WRIGHT STATE UNIVERSITY

Office of Disability Services
180 University Hall
Wright State University
Dayton, OH 45435
(937) 775-5680
TTY (937) 775-5844
FAX (937) 775-5699

Personal Assistance Needs Assessment

This form is to be completed by prospective or incoming students with physical disabilities who require personal care support with hygiene and other activities of daily living. Students can complete regardless of admission status. This will help ODS gather information to determine the best options to meet your personal care needs on campus.

The completed form can be emailed to rikki.morris@wright.edu or faxed to 937-775-5699

If student is planning to use ODS Personal Assistants in the Fall 2023 semester, form must be submitted by* **April 3, 2023*

Student Name: _____ Today's Date: _____

University ID (if applicable): _____ Phone: _____

Email: _____

Permanent Street Address: _____

_____

City: _____ State & Zip: _____

Campus Address (if applicable): _____

_____

1. When do you plan to start classes at Wright State?

- (●) Fall Year: _____
- ( ) Spring
- ( ) Summer

2. Where do you plan to live while attending Wright State?

- (●) On Campus
- ( ) Off Campus
- ( ) Commute

3. Please fill in the following details to best plan for your personal care:
Type of Disability/Disabilities:

_____

_____

Height: _____

Weight: _____

4. What arrangements do you plan to make for your personal care assistance needs at Wright State?

(check all that apply)

- [ ] ODS Personal Assistants
- [ ] ODS PA Station
- [ ] Home Healthcare Agency or Private Hire
- [ ] Uncertain/Need more information

1. Are you currently eligible for or using any of the following programs?

☐ Ohio Medicaid Waiver

*If **yes** to **Ohio Medicaid**:*
Waiver Type:
Counselor's Name:
Counselor Phone:
Counselor Email:
Agency: ☐ ODJFS ☐ DODD
Agency Address:

☐ Ohio PCA Program

☐ Out-of-state Medicaid Waiver

*If **yes** to **out-of-state Medicaid**:*
Counselor's Name:
Counselor Phone:
Counselor's Email:
Agency Name:
Agency Address:

2. Are you currently a client of any Vocational Rehabilitation agency?

☐ OOD/BVR
☐ BSVI
☐ Out-of-State Vocational Rehabilitation Agency

If **yes** to any:
Counselor's Name:
Counselor Phone:
Counselor's Email:
Agency Name:
Agency Address:

3. Please list any adaptive/assistive equipment that you will bring to campus (cane, crutches, walker, manual or power wheelchair, scooter, back-up chair, shower chair, lifts, hospital bed, etc.)

_____

_____

4. Please list any medical equipment that you will bring to campus (BiPAP, cough assist, etc.).

_____

_____

Routine Nursing/Medical Needs (check all that apply):

- ☐ G Tube/NJ Tube
- ☐ Catheterizations
- ☐ Injections
- ☐ Medication
- Other: _____

Transfer assistance:

- ☐ Independent
- ☐ Motorized Lift/Hoyer Lift
- ☐ 1 Person Pivot
- ☐ 2 Person Cradle Transfer
- ☐ Other: _____

Mealtime assistance (check all that apply):

- ☐ Fully Independent
- ☐ Independent when using equipment
- ☐ Independent with finger foods only
- ☐ Needs assistance with setting up/cutting food
- ☐ Needs full assistance to eat and drink
- ☐ Other: _____

Please indicate the times of day you anticipate needing Personal Assistants/PCAs:

- ☐ Morning Wake-Up Routine
  Approximate times: From ___:___ to ___:___
- ☐ Bedtime Routine
  Approximate times: From ___:___ to ___:___
- ☐ Overnight Assistance
- ☐ Mealtime Assistance
- ☐ Daytime toileting assistance
- ☐ Laundry assistance
- ☐ Other daytime assistance (please explain)

_____

Student Signature _____ **Date** _____

Name of Person Completing Form _____ **Date** _____

OFFICE USE ONLY

- ☐ Recommend **ED 1020**: Managing Your Personal Care Assistance (fall semester)
- ☐ Qualifies for Ohio Medicaid/ODJFS/DODD Wavier & will select an **external health care provider**
- ☐ Eligible for **OOD PCA** program & will independently manage their personal care
- ☐ Plans to use ODS PA services and **OOD/BVR** will be covering the expenses
- ☐ Plans to use ODS PA services & will cover expenses out of pocket as **Self-Pay***
- ☐ *If **self-pay**, has student completed **Financial Responsibility Agreement**?