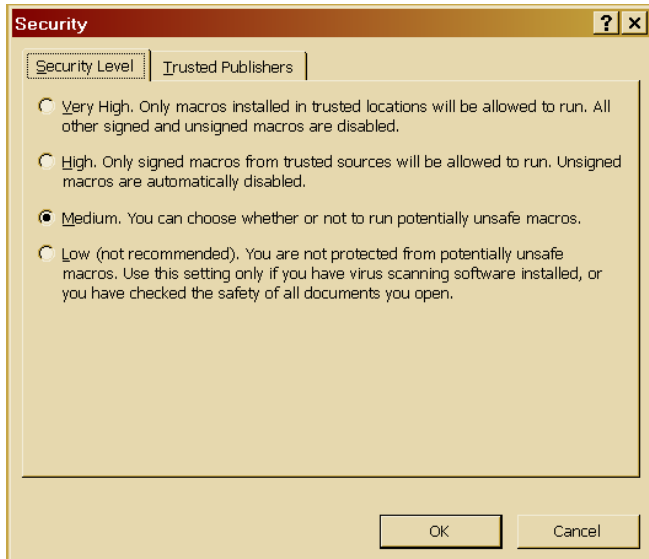
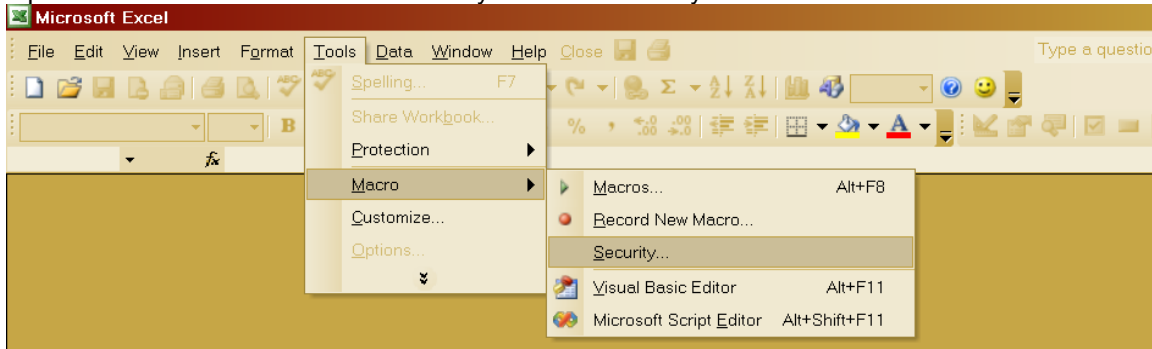


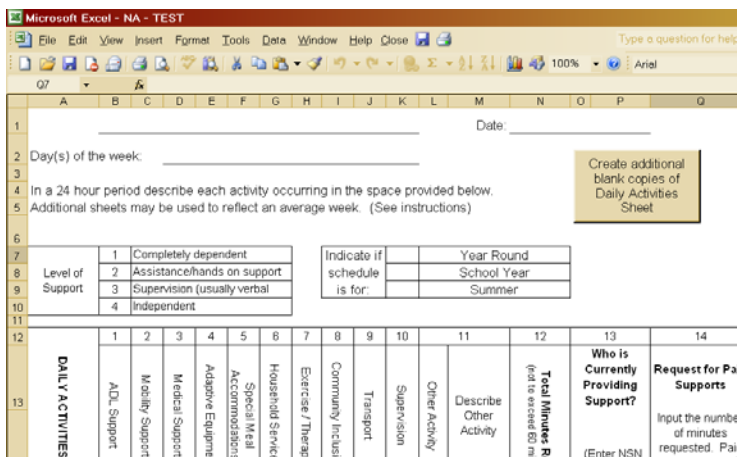
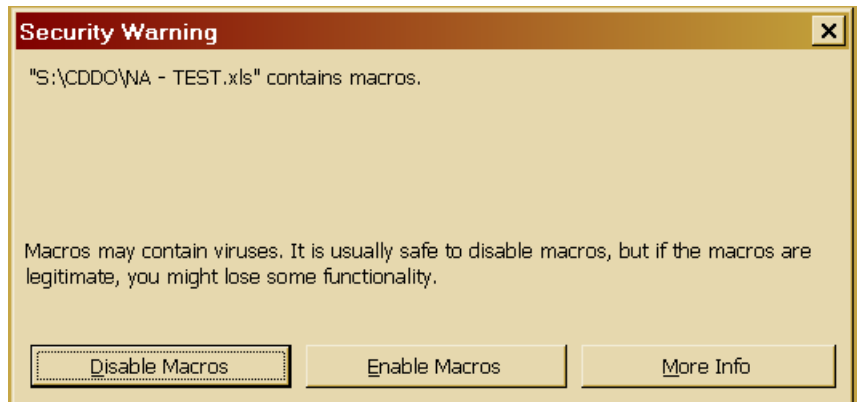
Changing Security level in Excel

