## ADS / GetCare Data Cross-Walk Specifications for Home Delivered Updated October 2021

Field	Data Tune Codes and Maril are the	ADC Description (Forestella	CatCara Danadation (Caraca
	Data Type, Codes and Max Length	ADS Description/Example	GetCare Description/Example
Client ID	text – 15 characters	Unique identification number assigned by agency	GetCare ID assigned by GetCare System
Last Name First Name	text - 20 characters text - 15 characters	Smith Jonathan	Smith Jonathan
Middle Name	text - 15 characters	William	William
Street Address	text - 255 characters	511 15th Avenue S	511 15th Avenue S
City	text - 35 characters	Federal Way	Federal Way
Zip Code	text - 5 characters	98104	98104
Date of birth	Date – mm/dd/yyyy	Example: 1/30/1928	Example: 1/30/1928
Race	Integer	What is the client's race?	*Race (Check all that apply)
	0	Unknown	Unknown
	2	American Indian or Alaska Native Asian, Asian American	American Indian/Alaska Native Asian
	3	Black, African, African-American	Black/African American
	4	Hawaiian Native or Pacific Islander	Native Hawaiian/Other Pacific Islander
	6	White	White
	7	Other	If have Other identified select Ethnicity, if not
			Leave Blank
	8	Multi-Racial	Check all that apply
			Latinx/Latino/Hispanic Declined to State
			*Ethnicity (Choose the corresponding ethnicity
Ethnicity	Text	What is the client's ethnicity?	from list if known)
	u	Unknown	Leave Blank
	у	Hispanic or Latino	Hispanic or Latino
	n	Not Hispanic or Latino	Not Hispanic or Latino
Income	Integer	See Income Guidelines for corresponding \$ amounts	At or below 100% Federal Poverty Level
	0	Unknown	Declined to State Income
	1 2	Very Low (< 30% Median)	Yes
	3	Low (< 50% Median) Moderate (< 80% Median)	No No
	4	Above Moderate (> 80% Median)	No
Live Alone	Text	Does the client live alone?	Household Composition (Lives Alone)
	u	Unknown	Declined to State
	У	Yes	Lives Alone
	n	No	Other
	n	No	Institutionalized
	n	No No	With Domestic Partner
	n n	No No	With Non-Relative(s) With Other Relative(s)
	n	No	With Parent(s)
	n		With Spouse
Gender	n Text	No	With Spouse Sex/Gender
Gender	Text u	No What is the client's gender? Unknown	With Spouse Sex/Gender Declined to Disclose
Gender	Text u f	No What is the client's gender? Unknown Female	With Spouse Sex/Gender Declined to Disclose Female
Gender	Text u f m	No What is the client's gender? Unknown Female Male	With Spouse Sex/Gender Declined to Disclose Female Male
	Text  u f m o	No What is the client's gender? Unknown Female Male Other (e.g. transgender)	With Spouse Sex/Gender Declined to Disclose Female Male Other
Gender  Limited English	Text  u f f m o Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English?	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency
	Text  u f f m 0 Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown	With Spouse Sex/Gender Declined to Disclose Female Male Other
	Text  u f f m o Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation
	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state
	Text  U  I  I  I  I  I  I  I  I  I  I  I  I	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown No Does the client have a disability?	With Spouse Sex/Gender Declined to Disclose Female Male Other Declined to state Needs Translation Fluent Limited Disability Type
Limited English	Text  U  f  m  o  Text  U  y  n  Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State
Limited English	Text  U  I  I  I  I  I  I  I  I  I  I  I  I	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown No Does the client have a disability? Unknown Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Transation Fluent Limited Disability Type Declined to State Declined to State
Limited English	Text  U  f  m  o  Text  u  y  n  Text  u  y  n	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability No Disability
Limited English	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No No Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Transation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD)
Limited English	Text  U  f  m  o  Text  u  y  n  Text  u  y  n	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental Illines
Limited English	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Yes Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementla
Limited English	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Yes Yes Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental Illiness Traumatic brain injury Dementia Memory Loss
Limited English  Disability Status	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Yes Yes Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Docklined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify
Limited English	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes	With Spouse Sex/Gender Declined to Disclose Female Maie Other English Fluency Declined to state Needs Transition Fluent United Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental filiness Traumatic brain injury Dementia Memory Loss Other, specify Homeless?
