



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY (MOCABI)

APPLICANT

INFORMANT'S NAME

INFORMANT'S RELATIONSHIP TO APPLICANT

INTAKE WORKER

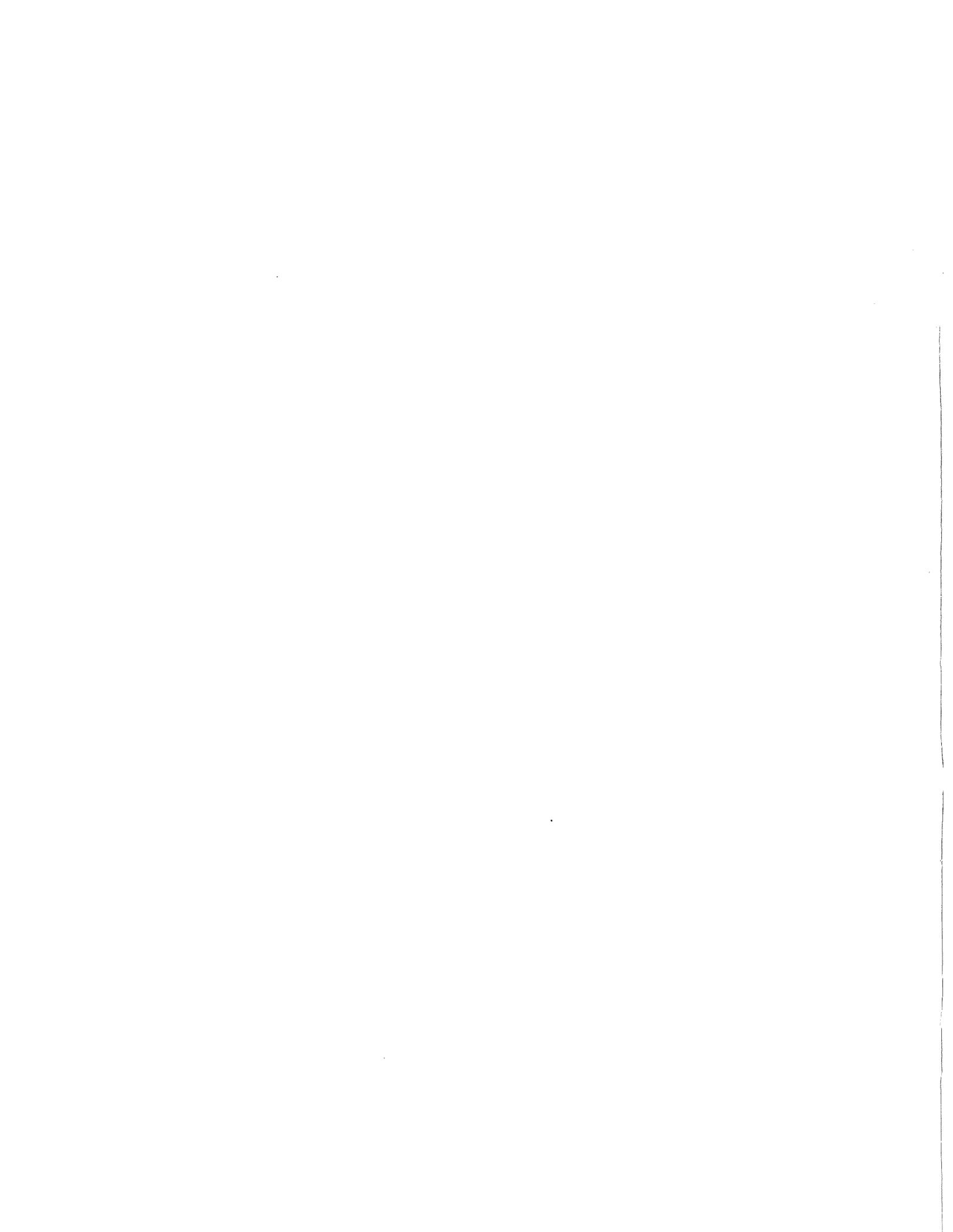
REGIONAL CENTER

LOCATION OF INTERVIEW

LANGUAGE USED

DATE OF INTERVIEW

Adapted from assessment methodology developed by Paul J. Zumoff, Ph.D., for the New Jersey Division of Developmental Disabilities.





STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET

START HERE: **READ OUT LOUD AND FOLLOW THE INSTRUCTIONS EXACTLY.**

FIRST, DRAW A LARGE SQUARE ON THE BACK OF THIS PAGE, NOW!

