NEW BEGINNINGS ENTERPRISES, INC.

NEEDS QUESTIONAIRE

Name :_____ Date:_____

Service Coordinator :_____

The following is a list of question to use in determining whether:_____services should fund an individual's need. These questions are not intended to be used as a finite measure of need, but rather to prompt the individual and other parties to review and evaluate resources.

1. What is the need? Check all that apply.

☐	Personal grooming	☐	Household chores	☐	Eating and cooking
☐	Social skills	☐	Recreation	☐	Community inclusion
☐	Environmental awareness	☐	Work skills	☐	Mobility
☐	Supervision	☐	Adaptive equipment	☐	Assistance with medication
☐	Accessing medical care	☐	Relief for family member	☐	Health monitoring
☐	Other_____	☐	Other_____	☐	Other_____

2. What is the objective of the request? Check all that apply.

☐ Maintain the person's current living environment.
☐ Maintain the person's current work environment.
☐ Assist the person in gaining more skills.
☐ Provide assistance to the support network.

3. Changes in Services including anticipated need for services in excess of 3 years – List services needed along with date of request. Rationale to be listed below.

☐ Residential_____
☐ Day Services_____
☐ Targeted Case Management_____
☐ Supportive Home Care_____

4. Rationale for funding Services (s) - include significant changes or needs.

_____
_____
_____
_____
_____

5. Are there needs of the family unit that should be addressed in order to meet the person's needs?

☐	N/A	☐	Transportation	☐	Respite
☐	Daycare	☐	Summer schedule	☐	Parent works
☐	Other_____	☐	Other_____	☐	Other_____

6. The person - What is the person contributing* to this plan, financially, physically or otherwise?
Describe_____

7. Family - What are family contributing* to this plan, financially, physically, or otherwise?
Describe:_____

8. Friends - What are friends contributing* to this plan, financially, physically, or otherwise?
Describe: _____

9. Is the need identified on the individual's person-centered plan? ☐ Yes ☐ No

10. Has it been explained to the person and their support network that funding is limited and any extra services could limit the services another person may receive? ☐ Yes ☐ No

11. Is there any other information you feel the Funding Committee would need to know?

(Please attach additional pages if needed for narrative.)

*A contribution is when the person is not being reimbursed for the service. For example if a sibling is being paid through SHC to provide support the sibling would not be consider contributing support to the person. But if a parent takes the person to all doctor's appointments without reimbursement that would be considered contributing.