Limited English  Disability Status	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Yes Yes Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, Specify Homeless? Unknown
Limited English  Disability Status  Homeless	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Solution Yes Solution Yes Solution Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No
Limited English  Disability Status	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Yes So	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illiess Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No
Limited English  Disability Status  Homeless	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Ses Ses Ses Ses Ses Ses Ses Ses Ses S	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Tyee Declined to State Physical Disability Tyee Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementla Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State
Limited English  Disability Status  Homeless	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Ses Ves Yes Yes Yes Yes Yes Yes Yes Yes Yes Y	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran
Limited English  Disability Status  Homeless  Veteran	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Yes Solution Solutio	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Declined to State
Limited English  Disability Status  Homeless	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Soes the client have a disability? Unknown Yes Soes Soes Soes Soes Soes Soes Soes So	With Spouse Sex/Gender Declined to Disclose Female Make Make Other English Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Declined to State Province State Declined to State Declined to State No At All High Nutritional Risk
Limited English  Disability Status  Homeless  Veteran	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Oces the client have a disability? Unknown Yes No Yes Yes Yes Yes Yes Yes Yes Yes Is the client homeless or living in temporary shelter Unknown Yes Is the client homeless or living in temporary shelter Unknown Yes No Is the client a weteran? Unknown Yes No Client have a disability? Unknown Yes Oces Homeless or living in temporary shelter Unknown Yes No Client haveteran? Unknown Yes No Client has received a score of 6 or greater on Nutritional Risk Screening tool.	With Spouse Sex/Gender Declined to Disclose Female Male Other Engish Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran Declined to State Physical Disability Nemory Disability Nemory Disability Nemory Disability Nemory Disability Nemory Loss Other, specify Homeless? Unknown Yes No A A High Nutritional Risk (Enter in GetCare Mutritional Risk Assessment)
Limited English  Disability Status  Homeless  Veteran	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Soes the client have a disability? Unknown Yes Soes Soes Soes Soes Soes Soes Soes So	With Spouse Sex/Gender Declined to Disclose Female Make Make Other English Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Declined to State Province State Declined to State Declined to State No At All High Nutritional Risk
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Soes the client have a disability? Unknown Yes Soes Soes Soes Soes Soes Soes Soes So	With Spouse Sex/Gender Declined to Disclose Female Make Make Other English Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State
Limited English  Disability Status  Homeless  Veteran	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Ocos the client have a disability? Unknown Yes No Yes Sociated the service of Sociated	With Spouse Sex/Gender Declined to Disclose Female Male Other Engish Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Veteran No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Veter No No Unban/Rural (Auto-populates based on Zip code)
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Soes the client have a disability? Unknown Yes Soes Soes Soes Soes Soes Soes Soes So	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? United Control of the State Weteran Declined to State Veteran No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Yes No No No Urban/Rural (Auto-populates based on Zip code) Rural
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Soes the client have a disability? Unknown Yes Soes Soes Soes Soes Soes Soes Soes So	With Spouse Sex/Gender Declined to Disclose Female Male Other Engitsh Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Veteran No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Veter No Urban/Rural (Auto-populates based on Zip code) Rural
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk  Urban/Rural	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Toes the client have a disability? Unknown Yes Solve	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? No Weteran Declined to State Veteran Declined to State
