This form is used to identify kiritaki (client) abilities and support needs, and to inform of potential strategies to maximise their independence.

ACC completes Part A and the Assessor completes Parts B, C, D, E. Once completed, return the form via email to the ACC person listed in Part A, section 15.

Part A – Kiritaki details (ACC to complete)

|  |
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| 1. Referral details |
| Supplier’s name: [Vendor name auto] | Supplier number: [Vendor number auto] |
| Date of referral: [Today's date auto] | Purchase order number: [PO number] |

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| 2. ACC provider risk information |
| Provide any known or possible risks or issues that the provider should be aware of such as relevant care or vulnerability indicator information, challenging behaviours, the presence of other people who may pose a risk, dogs on property, access issues, unsafe or unhealthy home environment, etc.The supplier will also complete their own Risk Identification Check in addition to this information. |
| [ ]  There are no risks or issues known to ACC[ ]  The following possible risks or issues may be present:       |

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| 3. Reason for referral |
|        |

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| 4. Kiritaki details |
| Kiritaki name: [Kiritaki full name auto] | Claim number: [Claim number auto] |
| Address: [Additional Recipient Reference auto], [Address Line 1 Auto], [Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto] |
| Postal address, if different from home address: [Postal Address Line 1 Auto], [Postal Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto] |
| Date of birth: [Date of birth auto] | NHI number: [NHI number auto] |
| Email address: [Kiritaki Email Auto] | Ethnicity: [Kiritaki ethnicity auto] |
| Mobile number: [Kiritaki mobile phone auto] | Home phone: [Kiritaki home phone auto] |
| Is an interpreter required? [Interpreter Required auto] | If yes, what language? [Translator language auto]  |
| Does the kiritaki use specific complex communication aids, eg augmentative or alternative communication systems? [Augmentative Aids Required auto]If yes, provide details: [Augmentative Aids auto] |

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| 5. Kiritaki representative (if applicable)  |
| Representative name: [Representative Name Auto]  | Role (ATA, POA, guardian, etc):       |
| Contact number: [Representative Contact Number Auto] | Email address: [Representative Email Auto] |
| Relationship to kiritaki:       |

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| 6. Arranging the assessment |
| Should the supplier contact the kiritaki to arrange the assessment? [ ]  Yes [ ]  No |
| If no, who should be contacted?       |
| Email address:       | Contact number:       |
| Address where assessment should occur, if different from home address:       |

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| 7. Kiritaki injury details |
| Describe what happened to cause the injury:       |
| Date of injury: [Date of injury auto] |
| Read code | Description | Side | Site |
| [read code auto] | [Description auto] | [Injury side auto] | [Injury site auto] |
| [read code auto] | [Description auto] | [Injury side auto] | [Injury site auto] |
| [read code auto] | [Description auto] | [Injury side auto] | [Injury site auto] |
| Complete for kiritaki with a spinal cord injury  |
| Level of lesion: [Level Of Lesion auto] |
| AIS Scale (check for most recent assessment): [ASIA Scale auto] |
| Complete for kiritaki with a traumatic brain injury |
| Glasgow Coma Scale (GCS): [GCS Auto] |
| Post-Traumatic Amnesia (PTA): [PTA auto] |
| If the kiritaki has any relevant injuries from other claims, please detail these:       |
| Does the kiritaki have any relevant comorbidities?       |
| Give a brief summary of relevant treatment and rehabilitation to date:       |

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| 8. Occupational information |
| Before the injury (select all occupation types that applied): |
| [ ]  Employee/self-employed | [ ]  Child | [ ]  Student | [ ]  Unemployed |
| [ ]  Unpaid caregiver/parent | [ ]  Retired  | [ ]  Other:       |
| After the injury (select all occupation types that apply): |
| [ ]  Employee/self-employed | [ ]  Child | [ ]  Student | [ ]  Unemployed |
| [ ]  Unpaid caregiver/parent | [ ]  Retired | [ ]  Other:       |

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| 9. Kiritaki goals |
| Provide details of kiritaki goals. Consider function in the home and at work, community participation, social interactions and relationships, vocational and education needs, recreation and leisure.       |

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| 10. Relevant contacts |
| Role | Name | Contact number | Email address | Summary of current support  |
| General Practitioner |       |       |       |       |
| Treating Specialists |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
| Other: |       |       |       |       |

