NC-SNAP: North Carolina
Summary Report & Supplemental Information

This form should accompany all NC-SNAP assessments. Please complete **all** applicable sections of the form. A copy of this form, along with a copy of the *NC-SNAP* assessment, should be forwarded to the responsible LME-MCO for keying into the *NC-SNAP* database. After data entry, the forms should be filed and maintained per documentation requirements.

Date of *NC-SNAP* Assessment:		**Individual's Name:**	
Type of Assessment (*check only one)*		**Individual's Unique ID No.**	
☐ **Initial Assessment**	☐ **Special Update**	**Individual's Case No.**	
☐ **Annual Update**		**Medicaid ID No.**	
☐ **State funded Services**	☐ **Money Follows Person**	☐ **Other**	
☐ **Change in DD Support Status (*if applicable, check only one)***			
☐ **Deceased**	☐ **Refused Services**	☐ **Unable to Locate**	☐ **Moved to Another LME-MCO**
☐ **Moved Out-of-State**	☐ **No Longer Receiving Services (other)**		
☐ **Changed Provider (name):**		☐ **SIS Assessment (date completed)**	

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:**	
Examiner's Email:		**Agency Phone:**	

Individual's Type of Residential Placement *(check only one)*

☐	Independent Living (lives by self or with roommate)
☐	Family Home (lives with family member or guardian)
☐	Foster Home
☐	1 Bed Alternative Family Living (AFL)
☐	2 - 6 Bed Alternative Family Living (AFL)
Supervised Living DD Adult Group Home (state funded)	
☐	1 - 3 Bed Supervised Living DD Adult
☐	4 - 6 Bed Supervised Living DD Adult
☐	
Supervised Living DD Minor Group Home (state funded)	
☐	1 - 3 Bed Supervised Living DD Minor
☐	4 - 6 Bed Supervised Living DD Minor
☐	
ICF/ID Group Home (Medicaid funded)	
☐	1 - 6 Bed ICF/ID Group Home
☐	7 - 15 Bed ICF/ID Group Home
☐	> 15 Bed ICF/ID Group Home
Adult Care/Nursing/Rest Homes (homes for aged/disabled)	
☐	1 - 6 Bed Adult Care/Nursing/Rest Home
☐	7- 15 Bed Adult Care/Nursing/Rest Home
☐	> 15 Bed Adult Care/Nursing/Rest Home
Large Congregate Care (> 15 Bed)	
☐	State Developmental Center
☐	Psychiatric Hospital
☐	Neuro Med Treatment Center
Other Residential Not Listed Above (Specify Below)	
☐	1 - 6 Bed Other Residential
☐	7-15 Bed Other Residential
☐	> 15 Bed Other Residential
Specify Other Residential	