

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**  
**WORKSHEET TO DETERMINE ALF LEVEL OF CARE**  
*(The use of this worksheet is optional.)*

Resident's Name: \_\_\_\_\_

**STEP 1: Based on the completed UAI, complete sections below.**

ADLs	Check if Dependent (D)
Bathing	<input type="checkbox"/>
Dressing	<input type="checkbox"/>
Toileting	<input type="checkbox"/>
Transferring	<input type="checkbox"/>
Eating/Feeding	<input type="checkbox"/>
Bowel	<input type="checkbox"/>
Bladder	<input type="checkbox"/>

Selected IADLs	Check if Dependent (D)
Meal Preparation	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>
Laundry	<input type="checkbox"/>
Money Management	<input type="checkbox"/>

Number of ADL Dependencies: \_\_\_\_\_

Number of IADL Dependencies: \_\_\_\_\_

Medication Administration: Check here if Dependent

Behavior Pattern: Check here if Dependent

Behavior Pattern and Orientation: Check here if  
Semi-Dependent or Dependent

The resident has no prohibited conditions per the  
Code of Virginia, § 63.2-1805. \_\_\_\_\_

**STEP 2: Apply the above responses to the criteria below to determine where the individual fits and circle the appropriate level of care.**

**RESIDENTIAL LIVING LEVEL OF CARE IN AN ALF:**

1. Rated dependent in only one of seven ADLs; OR
2. Rated dependent in one or more of four selected IADLs; OR
3. Rated dependent in medication administration.

**ASSISTED LIVING LEVEL OF CARE IN AN ALF:**

1. Rated dependent in two or more of seven ADLs; OR
2. Rated dependent in behavior pattern.