

# *NC-SNAP: North Carolina*

## **Summary Report & Supplemental Information**

When administering the *NC-SNAP* in North Carolina, complete **all** applicable sections of this form. **Please print neatly!** When completed, insert this form inside the *NC-SNAP* and forward the assessment to the responsible LME for keying into the *NC-SNAP* database. After data entry, if desired, this form may be stored separately from the *NC-SNAP* (e.g., in the individual's programming or financial record).

**Date of Current NC-SNAP Assessment** \_\_\_\_\_ **Individual's Name:** \_\_\_\_\_

**Type of Assessment (check only one)** **Individual's Unique ID No.** \_\_\_\_\_

\_\_\_\_\_ **Initial Assessment** **Individual's Case No.** \_\_\_\_\_

\_\_\_\_\_ **Annual Update** **Medicaid ID No.** \_\_\_\_\_

\_\_\_\_\_ **Special Update**

\_\_\_\_\_ **Change in DD Support Status (if applicable, check only one)** An accompanying *NC-SNAP* assessment is not required to change the DD Support Status:

- \_\_\_\_\_ **Deceased,** \_\_\_\_\_ **Refused Services,** \_\_\_\_\_ **Unable to Locate,** \_\_\_\_\_ **Moved to another LME,**  
\_\_\_\_\_ **Moved Out of State,** \_\_\_\_\_ **No Longer Receiving Services (other)**  
\_\_\_\_\_ **Changed Providers (name of new provider** \_\_\_\_\_)

### **Current NC-SNAP Scores**

**Daily Living:** \_\_\_\_\_ **Health Care:** \_\_\_\_\_ **Behavioral Supports:** \_\_\_\_\_ **Overall Level:** \_\_\_\_\_

### **Examiner/Agency Information**

**Examiner's Name:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

**NC-SNAP Certification No.** \_\_\_\_\_ **Agency Address:** \_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

### **Individual's Type of Residential Placement (check only one)**

- \_\_\_\_\_ **Independent Living**  
\_\_\_\_\_ **Family Home**  
\_\_\_\_\_ **Foster Home**  
\_\_\_\_\_ **Supervised/Assisted Living (private)**  
\_\_\_\_\_ **Alternative Family Living (private)**

**Group Home (private):**

- \_\_\_\_\_ **ICF/MR (i.e., Medicaid funded)**  
\_\_\_\_\_ **DDA (i.e., state funded residential)**  
\_\_\_\_\_ **Other (specify):** \_\_\_\_\_

**Adult Care Home:**

- \_\_\_\_\_ **Nursing/Rest/Adult Care Home**  
\_\_\_\_\_ **Skilled Nursing Home**  
\_\_\_\_\_ **Family Care Home**

**Large (>15 bed) Congregate-Care Facility:**

- \_\_\_\_\_ **Tammy Lynn Center**  
\_\_\_\_\_ **Howell's Center**  
\_\_\_\_\_ **Holy Angels**  
\_\_\_\_\_ **Black Mountain Center**  
\_\_\_\_\_ **Caswell Cent**  
\_\_\_\_\_ **Murdoch Center**  
\_\_\_\_\_ **O'Berry Center**  
\_\_\_\_\_ **JIRDC**  
\_\_\_\_\_ **Psychiatric Hospital**  
\_\_\_\_\_ **Other Not Listed (specify below):**  
\_\_\_\_\_