Open Excel. Go to Tools/Macro/Security. Click on Security.



Set Security Level to Medium. Click OK.

Each time you open the Needs Assessment you should receive this message. Click Enable Macros.



On the Daily Activities Sheet, you will find a button titled "Create additional blank copies of Daily Activities Sheet". If you need additional copies of the sheet, click this button and it will add the additional sheets to the workbook.

blank copies of Daily Activities Sheet

4 In a 24 hour period describe each activity occurring in the space provided below.
 5 Additional sheets may be used to reflect an average week. (See instructions)

Level of Support	1	Completely dependent	Indicate if schedule is for:	Year Round
	2	Assistance/hands on support		School Year
	3	Supervision (usually verbal)		Summer
	4	Independent		

To view the additional sheets, look at the bottom of your page. Additional sheets will be labeled – Sec. 2 Daily Acct. (#). Each sheet will be numbered in order of when it was created. This button will only create copies of the Daily Activity Sheet. It will not make copies of any other sheet in the workbook.

DAILY ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	ADL Support	Mobility Support	Medical Support	Adaptive Equipment	Special Meal Accommodations	Household Services	Exercise / Therapy	Community Inclusion	Transport	Supervision	Other Activity	Describe Other Activity	Total Minutes Required (not to exceed 60 min per hour)	Who is Currently Providing Support? (Enter NSN for No Support Needed)
Indicate Level of Support														

The button is set so that it will not print out on the forms. See Print Preview.

Section 2: DAILY ACTIVITIES

Name: _____ Date: _____
 Day(s) of the week: _____

In a 24 hour period describe each activity occurring in the space provided below. Additional sheets may be used to reflect an average week. (See instructions)



Level of Support	1	Completely dependent	Indicate if schedule is for:	Year Round
	2	Assistance/hands on support		School Year
	3	Supervision (usually verbal)		Summer
	4	Independent		

DAILY ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	ADL Support	Mobility Support	Medical Support	Adaptive Equipment	Special Meal Accommodations	Household Services	Exercise / Therapy	Community Inclusion	Transport	Supervision	Other Activity	Describe Other Activity	Total Minutes Required (not to exceed 60 min per hour)	Who is Currently Providing Support? (Enter NSN for No Support Needed)	Request for Paid Supports Input the number of minutes requested. Paid support request(s) must be justified in section 5.
Indicate Level of Support															
5:00 AM													0		
6:00 AM													0		
7:00 AM													0		
8:00 AM													0		
9:00 AM													0		
10:00 AM													0		
11:00 AM													0		
12:00 PM													0		
1:00 PM													0		
2:00 PM													0		
3:00 PM													0		
4:00 PM													0		
5:00 PM													0		
6:00 PM													0		
7:00 PM													0		
8:00 PM													0		
9:00 PM													0		
10:00 PM													0		
11:00 PM													0		
12:00 AM													0		
1:00 AM													0		
2:00 AM													0		
3:00 AM													0		
4:00 AM													0		
Total Minutes Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of minutes for requested paid supports cannot exceed the time eligible for services.