

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):**