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| 11. Current services |
| If the kiritaki is receiving other ACC-funded or non-ACC services list them below. Eg residential care, community transport, integrated home and community supports, social rehabilitation assessments, treatment, and rehabilitation services, etc.**NOTE:** Where home and community support is provided, please ensure the hours listed below are up to date.  |
| Service | Supplier details |
|       |       |
|       |       |
|       |       |
| Home and Community Support |
| Provider name |       |
| Standard Care (level 1) hours per week |       |
| Complex Care (level 2) hours per week |       |
| Home Help hours per week |       |
| Childcare hours per week |       |
| Supervision hours per week |       |
| Education Support  |       |

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| 12. Living situation |
| What type of housing does the kiritaki live in, eg aged care facility, own home, etc:       |
| Who does the kiritaki live with, eg whānau/family, friends, carers, etc:       |
| Other relevant details, eg home support or property access details. Can the kiritaki answer the door? Has the property been modified? Do they need time to get down the stairs? Does the kiritaki need to make arrangements for access with a named relative? etc:       |

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| 13. Supporting documents |
| Briefly detail documents attached to this referral and their relevance to the assessment. Refer to the Operational Guidelines for supporting information. Where extensive documents are provided, consider grouping the descriptions, eg hospital notes 1998 to 2005. |
| Document name/type | Relevance |
|       |       |
|       |       |
|       |       |

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| 14. Additional information |
| Briefly detail any further relevant information for the assessor.  |
|       |

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| 15. ACC details |
| ACC recovery team member: [Staff member auto] |
| Contact phone number: [Phone number auto] | Email address: [Email address auto] |

Part B - Assessment details (assessor to complete)

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| 16. Assessor details |
| Assessor name:       |
| Date of assessment:       | Date assessment sent to ACC:       |

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| 17. Participants in assessment |
| Name | Relationship to kiritaki | Nature of participation, eg phone, meeting | Contact details |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| 18. Non-ACC provided documents used |
| Document name/type:       | Attached? [ ]  |
| Document name/type:       | Attached? [ ]  |

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| 19. Meetings held relevant to assessment |
| Meeting | Date | Comments |
|       |       |       |
|       |       |       |
|       |       |       |
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| **20. Functional Independence Measure (FIM) and Functional Assessment Measure (FAM)** |
| Using the scale below rate the skills of the kiritaki using the FIM and FAM: |
| No helper | Helper modified device | Helper – complete dependence |
| **7****6** | Complete independence (timely, safely)Modified independence (device) | **5****4****3** | Supervision or set-upMinimal assistance (subject = 75% or more)Moderate assistance (subject = 50% - 74%) | **2****1** | Maximum assistance (subject 25% - 49%)Total assistance (subject less than 25%) |

 (Australasian Rehabilitation Outcome Centre (AROC) FIM™ and FAM to be used)

|  |  |  |
| --- | --- | --- |
| FUNCTIONAL INDEPENDENCE MEASURE |  | FUNCTIONAL ASSESSMENT MEASURE |
| Self-Care |  |  | 1. Swallowing
 |       |
| 1. Eating
 |       |  | 1. Car transfers
 |       |
| 1. Grooming
 |       |  | 1. Community access
 |       |
| 1. Bathing
 |       |  | 1. Reading
 |       |
| 1. Dressing (upper)
 |       |  | 1. Writing
 |       |
| 1. Dressing (lower)
 |       |  | 1. Speech intelligibility
 |       |
| 1. Toileting
 |       |  | 1. Emotional status
 |       |
| Sphincter control |  |  | 1. Adjustment to limitations
 |       |
| 1. Bladder
 |       |  | 1. Employability
 |       |
| 1. Bowel
 |       |  | 1. Orientation
 |       |
| Transfers |  |  | 1. Attention span
 |       |
| 1. Bed, chair, wheelchairs
 |       |  | 1. Safety judgement
 |       |
| 1. Toilet
 |       |  | Total FAM score |       |
| 1. Tub, shower
 |       |  |  |  |
| Locomotion |  |  | Total combined FIM and FAM score |       |
| 1. Walk/wheelchair

 [ ]  Walk [ ]  Wheelchair [ ]  Both |       |  |
| Communication |  |  | Changes to FIM & FAM score since last SNA (if relevant) and brief analysis/commentary      |
| 1. Comprehension

