

**HOME AND COMMUNITY BASED SERVICES
PSYCHOSOCIAL SUMMARY**

I. IDENTIFYING INFORMATION:

Name: _____

Medicaid ID #: _____

II. PRESENTING PROBLEM (include summary of need for HCBS services and health history):

III. PERSONAL HISTORY (include family history/dynamics, marital history, education, employment and leisure activities):

IV. PSYCHOSOCIAL SUMMARY (include assessment of coping skills, patient understanding/acceptance of illness, cognitive abilities and mental status):

A. Social Assessment:

B. Emotional Assessment:

C. Mental Assessment:

V. CURRENT LIVING SITUATION:

A. Financial Assessment:

B. Home:

C. Transportation:

D. Medical Compliance:

E. Support Systems (include family understanding/acceptance of illness):

F. Neglect/Abuse:

G. Long Term Planning:

VI. COMMENTS AND IMPRESSIONS:

Signature

Date