**Slot Assignment Scoring Summary**

**Step 2 Review**

Individual’s Unique Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Rating System** | | | | |
| 1 = Minimal | 2 = Low | 3 = Moderate | 4 = High | 5 = Exceptionally high |

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| **CRITERIA** | **Explanation** | **SCORE** |
| 1) The individual’s/caregiver’s current level of need for services | Greater number and intensity of needs should result in a higher score |  |
| 2) Limitations to current receipt of, or eligibility for, services (including paid caregivers) that would ameliorate the individual’s need. | Fewer services being received, or for which the individual is eligible should result in a higher score |  |
| 3) Limited natural supports available to the individual/caregiver | Fewer natural supports available should result in a higher score |  |
| 4) The likelihood that requested DD waiver service(s) will significantly reduce the individual’s health and safety risk. | No additional explanation |  |
| 5) The degree to which any other conditions not accounted for above affect urgency. | Only to be used if the condition(s) is/are not accounted for in the categories above.  Greater number/intensity of additional conditions may result in a higher score |  |
| TOTAL |  | |

Signature of Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_