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk	Text	No What is the client's gender? Unknown Female Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Soes the client have a disability? Unknown Yes Soes Soes Soes Soes Soes Soes Soes So	With Spouse Sex/Gender Declined to Disclose Female Male Other Engitsh Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Veteral Veteran No Unban/Rural (Auto-populates based on Zip code) Rural Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk  Urban/Rural	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Ves No Does the client have a disability? Unknown Yes No No See	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to state Needs Translation Fluent United Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No At High Nutritional Risk (Enter in GetCare Nutritional Risk State) Veteran Declined to State Veter State
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk  Urban/Rural	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No Toes the client have a disability? Unknown Yes Solution Yes Solution Yes	With Spouse Sex/Gender Declined to Disclose Female Male Other Engitsh Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No No At High Nutritional Risk (Enter in GetCare Nutritional Risk Assessment) Declined to State Veteral Veteran No Unban/Rural (Auto-populates based on Zip code) Rural Urban/Rural (Auto-populates based on Zip code) Rural Urban Declined to State
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk  Urban/Rural	Text   U   V   V   V   V   V   V   V   V   V	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Oces the client have a disability? Unknown Yes Show Ves Show Show Show Show Show Show Show Show	With Spouse Sex/Gender Declined to Disclose Female Male Other Engitsh Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental filliess Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No At High Nutritional Risk Enter in GetCare Nutritional Risk Assessment) Declined to State Veter No Urban/Rural (Auto-populates based on Zip code) Rural Declined to State Veter No Declined
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk  Urban/Rural	Text	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Does the client have a disability? Unknown Yes No The client have a disability? Unknown Yes Solution Solu	With Spouse Sex/Gender Declined to Disclose Female Male Other English Fluency Declined to State Needs Translation Fluent Limited Disability Type Declined to State Physical Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No At High Nutritional Risk (Enter in Edecta- Nutritional Risk Assessment) Declined to State Veteran Declined to State Veteran No Control State Veteran Declined to State Vetera
Limited English  Disability Status  Homeless  Veteran  Nutritional Risk  Urban/Rural	Text   U   V   V   V   V   V   V   V   V   V	No What is the client's gender? Unknown Female Male Male Other (e.g. transgender) Does the client have limited proficiency in English? Unknown Yes No Oces the client have a disability? Unknown Yes Show Ves Show Show Show Show Show Show Show Show	With Spouse Sex/Gender Declined to Disclose Female Male Other Engitsh Fluency Declined to state Needs Translation Fluent Limited Disability Type Declined to State Physical Disability No Disability Intellectual/Developmental disability (ID/DD) Mental illness Traumatic brain injury Dementia Memory Loss Other, specify Homeless? Unknown Yes No Veteran Declined to State Veteran No At High Nutritional Risk Enter in GetCare Nutritional Risk Assessment) Declined to State Veter No Urban/Rural (Auto-populates based on Zip code) Rural Declined to state Vesexual Declined to State Veter No Declined

ADS / GetCare Data Cross-Walk Specifications for ADLs & IADLs  Updated October 2021					
Field	Data Type, Codes and Maximum Length	ADS Data File Description/Example	GetCare Description/Example		
ADLs	Text	Does the client need help with the following Activities of Daily Living (ADLs)?	Activities of Daily Living (ADL)		
Eating	n	No	1. Independent		
			2. Minimum Assistance		
	V	Yes	Moderate Assistance     Maximum Assistance		
			5. Declined to State		
Toileting	n	No	1. Independent		
			2. Minimum Assistance		
	У	Yes	3. Moderate Assistance		
			Maximum Assistance     Declined to State		
Walking	n	No	1. Independent		
=			2. Minimum Assistance		
	У	Yes	3. Moderate Assistance		
			4. Maximum Assistance		
Transferring	n	No	Declined to State     Independent		
ь	"		2. Minimum Assistance		
	V	Yes	3. Moderate Assistance		
			Maximum Assistance		
Dressing	+	No	5. Declined to State		
niessing	n	ING	Independent     Minimum Assistance		
	v	Yes	3. Moderate Assistance		
	·		Maximum Assistance		
			5. Declined to State		
Bathing	n	No	Independent     Minimum Assistance		
	v	Yes	3. Moderate Assistance		
	,		Maximum Assistance		
			5. Declined to State		
Med Mgmt	n	No	1. Independent		
	V	Yes	Minimum Assistance     Moderate Assistance		
	У	res	4. Maximum Assistance		
			5. Declined to State		
IADLs	Text	Does the client need help with the following	Instrumental Activities of Daily Living (IADL)		
		Instrumental Activities of Daily Living (IADLs)?			