AFTER DRAWING THE SQUARE, CONTINUE READING THE INSTRUCTIONS BELOW.

Please fill in the information requested below. You may write, print or type your answers. If you cannot write, print or type, the intake worker will write your answers down for you. This task will be used to measure several important abilities. First, it will help measure your ability to read and follow directions. Second, it will help measure your ability to respond in writing to requests for information. Third, it will help measure your ability to provide personal data as needed, such as when you apply for a job, visit a doctor, etc. Thank you for your cooperation.

FULL NAME

DATE OF BIRTH

SEX

CURRENT MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

SOCIAL SECURITY NUMBER

EDUCATION (CHECK HIGHEST LEVEL COMPLETED)

- Grade School High School Some College Associate Bachelor Master Doctorate

DESCRIBE YOUR CURRENT OR MOST RECENT JOB

DESCRIBE YOUR DISABILITY AND THE WAYS IT AFFECTS YOUR LIFE

ABOVE DATA FILLED IN BY THE

- Applicant Intake Worker



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
PERSONAL DATA SHEET**



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY I SELF-CARE	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant independently feeds self, including cutting food, lifting food and drink to mouth, chewing and swallowing when served a prepared meal and using personally-owned assistive devices if necessary. Comments:									
2. Applicant independently toilets self, including transferring to toilet, wiping self, and transferring from toilet using personally-owned assistive devices if necessary. If alternative methods of urinary voiding or fecal evacuation are applicable, applicant independently completes entire routine. Comments:									
3. Applicant independently selects attire appropriate as to season and activity. Comments:									
4. Applicant independently dresses and undresses self, including underclothes, outerclothes, socks and shoes, using personally adapted clothes or assistive devices if necessary. Comments:									
5. Applicant bathes self independently, including transfer to tub or shower, adjusting water, scrubbing, transfer from tub or shower, and drying, using personally-owned assistive devices if necessary. Comments:									
6. Applicant self-administers oral medications, including opening container, obtaining correct dosage, placing medications in mouth, swallowing (with or without liquid) and closing container, using personally-owned assistive devices if necessary. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									

CATEGORY I

- _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)
- _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.)
- _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)

APPLICANT'S NAME



**MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS**

MAJOR LIFE ACTIVITY: CATEGORY II RECEPTIVE AND EXPRESSIVE LANGUAGE	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant can hear and comprehend the content of ordinary spoken conversations in the applicant's primary language using a hearing aid or other personally-owned assistive devices if necessary. Comments:									
2. Applicant has sufficiently intelligible speech to communicate common words to individuals of casual acquaintance in the community. Comments:									
3. Applicant has sufficient vocabulary, grammatical ability or nonverbal communications skills to conduct ordinary business with individuals of casual acquaintance in the community. Comments:									
4. Applicant can conduct a functional two (2)-way conversation over the telephone such as scheduling personal appointments or obtaining consumer information using an amplified telephone or other personally-owned assistive devices if necessary. Comments:									
5. Applicant has sufficient sight and reading ability to access and comprehend ordinary written text using eyeglasses, dictionary or other personally-owned assistive devices if necessary. Comments:									
6. Applicant has sufficient physical skills, vocabulary and grammatical ability to write or type a functional letter such as a personal note to a friend or a response to a business or government communication using eyeglasses, typewriter, word processor or other personally-owned assistive device if necessary. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY II _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									



**MISSOURI CRITICAL ADAPTIVE BEHAVIORS INVENTORY
ABILITY STATEMENTS**

MAJOR LIFE ACTIVITY: CATEGORY III LEARNING	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant has sufficient hearing or sight, and mental ability to access and comprehend the content of ordinary television or radio programming using a hearing aid, eyeglasses or other personally-owned assistive devices if necessary. Comments:									
2. Applicant has sufficient sight, sense of touch or sense of smell to identify common domestic products and is able to explain their common uses. Comments:									
3. Applicant has sufficient money skills, and sight or sense of touch to identify pennies, nickels, dimes and quarters, and to calculate the value of any combination of these coins up to \$2.00. Comments:									
4. Applicant has sufficient time skills and sight, hearing, or sense of touch to tell the time of day to the quarter hour, including A.M. AND P.M., given a clock or watch appropriate for the applicant, using eyeglasses, hearing aid or other personally-owned assistive devices if necessary. Comments:									
5. Applicant is able to provide reasonably complete and accurate personal data, including name, date of birth, place of residence (street address, city and state), telephone number, nature of disabling condition, education, employment data, etc. Comments:									
6. Applicant is able to state in general terms the reason for this functional assessment after being given a full explanation by the intake worker. Comments:									
7. Applicant is able to demonstrate memory of three (3) items (chair, apple, bird) given at beginning of interview. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									