 ☐ Auditory ☐ Visual ☐ Both |       |  |
| Social cognition |  |  |
| 1. Social interaction
 |       |  |
| 1. Problem solving
 |       |  |
| 1. Memory
 |       |  |
| Total FIM score |  |  |

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| 21. Assessor summary of assessment |
|       |

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| 22. FIM™ or FAM scores of 5 or less |
| Where kiritaki performance is below expected, provide further information about the type and expected duration of required support. Support may include: human assistance, modifications, technology, devices or therapy interventions.Below expected performance is a score of 5 or less in the FIM or FAM.Please delete any extra tables that are not required. |

|  |
| --- |
| Area:       |
| Description of the support needed and why it is needed:       |
| If human assistance is advised, describe: |
| The time involved in providing support, eg 50 minutes: |       |
| The frequency of support, eg daily, twice weekly: |       |
| Total time per week: |       |
| How long support is needed for (in weeks or ongoing): |       |

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| Area:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| How long support is needed for (in weeks or ongoing): |       |

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| Area:       |
| Description of the support needed and why it is needed:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| Area:       |
| Description of the support needed and why it is needed:       |
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| Area:       |
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| Area:       |
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| Area:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| Area:       |
| Description of the support needed and why it is needed:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| Area:       |
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| Area:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| Area:       |
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| How long support is needed for (in weeks or ongoing): |       |

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| Area:       |
| Description of the support needed and why it is needed:       |
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| Area:       |
| Description of the support needed and why it is needed:       |
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| Area:       |
| Description of the support needed and why it is needed:       |
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| Area:       |
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| Area:       |
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| How long support is needed for (in weeks or ongoing): |       |

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| Area:       |
| Description of the support needed and why it is needed:       |
| If human assistance is advised, describe: |
| The time involved in providing support, eg 50 minutes: |       |
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| How long support is needed for (in weeks or ongoing): |       |

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| Area:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| How long support is needed for (in weeks or ongoing): |       |

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| Area:       |
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| The frequency of support, eg daily, twice weekly: |       |
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| Area:       |
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| The time involved in providing support, eg 50 minutes: |       |
| The frequency of support, eg daily, twice weekly: |       |
| Total time per week: |       |
| How long support is needed for (in weeks or ongoing): |       |

Part C - Medical support needs (assessor to complete)

|  |
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| 23. Medical support needs |
| We recognise exceptional medical needs occur from accidents and injuries resulting in permanent impairment of physical or mental function. Exceptional medical needs include complex specialist therapeutic interventions, supportive medical equipment, and care. This kiritaki support may be required for the rest of their life. |
| Does the kiritaki have any exceptional medical support needs? | [ ]  Yes – complete relevant parts below [ ]  No – go to Part D behaviours of concern |
| Respiratory: |
| Ventilator:       |
| Non-invasive ventilation (CPAP or BiPAP):       |
| Postural drainage:       |
| Suctioning:       |
| Uses oxygen:       |
| Tracheotomy:       |
| Assisted cough:       |
| Nebulisers:       |
| Support with inhalers:       |
| Eating: |
| Oral assistance and jaw positioning:       |
| Tube feeding:       |
| PEG feeding:       |
| Insulin pump:       |
| Glucose patches:       |
| Skin care: |
| Turning or positioning by others:       |
| Other wound management:       |
| Sphincter management:       |
| Indwelling catheter:       |
| Intermittent catheterisation:       |
| Assistance in bowel management, eg assistance to insert suppository:       |
| Other medical needs: |
| Poorly controlled seizures:       |
| Dialysis:       |
| Ostomy care:       |
| Fracture risk (spontaneous fractures):       |
| Temperature regulation:       |
| Autonomic dysreflexia:       |
| Pain management:       |
| High tone, spasticity, and join contractures:       |
| Other:       |

Part D - Behaviours of concern (assessor to complete)

