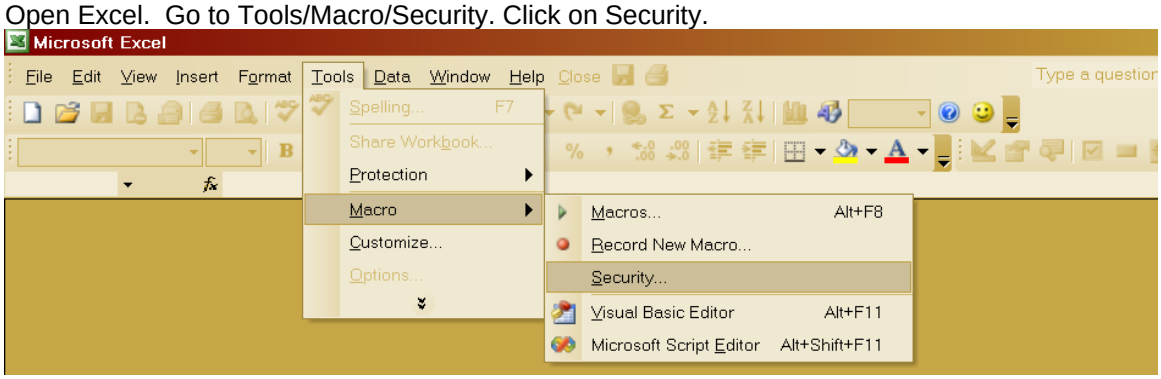
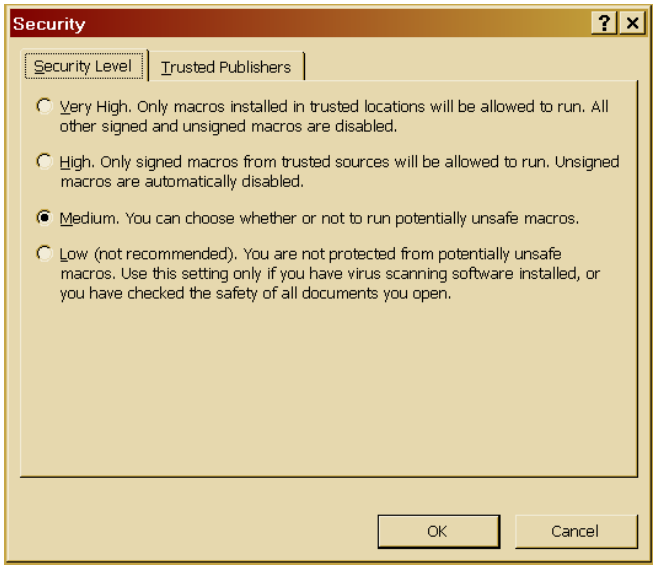
# Changing Security level in Excel

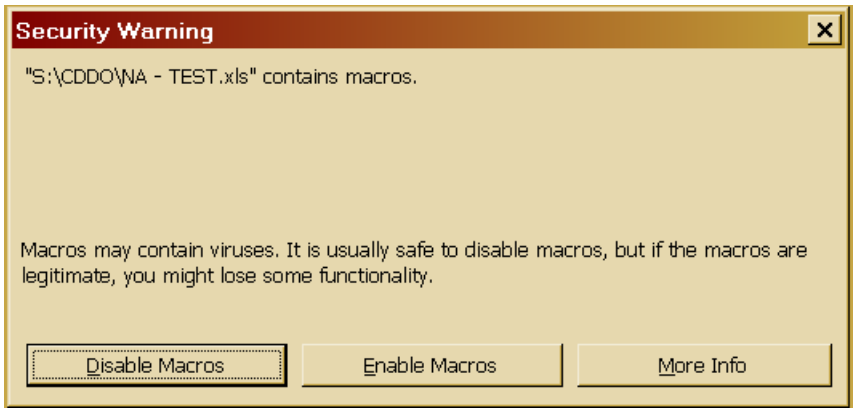
Open Excel. Go to Tools/Macro/Security. Click on Security.

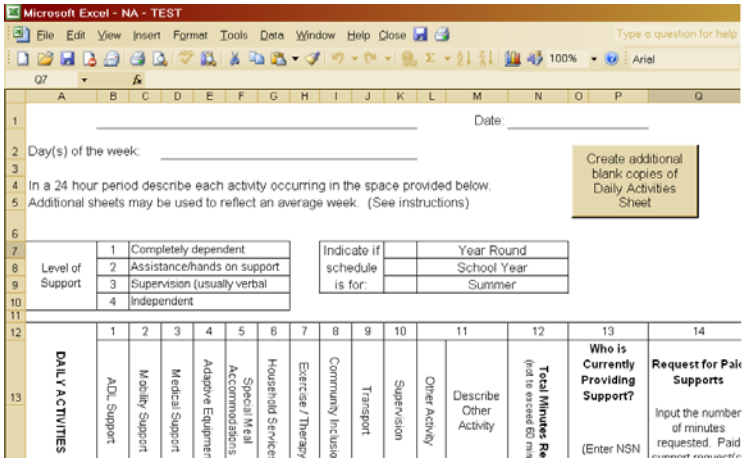



Set Security Level to Medium. Click OK.