CATEGORY III

- _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)
- _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.)
- _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)

APPLICANT'S NAME



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MAJOR LIFE ACTIVITY: CATEGORY IV MOBILITY	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant independently and safely moves about within indoor and outdoor environments, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. Comments:									
2. Applicant independently and safely gets up and down curbs up to six inches high, using a wheelchair, crutches, cane or other personally-owned assistive devices if necessary. Comments:									
3. Applicant is able to pick up a towel or similar object from the floor, using personally-owned assistive devices if necessary. Comments:									
4. Applicant independently and safely gets in and out of bed, using personally-owned assistive devices if necessary. Comments:									
5. Applicant independently and safely operates ordinary household equipment such as TV, radio, oven, vacuum cleaner, etc., using personally-owned assistive devices if necessary. Comments:									
6. Applicant crosses streets independently and safely. Comments:									
7. Applicant independently and safely gets in and out of his/her place of residence, including locking and unlocking doors. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY IV <input type="checkbox"/> SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) <input type="checkbox"/> NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) <input type="checkbox"/> POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
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MAJOR LIFE ACTIVITY: CATEGORY V SELF-DIRECTION	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant makes and implements essentially independent daily personal decisions regarding a schedule of activities, including when to get up, what to do (for example, work, leisure, home chores, etc.) and when to go to bed. Comments:									
2. Applicant makes and implements essentially independent major life decisions such as choice of type and location of living arrangements, marriage and career choice. Comments:									
3. Applicant possesses adequate social skills to establish and maintain interpersonal relationships with friends, relatives or coworkers. Comments:									
4. Applicant makes and implements essentially independent daily personal decisions regarding diet, including when to eat, where to eat and what to eat. Comments:									
5. Applicant is essentially independent in managing personal finances, including making decisions regarding allocation of financial resources and keeping track of financial obligations. Comments:									
6. Applicant self-refers for routine medical and dental checkups and treatment, including selecting a doctor, setting appointment and providing a medical history as necessary. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									

CATEGORY V

_____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.)

_____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.)

_____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)

APPLICANT'S NAME



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ABILITY STATEMENTS

MAJOR LIFE ACTIVITY: CATEGORY VI CAPACITY FOR INDEPENDENT LIVING OR ECONOMIC SELF-SUFFICIENCY	SOURCE OF INFORMATION								
	OBSERVATION			APPLICANT			INFORMANT		
	Y	N	?	Y	N	?	Y	N	?
1. Applicant generally carries out regular duties and chores (simple meal preparation, light housekeeping, etc.) safely and without need for reminders. Comments:									
2. Applicant is aware of variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping, visiting friends, etc. and independently selects and participates in at least one (1) on a regular basis. Comments:									
3. Applicant can be left alone for twenty-four (24) hours without being considered to be at risk. Comments:									
4. Applicant is able to demonstrate knowledge of and competence for several traits of a good employee such as being prompt, attending regularly, accepting supervision, and getting along with coworkers. (Applicant may be able to talk about school experiences as they relate to this area if no work history has been established.) Comments:									
5. Applicant is able to state several approaches to finding a job such as going to an employment agency, responding to ads, using personal contacts, etc. Comments:									
6. Applicant is able to state a vocational preference and describe with reasonable accuracy the education and skills required. Comments:									
7. Applicant demonstrates insight regarding the obstacles to independent living or employment consequent to the applicant's disability. Comments:									
• Applicant's abilities in this category, as measured by these statements, are functional most of the time and in a variety of settings such as home, school and/or work. Comments:									
CATEGORY VI _____ SUBSTANTIAL FUNCTIONAL LIMITATION (One (1) or more statements marked No under Observation.) _____ NO SUBSTANTIAL FUNCTIONAL LIMITATION (All statements are marked Yes or ? under Observation, and all statements marked ? under Observation are marked Yes under at least one (1) other source of information.) _____ POSSIBLE FUNCTIONAL LIMITATION (Neither Substantial Functional Limitation or No Substantial Functional Limitation. Further assessment is required.)									
APPLICANT'S NAME									