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| 24. Overt Behaviour Rating Scale (OBS) |
| Questions in this section are from the Overt Behaviour Scale tool |
| Does the kiritaki have behavioural support needs? | [ ]  No - go to Part E: Summary and advice[ ]  Yes - complete relevant parts of table below |
| Contributors to the OBS: | [ ]  Kiritaki[ ]  Spouse or partner[ ]  Parents[ ]  Other - specify       |
|  | Severity | Level | Frequency | Impact |
|  |  | Check ([x] ) each level that is a problem | 1 = less than 1 / month2 = 1 / month or more3 = 1 / week or more4 = 1 / day5 = multiple daily | 1 = no impact2 = minor3 = moderate4 = severe5 = extreme |
| Has the kiritaki shown any verbal aggression? | [ ]  No - Go to Physical aggression sub-scale[ ]  Yes - Complete the sub-scale below |
| Verbal aggression sub-scale |
| Makes loud noises, shouts in anger, is clearly not directed at some other person, eg “Bloody hell!" | 1 | [ ]  |       |       |
| Makes mild personal insults clearly directed at some other person but does not include swearing/offensive sexual comments, eg "You are stupid!", "Idiot" | 2 | [ ]  |       |       |
| Swearing, use of foul language, moderate threats clearly directed at others or self, eg "F\*\*\* off you bastard!" | 3 | [ ]  |       |       |
| Makes clear threats of violence directed towards others or self, eg "I’m going to kill you!" or "I’m going to finish myself!". Or requests help to control self, eg expresses anxieties that they will engage in aggressive acts beyond own control unless someone makes some immediate intervention. This includes suicidal threats. | 4 | [ ]  |       |       |
| Has the kiritaki shown any physical aggression? | [ ] No - go to Inappropriate sexual behaviour sub-scale[ ] Yes - complete the sub-scale below  |
| Physical aggression sub-scale: Acts against objects |
| Slams doors, scatters clothing, and makes a mess in clear response to some antecedent. | 1 | [ ]  |       |       |
| Throws objects down without some other person at risk of being hit by the object, kicks furniture without breaking it, and marks the wall. | 2 | [ ]  |       |       |
| Breaks objects, smashes windows. | 3 | [ ]  |       |       |
| Sets fire, throws objects dangerously, eg another person is at risk of being hit by the objects thrown but is not actually hit. If the object thrown does hit someone this is physical aggression against other people. | 4 | [ ]  |       |       |
| Picks or scratches skin, hits self, pulls hair - with no or minor injury only. | 1 | [ ]  |       |       |
| Bangs head, hits fists into objects, throws self onto floor or into objects - hurts self without serious injury. | 2 | [ ]  |       |       |
| Inflicts small cuts or bruises, minor burns to self. | 3 | [ ]  |       |       |
| Mutilates self, causes deep cuts, bites that bleed, internal injury, fracture, loss of consciousness, loss of teeth. This includes suicide attempts. | 4 | [ ]  |       |       |
| Physical aggression sub-scale: Acts against others |
| Makes threatening gesture that is clearly directed towards some other person, swings at people, and grabs at clothes. | 1 | [ ]  |       |       |
| Strikes, kicks, pushes, pulls hair - without significant injury to person the aggression is directed at. | 2 | [ ]  |       |       |
| Attacks others, causing mild-moderate physical injury like bruises, sprains, welts to person the aggression is directed at. | 3 | [ ]  |       |       |
| Causes severe physical injury like broken bones, deep lacerations, internal injury to person the aggression is directed at. | 4 | [ ]  |       |       |
| Has the kiritaki shown any inappropriate sexual behaviour? | [ ]  No - go to Perseveration sub-scale[ ]  Yes - complete the sub-scale below |
| Inappropriate sexual behaviour sub-scale |
| Sexual talk. Comments of a sexual nature eg "I’ve got a big d\*ck", "I want to make babies with you", "You’ve got nice t\*ts", "I could give you a good time", where comments may be face-to-face or in the form of phone calls or letters. Explicit accounts of sexual activities, eg "When I am with a woman I like to…". | 1 | [ ]  |       |       |
| Touching – non-genital. Touching other people who do not want to be touched, but contact does not involve the genitals. Eg kissing hand or arm, putting arm around shoulder, patting someone’s knee, rubbing or caressing arm or leg or back. Also includes touching clothing, eg lifting skirts. | 1 | [ ]  |       |       |
| Exhibitionism. ‘Flashing’, exhibiting genitals, undressing in public. Failing to dress, eg walking about house without clothes on when co-residents could be or are present, answering door when naked. | 2 | [ ]  |       |       |
| Masturbation. Masturbation in a public or shared setting when other people are in the area, eg masturbating in a car in a public place where people may see, masturbating in a common area in a supported residential setting. | 2 | [ ]  |       |       |
| Touching - genital. Touching, or attempting to touch other people’s breasts, buttocks, or genitals, eg groping staff who walk by, fondling breasts of support workers, pulling other’s hands toward own groin. | 3 | [ ]  |       |       |
| Coercive sexual behaviour, rape. Attempt to forcibly undress another person. Use of threat to obtain sex. Sexual penetration of another person who has not consented. | 4 | [ ]  |       |       |
| Victim details can be noted here:  |       |