Cooking	n	No	Independent     Minimum Assistance		
	v	Yes	3. Moderate Assistance		
	·		Maximum Assistance		
			5. Declined to State		
Shopping	n	No	1. Independent		
	V	Yes	Minimum Assistance     Moderate Assistance		
	y.	Tes .	Maximum Assistance		
			5. Declined to State		
Chores	n	No	1. Independent		
		V	2. Minimum Assistance		
	У	Yes	Moderate Assistance     Maximum Assistance		
			5. Declined to State		
Driving	n	No	1. Independent		
			Minimum Assistance		
	У	Yes	3. Moderate Assistance		
			Maximum Assistance     Declined to State		
Heavy Housework	n	No	1. Independent		
			2. Minimum Assistance		
	У	Yes	3. Moderate Assistance		
			4. Maximum Assistance		
Phoning	n	No	5. Declined to State 1. Independent		
Phoning	"	INO .	2. Minimum Assistance		
	У	Yes	3. Moderate Assistance		
	·		Maximum Assistance		
			5. Declined to State		
Money Mgmt	n	No	1. Independent		
	V	Yes	Minimum Assistance     Moderate Assistance		
	,		Moderate Assistance     Maximum Assistance		

## ADS / GetCare Service Enrollment and Unit Information for Home Delivered Updated October 2021

ADS Previous Way of Recording Service				GetCare Service Recording effective 10/1/2021			
ADS Service Type	Code	Unit Type	Definition	GetCare Scope of Work	GetCare Program (Funding)	GetCare Service Detail	Assessment Required in GetCare
Home Delivered Meals	n1	Integer	Regular home delivered meal	Home Delivered Meals	OAA TIIIC/SCSA/LOC	1 NSIP Meal	Nutrition risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment) Functional Assessment (ADLs/IADLs)
COPES Home Delivered Meals	n4	Integer	Retired (No longer in use effective 10/1/2021)				
Emergency Food Kit	n5	Integer	Retired (No longer in use effective 10/1/2021)				
Under Age 60 Home Delivered Meals	n6	Integer	Home delivered meal for clients under age 60	Home Delivered Meals	SBT/LOC	1 Meal HDM-under 60	None
Produce Bag / Market Basket	n7	Integer	Supplemental produce bags	Produce Bag / Market Basket	SBT/LOC	1 unit	None
Short-term / Transitional meal	n8	Integer	Hospital to home meals	Home Delivered Meals	SBT/VSHSL/LOC	1 Short-term/transitional meal	None
CV-19 Response Groceries	n10	Integer	Emergency response funds grocery bags	Consumable Supply	Covid-19 Response	1 Delivery	None
CV-19 Response Home Delivered Meals	n11	Integer	Emergency response funds home delivered meals	Emergency Meal	Covid-19 Response	1 Meal HDM	Nutrition risk (Score Only or At High Nutritional Risk located in Nutritional Risk Self Screening Section of Nutritional Assessment)
CV-19 COPES Home Delivered Meals	n12	Integer	Retired (No longer in use effective 10/1/2021)				
Groceries	n13		Ethnic grocery bags using SBT/VSHSL or other local funds	Grocery Bag	SBT/VSHSL/LOC	1 unit	None
Service Month	Date – mm/dd/yyyy	Use first day of month for repo	orting period, e.g., 1/1/2023	Service Month	Date - mm/dd/yyyy	Use first day of month for	reporting period, e.g., 1/1/2023