

	WYOMING	OREGON	MINNESOTA	INDIANA	COLORADO	GEORGIA
PRIMARY ASSESSMENT INSTRUMENT USED	ICAP	SIS	State Instrument	ICAP	SIS	SIS
ASSESSMENT GENERAL SCORES	ICAP BROAD INDEPENDENT	SUPPORT NEEDS INDEX SCORE	LEVELS OF SUPPORT	ICAP BROAD INDEPENDENT		
	ICAP GENERAL MALADAPTIVE			ICAP GENERAL MALADAPTIVE		
			LEVEL OF MEDICAL NEEDS	BEHAVIORAL AND HEALTH INTENSITY & FREQUENCY	SIS EXCEPTIONAL MEDICAL NEEDS SECTION SCORE	SIS EXCEPTIONAL MEDICAL NEEDS SECTION SCORE
		SIS EXCEPTIONAL BEHAVIORAL NEEDS SECTION SCORE			SIS EXCEPTIONAL BEHAVIORAL NEEDS SECTION SCORE	SIS EXCEPTIONAL BEHAVIORAL NEEDS SECTION SCORE
BEHAVIORAL		COMMUNITY SAFETY RISK	BREAKS LAW		PUBLIC SAFETY RISK	
			AGGRESSIVE , VERBAL/GESTURAL			
			AGGRESSIVE, PHYSICAL			
			PROPERTY DESTRUCTION			
			INAPPROPRIATE SEXUAL BEHAVIOR			
			INJURIOUS TO SELF RUNS AWAY		EXTREME SAFETY RISK TO SELF	
PERSONAL CHARACTERISTICS	AGE		AGE	AGE		
	DIAGNOSIS (AUTISM, LEVEL OF RETARDATION, CHEMICAL DEPENDENCY, DEAFNESS, BRAIN/NEUROLOGICAL DAMAGE)		CEREBRAL PALSY, LEVEL OF RETARDATION, CHILDHOOD PSYCHOSIS	DIAGNOSES (VISUAL IMPAIRMENT)		
	PSYCHOTROPIC MEDICATIONS TAKEN					
			MOBILITY			
			EPILEPSY			
			SEIZURES			
			RELATED CONDITIONS (ICD-9 CODE)			
		ABILITY TO SELF PRESERVE				
LIVING SETTING		FACILITY SIZE OR TYPE		LIVING WITH FAMILY		LIVING SETTING (INCLUDING LIVING WITH FAMILY AND RESIDENTIAL SIZE OR TYPE)
	LIVING SETTING (LIVES WITH FAMILY, INDEPENDENTLY, INDEPENDENT WITH MONITORING)			NUMBER OF ROOMMATES		
			RISK OF REQUIRING ICF/DD PLACEMENT			

	WYOMING	OREGON	MINNESOTA	INDIANA	COLORADO	GEORGIA
SUPPORT NEEDS				FAMILY SUPPORT NEEDS		
					SIS HEALTH AND SAFETY ACTIVITIES SECTION	
			VOCATIONAL SUPPORT NEEDS			
		SUM OF SUBSECTIONS HOME LIVING, COMMUNITY LIVING, AND HEALTH AND SAFETY	LEISURE & RECREATION SUPPORT NEEDS		SIS HOME LIVING SECTION SCORE (SELF CARE)	SIS COMMUNITY LIVING SECTION SCORE
SERVICE USAGE	TYPE OF DAY ACTIVITY (SHELTERED WORKSHOP, SUPPORTED EMPLOYMENT, COMPETITIVE EMPLOYMENT)					
	RESIDENTIAL SERVICES RECEIVED (Y/N)					
	DAY HABILITATION RECEIVED (Y/N)					
	NURSING SERVICES RECEIVED (Y/N)					
	PERSONAL CARE RECEIVED (Y/N)		MENTAL HEALTH SERVICE USAGE			
	PSYCHOLOGICAL SERVICES RECEIVED (Y/N)					
	SECOND ASSESSMENT (Y/N)		OCCUPATIONAL THERAPY NEEDS			
	IN-HOME SERVICES RECEIVED (Y/N)		DAILY LIVING SKILL LEVEL, COMMUNITY LIVING SKILL LEVEL			
						Georgia does not make full details publicly available. This list is therefore may not be comprehensive.