| Has the kiritaki shown any perseverative behaviour? | [ ]  No - go to Wandering sub-scale[ ]  Yes - complete the sub-scale below |
| Perseverative behaviour sub-scale |
| Engages in prolonged continuation and repetition of a behaviour that has not resulted in physical harm, eg continued, persistent tapping, writing same letter over and over, unrolling entire toilet roll, asking the same question repeatedly: "Do you watch ‘The Bill’?", "Will you marry me?" | 1 | [ ]  |       |       |
| Engages in prolonged continuation and repetition of a behaviour that has resulted in minor physical harm, eg continued, persistent touching, rubbing, or scratching leading to skin irritation, remaining in shower until skin is shrivelled. | 2 | [ ]  |       |       |
| Engages in prolonged continuation and repetition of a behaviour that has resulted in serious harm, eg continued and persistent eye rubbing, riding an exercise bike and only stopping when exhausted. | 3 | [ ]  |       |       |
| Has the kiritaki shown any wandering or absconding behaviour? | [ ]  No - go to Inappropriate social behavioural sub-scale[ ]  Yes - complete the sub-scale below |
| Wandering/absconding sub-scale |
| Going into areas that are prohibited but where there is no or low risk of harm, eg entering other residents' rooms, staff areas, kitchen. | 1 | [ ]  |       |       |
| Leaving the familiar ‘safe’ environment when there is a good risk of becoming lost or seriously harmed, eg nursing home resident attempting to return to family home, walking onto freeways, needing to be located/recovered by police. | 2 | [ ]  |       |       |
| Escapes secure premises, eg through a doorway left open, by using security door codes, by climbing over fence. May physically resist attempts to stop such escape, eg wrestles with or pushes staff who attempt to stop or restrain them. | 3 | [ ]  |       |       |
| Has the kiritaki shown any inappropriate social behaviour? | [ ]  No - go to Lack of initiation sub-scale[ ]  Yes - complete the sub-scale below |
| Inappropriate social behaviour sub-scale |
| Socially awkward. Inappropriate laughter. Failure to monitor personal hygiene, eg does not shower regularly. Excessive apologising or thanking. Standing too close to strangers. Failure to pick up on nonverbal cues, eg that others are bored, the joke was not funny, the conversation is over. | 1 | [ ]  |       |       |
| Nuisance/annoyance. Interrupts other conversations. Actively does things to seek attention, eg spills food, rings buzzer, "Nurse can you come here?". Inconsiderate of other people, eg hogging TV channel or remote control. Nagging, impatient, eg always wanting something else to be done, can’t tolerate waiting for supermarket queues. ‘Butts in’ to other people’s affairs, eg advising staff/management how to improve residence, reporting on other kiritaki activities. | 2 | [ ]  |       |       |
| Noncompliant/oppositional. Responds "No!" to prompts to do things. Refuses to discuss problem behaviours with staff. Will not follow toilet or shower routines. Refuses to take medication. Rejects or dismisses service providers who are helpful with home care. Intentional lying that is not due to poor memory, eg denying drug use or stealing, fabricating stories to cover tracks. Will not (as opposed to cannot) follow rules, eg leaving without telling someone where they are going. | 3 | [ ]  |       |       |
| Petty crime or unlawful behaviour. Driving while unlicensed. Fraud, eg writing cheques that will be dishonoured. Obtains goods by theft or deceit. Stealing, eg steals cigarettes from other residents, steals clothes or food from shops, materials from building sites. | 4 | [ ]   |       |       |
| Presents a danger or risk to self or others. Lights fires dangerously, eg smoking in bed, starting bonfire near gas cylinder. Crosses road without evaluating traffic. Wheeling wheelchair in middle of road. Climbs ladders when perception or balance is impaired. Excessive use of alcohol, cigarettes, or other substances where that is the key behaviour leading to risk or actual harm to self or others. Uses provision of sex to gain access to goods, eg money, cigarettes, drinks, services. | 4 | [ ]  |       |       |
| Lack of initiation sub-scaleThis behaviour is different from others because it is a lack of overt behaviour. The kiritaki has difficulty getting tasks started or completed and is characterised as having a lack of motivation, initiative, or interest in day-to-day activities.Has the kiritaki shown any lack of initiation? | [ ]  No - go to OBS summary scores[ ]  Yes - complete the sub-scale below |
| Lack of initiation examples |
| They may not wash, eat or drink, shower or groom themselves without prompting from others. They may sit on the couch all day, not initiate social conversation or attend social activities without someone taking themHowever, they may engage in activities if someone else prompts them. Once asked to ‘wash the dishes’, they may commence and complete the task.Some kiritaki need more prompts - they might only wash dishes and then need another prompt for cutlery: "Okay, you’ve finished the plates, what about the cutlery?"In severe cases, a person may not eat despite having a meal placed in front of them, or fail to wash themself even if standing under the shower. They would require constant prompts, eg "Put some soap on the washer, soap up your arms, now rinse etc." | [ ]  |       |       |

