Washington State Department of Social & Health Services

DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES

KULANKA WAREYSIGA QORSHAHA DARYEELKA

PLAN OF CARE MEETING SURVEY

TO BE COMPLETED BY DDD STAFF
POC MEETING DATE
WAIVER: ☐ Basic ☐ Core ☐ Basic Plus ☐ Community Protection

Wareysigani waa ikhtiyaar waana qarsoodi. Ka qaybgalkaagu ama ka-qaybgal la'aantu ma saameyn doonto adeegyadaada. Wareysigani waxa uu naga gargaari doonaa hagaajinta habka Qorshaha Daryeelka (Plan of Care).

Maxaa isu tihiin qofka qaadanaya adeegyada?

☐ Waxa aan ahay qofka qaadanaya adeegyada. ☐ Xubin Qoys/Masuul ☐ Shaqaale Lacag la Siiyo ☐ Saaxiib/U-doode

WAREYSI

LAM.	SU'AAL	(1) HAA	(2) MA HUBO	(3) MAYA
1.	Inta uu socday habka qorshaha daryeelkaagu, Maamulahaaga Adeegyadu ma ahaa mid ixtiraam iyo xishmad leh?			
2.	Maamulahaaga Adeegyadu ma ku weydiiyay haddii aad wax su'aalo ama walaac ah ka qabtid adeegyadaada imminka?			
3.	Walaacaaga ma laga hadlay oo lagu daray habka qorsheynta?			
4.	Ma ka qaybqaadatay soo saarista ama sameynta Qorshahaaga Daryeelka?			
5.	Ma heshay war ku saabsan adeegyada laga heli karo oggalaanshahaaga si loo haqabtiro baahidaada la qiimeyay?			
6.	Ma lagu siiyay xulka ama kala-doorashada adeegyada laga heli karo oggalaanshahaaga si loo haqabtiro baahidaada la qiimeeyay?			
7.	Ma lagu siiyay xul ama kala-doorasho adeeg-bixiyeyaal?			
8.	Ma qorsheysay inaad haqabtirtid baahidaada iyo hadafkaaga xagga adeegyada oggalaansha leh iyo kuwa aan ahayn nooca oggalaanshaha leh?			
9.	Ma laga hadlay baahidaada caafimaad iyo amaan?			
10.	Ma la sameeyay qorsheyaal si loo haqabtiro baahidaada caafimaad iyo amaan?			
11.	Ma sameysatay qorshe aad ugu talogashay wixii degdeg ah, sida dhulgariir ama haddii adeeg-bixiyahaaga joogtada ah aan la heli karin?			
12.	Ma heshay war ku saabsan wixii aad sameyn lahayd haddii baahidaadu isbeddesho ka hor kullanka sannadlaha ah ee soo socda?			
13.	Ma heshay war ku saabsan sida loo dacwoodo ama loo codsado dhageysi garsoor ah?			

14. Fadlan isticmaal halkan banaan ee hoose si aad u bixisid wixii ah faallo dheeraad ah; ama aad noogu sheegtid wixii ah talooyin lagu hagaajin karo habka Qorshaha Daryeelka.

DSHS 15-295 SM (12/2004)

Fadlan soo celi adiga oo isticmaalaya galka leh adreeska iyo tigidhka boosta ee halkan la socda, ama boosta ugu soo dir:

Department of Social and Health Services
Division of Developmental Disabilities (DDD)
Attention: Quality Assurance
PO Box 45310
Olympia WA 98504-5310