

July 2011

## ReBAR Assessment Unit

### Important Information Needed for the SNAP Assessment

The **Foster Care Provider** should bring the following information about the Individual to the SNAP Assessment:

- Legal name
- Birth date
- Height (written down, to respect the Individual's privacy)
- Weight (written down, to respect the Individual's privacy)
- Number of oral prescription (not PRNs) medications
- Number of topical, suppository, and inhaler medications
- Number of injected medications
- List of health and safety equipment (e.g. shower chair, walker)
- Is a behavioral support plan (BSP) in place?
- Is a functional assessment (FA) planned to develop a BSP?
- Is a mental health plan in place?
- Type of consultation services in place (e.g. behavioral consultation)
- Number of hours of consultation services received per month
- Hourly rate of consultation services
- Number of hours of daytime exclusive focus 1:1 staffing (and 2:1, if any) in place to address medical and behavioral needs
- Number of hours of nighttime exclusive focus 1:1 staffing (and 2:1, if any) in place to address medical and behavioral needs
- Individual's prime number