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| OBS summary scores |
| Clusters  | Count the number of YES boxes ticked |       | Must be between 1-9 |
| Levels  | Count the number of LEVELS boxes ticked |       | Must be between 1-34 |
| Weighted severity | Sum the severity rating for all level boxes ticked. For the Lack of initiation sub-scale use the Severity/prompting score. |       | Must be between 1-84 |
| Changes since last SNA or Behavioural Support Services scores:       |

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| 25. Impact of behaviours of concern |
| Provide any additional comments on the impact of the behaviours of concern in the various environments in which the kiritaki participates:       |

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| 26. Strategies for managing behaviours of concern |
| Provide comments on the strategies currently in place and how effective they are. Suggest any strategies that are not currently in place:       |
| Is supervision being suggested to respond to any of the needs identified in the OBS? | [ ]  Yes [ ]  No (If no go to Part E – Summary and advice) |
| Alternatives to supervision |       |
| Barriers to implementation |       |
| Describe the step-down strategies and timeframes to achieve kiritaki independence, balancing risk and opportunity. |       |

Part E – Summary and advice (assessor to complete)

We’d like your observations of the support needs and abilities of this kiritaki to help inform potential strategies to maximise their independence.

Please consider strategies that are consistent with the requirements of the Accident Compensation Act 2001 regarding family care and support, and contemporary disability practice. Strategies should aim to:

* maximise kiritaki independence, eg consider environmental modifications, equipment and technological supports before advising a supervision response
* provide the kiritaki with structured approaches to learning and opportunities to resume valued roles.
* be consistent with the principle of least intrusive and restrictive response

balance safety, dignity of risk, and learning through managed risk and opportunity

We’ll consider your advice together with other relevant information then work with the kiritaki on next steps.

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| 27. Summary |
| Summarise key observations of the support needs and abilities for this kiritaki under the following headings, addressing both strengths and needs. Use bullet points where possible and avoid repetition. |
| Medical:       |
| Physical:       |
| Psychological (cognition, mood, behaviour):       |
| Social:       |
| Educational:       |
| Vocational:        |
| Family and community participation:       |
| Strategies that will increase kiritaki independence and quality of life. Consider kiritaki actions, community activities, informal supports, as well as funded services:       |
| Medical consumables & equipment not currently in place, including repairs or changes:       |
| Further assessments advised, eg home modifications, wheelchair and seating:       |

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| 28. Evidence supporting advice about ACC funded key services |
| Check the box in each section of this assessment that supports your service advice. |
| Type of support | Service advice (hours/week) | Part A – Kiritaki details | Part B – Assessment details FIM/FAM | Part C – Medical support needs | Part D – Behaviours of concern |
| Nursing |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendant care for personal care needs (standard care) |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendant care for personal care needs (complex care) |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendant care for community access (standard care) |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendant care for community access (complex care) |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Attendant care for supervision (standard care)Further detail required under Exceptional responses in the next section |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Home help |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Childcare |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Education (teacher aide) |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Other:       |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Complete the following if the kiritaki has a spinal cord injury |
| Are the attendant care hours consistent with the ACC Guidelines for Levels of Attendant Care for Spinal Cord Injury? | [ ]  Yes[ ]  NoDescribe what is different about the needs of this kiritaki compared to other people with similar function/impairment:       |

