

WEST VIRGINIA BUREAU OF SENIOR SERVICES
Lighthouse Eligibility Determination

Service recipient name:

Date of Birth: Gender: Marital Status:

Mailing/Physical Address:

City: Zip:

County of Residence: Phone Number:

Monthly Income:

Assets Greater than \$2000 Yes No

Informal Support's name:

Relationship: Phone Number:

Medicaid Number (if applicable):

QMB: Yes No

Does applicant meet the financial guidelines for the Aged and Disabled Waiver or Personal Care Program? Yes No

Is applicant a potential Medicaid Personal Care or Aged and Disabled Waiver referral with 3-5 deficits in the key areas: eating, bathing, dressing, grooming, incontinence-bowel, incontinence-bladder, intermittent disorientation, decubitus stage 3 or 4, in an emergency, mentally or physically unable to vacate?

Yes No N/A

Has an Aged and Disabled Waiver Referral been completed?

Yes No

Additional Comments

Activities of Daily Living:

Determine need for each ADL. Must be level 2 or 3 in two or more areas to qualify. Do not use ranges. Use the level of assistance the person requires on most days.

0 – Independent

2 – Much Assistance

1 – Some Assistance

3 – Total Assistance

Grooming

Bathing

Dressing

Toileting

Feeding

Meal Prep

Transferring

Walking

Eligibility must be determined by Registered Nurse. Signature below signifies that determination.

Applicant **has not** been determined eligible for the Lighthouse Program.

RN Signature

Date

Applicant **has** been determined eligible for the Lighthouse Program.

RN Signature

Date