

**WEST VIRGINIA BUREAU OF SENIOR SERVICES**  
**Lighthouse Eligibility Determination**

Service recipient name:

Date of Birth:                      Gender:      Female      Marital Status:  
    Male

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

1 – Some Assistance

2 – Much Assistance

3 – Total Assistance

Grooming

Feeding

Bathing

Meal Prep

Dressing

Transferring

Toileting

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