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| 29. Evidence supporting advice of exceptional response requirements |
| Check the box in each section of this assessment that supports your service advice: |
| Type of support | Service advice (hours/week) | Part A – Kiritaki and ACC details | Part B – Assessment details FIM/FAM | Part C – Medical support needs | Part D – Behaviours of concern |
| Attendant Care for indirect (general) supervision (standard care) |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Overnight support |       | [ ]  | [ ]  | [ ]  | [ ]  |
| 24-hour support package |       | [ ]  | [ ]  | [ ]  | [ ]  |
| Facility-based residential care |       | [ ]  | [ ]  | [ ]  | [ ]  |

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| 30. Supervision |
| If supervision has been advised above, complete the following information. Note: Indirect supervision needs must be supported by direct evidence from the FIM+FAM, OBS or medical support needs. |
| What is the precise activity, risk, or circumstance that the supervision is designed to address, eg risk of a fall, risk of wandering?      |
| How often does this activity, risk or circumstance occur, eg rarely, daily, weekly?       |
| What are the consequences of this activity, risk or circumstance if indirect supervision is not in place?       |
| What alternatives to indirect supervision have been considered and what are the barriers to implementing these alternatives?       |
| Summarise the step-down strategies and timeframes to achieve kiritaki independence, balancing risk and opportunity.      |

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| 31. Overnight support needs |
| Describe the support required to ensure kiritaki safety and wellbeing overnight. Note: ‘Overnight’ is considered as an 8-hour period where the kiritaki will normally be asleep. |
| What are the normal sleep and wake times for this kiritaki?       |
| What support is needed overnight?       |
| Who provides this care?       |
| What are the consequences of this activity, risk or circumstance if overnight support is not in place?       |
| What alternatives to human assistance have been considered and what are the barriers to implementing these alternatives?       |
| Summarise the step-down strategies and timeframes to achieve kiritaki independence, balancing risk and opportunity.       |

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| 32. 24-hour support |
| If 24-hour support has been advised above, provide the following information. Note: 24-hour support needs must be supported by direct evidence from the FIM+FAM, OBS or medical support needs. |
| What is the precise activity, risk, or circumstance that 24-hour support is designed to address, eg need for continual supervision?      |
| How often does this activity, risk or circumstance occur, eg rarely, daily, weekly?       |
| What are the consequences of this activity, risk or circumstance if 24-hour support is not in place?       |
| What alternatives to 24-hour support have been considered and what are the barriers to implementing these alternatives?       |

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| 33. Facility-based residential care |
| If facility-based residential care has been advised above, provide the following information. Note: Facility-based residential care needs must be supported by direct evidence from the FIM+FAM, OBS or medical support needs. |
| What are the circumstances which substantiate the need for facility-based residential care?       |
| What alternatives to facility-based residential care have been considered and what are the barriers to implementing these alternatives?       |

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| 34. Consideration of natural support |
| Please describe the support family and whanau are providing or are able to provide which may be outside the parameter of natural support. |
| How does the support differ from the sort of support a family and whanau might reasonably be expected to offer following an accident?      |
| How does providing support impact the typical activities of the family and whanau, eg they are unable to work fulltime, their work schedule is impacted by providing care, they can’t support the needs of other family members?       |
| What kind of support could enable family and whanau members to have a break from providing care and when could this be provided?       |

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| 35. Pattern of daily activities and funded supports |
| Day | Morning7:30am to 9amshowering, dressing, bed-making | Afternoon3pm – 5pmswimming, gym, library | Evening8:30pm – 9pmevening routine for going to bed | Total hours/daybased on multi-tasking, if present |
| Monday |       |       |       |       |
| Tuesday |       |       |       |       |
| Wednesday |       |       |       |       |
| Thursday |       |       |       |       |
| Friday |       |       |       |       |
| Saturday |       |       |       |       |
| Sunday |       |       |       |       |

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| 36. Assessor declaration |
| I have personally assessed the kiritaki and to the best of my knowledge the information given is accurate and complete. |
| Name:       | Date:       |
| Qualifications (include FIM credentials):       |
| Signature:       |

In the collection, use, disclosure, and storage of information, ACC will at all times comply with the obligations of the Privacy Act 2020, the Health Information Privacy Code 2020 and the Official Information Act 1982.