Each time you open the Needs Assessment you should receive this message. Click Enable Macros.




On the Daily Activities Sheet, you will find a button titled "**Create additional blank copies of Daily Activities Sheet**". If you need additional copies of the sheet, click this button and it will add the additional sheets to the workbook.

In a 24 hour period describe each activity occurring in the space provided below.
Additional sheets may be used to reflect an average week. (See instructions)

blank copies of Daily Activities Sheet

| Level of Support | |
|---|---|
| 1 | Completely dependent |
| 2 | Assistance/hands on support |
| 3 | Supervision (usually verbal |
| 4 | Independent |

| Indicate if schedule is for: | | |
|---|---|---|
| | | Year Round |
| | | School Year |
| | | Summer |

| DAILY ACTIVITIES | 1 ADL Support | 2 Mobility Support | 3 Medical Support | 4 Adaptive Equipment | 5 Special Meal Accommodations | 6 Household Services | 7 Exercise / Therapy | 8 Community Inclusion | 9 Transport | 10 Supervision | 11 Other Activity | 11 Describe Other Activity | 12 Total Minutes Required (not to exceed 60 min per hour) | 13 Who is Currently Providing Support? (Enter NSN for No Support Needed) | 14 Request for Paid Supports Input the number of minutes requested. Paid support request(s) must be justified in section 5. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Indicate Level of Support | | | | | | | | | | | | | | | |

Cover sheet / Sec. 1 - Applicant Info / **Sec. 2 Daily Act. (4)** / Sec. 2 Daily Act. (3) / Sec. 2 Daily Act. (2) / Sec. 2 Daily Act.

Ready NUM

To view the additional sheets, look at the bottom of your page. Additional sheets will be labeled – Sec. 2 Daily Acct. (#). Each sheet will be numbered in order of when it was created. This button will only create copies of the Daily Activity Sheet. It will not make copies of any other sheet in the workbook.

The button is set so that it will not print out on the forms. See Print Preview.

Section 2: DAILY ACTIVITIES

Name: Date:

Day(s) of the week: _____

In a 24 hour period describe each activity occurring in the space provided below.
Additional sheets may be used to reflect an average week. (See instructions)

Print Preview

| Level of Support | |
|---|---|
| 1 | Completely dependent |
| 2 | Assistance/hands on support |
| 3 | Supervision (usually verbal |
| 4 | Independent |

| Indicate if schedule is for: | | |
|---|---|---|
| | | Year Round |
| | | School Year |
| | | Summer |

| DAILY ACTIVITIES | 1 ADL Support | 2 Mobility Support | 3 Medical Support | 4 Adaptive Equipment | 5 Special Meal Accommodations | 6 Household Services | 7 Exercise / Therapy | 8 Community Inclusion | 9 Transport | 10 Supervision | 11 Other Activity | 11 Describe Other Activity | 12 Total Minutes Required (not to exceed 60 min per hour) | 13 Who is Currently Providing Support? (Enter NSN for No Support Needed) | 14 Request for Paid Supports Input the number of minutes requested. Paid support request(s) must be justified in section 5. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Indicate Level of Support | | | | | | | | | | | | | | | |
| 5:00 AM | | | | | | | | | | | | | 0 | | |
| 6:00 AM | | | | | | | | | | | | | 0 | | |
| 7:00 AM | | | | | | | | | | | | | 0 | | |
| 8:00 AM | | | | | | | | | | | | | 0 | | |
| 9:00 AM | | | | | | | | | | | | | 0 | | |
| 10:00 AM | | | | | | | | | | | | | 0 | | |
| 11:00 AM | | | | | | | | | | | | | 0 | | |
| 12:00 PM | | | | | | | | | | | | | 0 | | |
| 1:00 PM | | | | | | | | | | | | | 0 | | |
| 2:00 PM | | | | | | | | | | | | | 0 | | |
| 3:00 PM | | | | | | | | | | | | | 0 | | |
| 4:00 PM | | | | | | | | | | | | | 0 | | |
| 5:00 PM | | | | | | | | | | | | | 0 | | |
| 6:00 PM | | | | | | | | | | | | | 0 | | |
| 7:00 PM | | | | | | | | | | | | | 0 | | |
| 8:00 PM | | | | | | | | | | | | | 0 | | |
| 9:00 PM | | | | | | | | | | | | | 0 | | |
| 10:00 PM | | | | | | | | | | | | | 0 | | |
| 11:00 PM | | | | | | | | | | | | | 0 | | |
| 12:00 AM | | | | | | | | | | | | | 0 | | |
| 1:00 AM | | | | | | | | | | | | | 0 | | |
| 2:00 AM | | | | | | | | | | | | | 0 | | |
| 3:00 AM | | | | | | | | | | | | | 0 | | |
| 4:00 AM | | | | | | | | | | | | | 0 | | |
| Total Minutes Required | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Total minutes should not exceed 1440 per day | 0 |

The total number of minutes for requested paid supports cannot exceed the time eligible for services.