

**Bureau of Developmental Services  
In-Home Supports Waiver Individual/Parent Factors Form**

Area Agency Name:

Date:

Child's Full Name:

Child's ID:

Childs Medicaid ID:

**Eligibility Criteria:**

Eligible for AA Services

Medicaid Eligible

Number of Individual Factors:

Number of Family Factors:

**Individual Factors:** Check all that apply.

Lack of age appropriate awareness of safety issues so that constant supervision is required.

Destructive or injurious behavior to self or others.

Inconsistent sleeping patterns or sleeping less than six hours per night and requiring supervision when awake.

Condition that impedes the ability of the care-giving parent to provide care.

Inability to participate in local community childcare or activity programs without supports.

**Parental Factors:** Check all that apply.

Care responsibilities for family members with disabilities or health problems.

Age of either parent being less than 18 years or above 59.

Physical or mental health condition, which impedes the ability of the care-giving parent to provide care.

Founded child neglect or abuse as determined by a district court pursuant to RSA 169-C:21.

Availability of only one parent for care-giving.