use of car protocol?	Yes		No	



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PHILOSOPHY of Independent Living

Has the DCIL Representatie explained the Philosophy of Independent Living?
Does the Person have any previous experience in directing their own service?
Has the DCIL Representatie explained the Roles and Responsibilities of a Leader & Personal Assistant?
Does the Person have any previous experience in directing their own service?
Does the Person show evidence on their ability to direct their own service?
Has the Leader been given information on their Personal Assistant and been introduced with PA?
Has the Leader been given Leader Induction information?



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Roles?
Responsibilities?
Background to DCIL?
The Philosophy of Independent Living?

Is there any outstanding queries or issues for the Leader?

DCIL Representative Signature & Date

Applicants Signature & Date

Service Plan & Approximate Rota for DCIL Leader

Please tick all tasks required:						
	Morning	Mid-day	Evening	Bedtime	Other	
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation/Assistance with meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Household Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Necessary Medical Duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in Filling Family Roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in the Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Morning	Mid-day	Evening	Bedtime	Other	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours per week						

Guidelines for completing Service Plan Form

LEADER DETAILS

Name		Date of Birth		Date of Referrall	
Address					
Nature of Impairment					
Referral Person's Name					
Reffered for PA service Date: _____					

Guidelines for completing Service Plan Form

These Guidelines are developed to assist Leaders/Coordinator in both the identification of tasks and the completion of this Service Plan

For Example: Is your PA is doing Laundry, Preparing Dinner and Assisting with Exercises?

If so....Please Tick the Box on the Service Plan for General Household Duties, Food Preparation and Necessary Medical Duties

General Household Duties

- Laundry
- Ironing
- Cleaning floors
- Making beds
- Tidy rooms
- Cleaning fire
- Fire preparation
- Grocery shopping

Food Preparation/Assistance with Meals

- Breakfast
- Lunch
- Dinner
- Peeling spuds/carrots
- Chopping vegetables
- Cutting meat
- Frying, Boiling or Grilling
- Pre-preparing meals
- Physical assistance provided in eating of meals

Personal Care

- Getting in/out of bed
- Hoisting
- Showering/Bathing
- Toileting
- Dental Hygiene
- Cleaning
- Hair care
- Skin care
- Eye/Ear care
- Dressing/Undressing

Guidelines for completing Service Plan Form

Social Activities

- Trip to shops
- Dining in Restaurants
- Attending Public houses
- Visit to the Cinema
- Enjoying Concerts
- Visiting family, friends or neighbours

Necessary Medical Duties

- Doctors/Chemist
- Hospital
- Dentist
- Nurse
- Medication Preparation
- Assisting in Exercises

Assistance in Fulfilling Family Role

- Assisting parents in fulfilling their family role

Assistance in the Workplace

- Travelling for work
- Phone calls
- Writing letters
- Moving and Handling
- Communications if leader with speech impediment
- Photocopying

Assistance in Education

- Travelling for Education
- Assisting with assignment
- Gathering Information
- Taking notes
- Carrying bags or laptop