



State of Louisiana

Department of Health and Hospitals
Pinecrest Supports and Services Center

RESOURCE CENTER ON NUTRITIONAL, PHYSICAL, & NURSING SUPPORTS

Phone: 1-800-584-8511

RCNPNS@dhh.la.gov

Your Zip Code: _____.

Needs Assessment Form : The purpose of this form is to identify services you need. It is not a request for services. Check any you would like to know more about. Indicate if you would like a workshop on a topic. Please feel free to add anything you do not see listed. Janet Reich, RN, C, B.S. - Director P.O. Box 5191 Pineville, LA, 71361	My facility needs help with this	My Provider does not take Medicaid	I can't get this service or Medicaid limits have been exceeded	My provider does not know how to do this
Name:				
Address:				
Zip:				
Phone: Fax:				
Cell Phone:				
Email :				
I need information on Nutrition (diabetes, low-fat, etc)				
I need information on Gastroesophageal Reflux or GERD				
I need information on how to care for Gastrostomy Tubes				
I need information on Aspiration & Choking reduction				
I need information on Dysphagia (difficulty swallowing)				
I need information on Mealtime Interventions/Issues (eating too fast, etc)				
I need a Nutrition/Physical management team review for my facility				
I need help in Development of Nutritional/Physical Support Teams				

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I need information on Gait/balance Disturbances				
I need information on Fall Prevention				
I need information on Therapeutic Positioning				
I need information on Transfer/Handling Techniques				
I need specialized Wheelchair Adjustments or a Customized Wheelchair Mold				
I need information on Skeletal Deformities				
I need information on Tonal Issues				
I need information on High Risk Assessments				
I need information on Osteoporosis/Osteopenia				
I need an a evaluation of my home for accessibility/safety in caring for a person with I/DD				
I need information on Seizure Management				
I need information on Bowel Management				
I need information on Diabetes Management				
I need information on Pain Management				
I need information on Preventive Health Care Strategies				
I need information on Oral Hygiene				
I need information on Infection Control Practices				
I need information on Syndromes effecting people with Developmental Disabilities				
I need information on Emergency First Aid				
I need information on Personal Hygiene				
I need information on Signs & Symptoms of Illness				
I need information on Medication Effects				
I need information on Care of the Person Who's Bedridden				
I need information on Hypertension				

I need information on Colostomy Care				
Needs Assessment Form : The purpose of this form is to identify services you would like the Resource Center to address. Check any you would like to know more about. You may indicate if you would like a workshop on a topic. Please feel free to add anything you do not see listed. Janet Reich, RN, C, B.S. - Director P.O. Box 5191 Pineville, LA, 71361	My facility needs help with this	My Provider does not take Medicaid	I can't get this service or Medicaid limits have been exceeded	My provider does not know how to do this
I need information on Sun Safety				
I need information on Taking Vital Signs				
I need information on Standard Precautions & Hepatitis B				
I need information on "People First" Language				
I need information on Supporting People to Interact with Health Care Professionals				
I need information on Recognizing & Reporting Abuse & Neglect				
I need copies of the Healthy Lifestyles: Water & Me (brochure)				
I need copies of the Healthy Lifestyles: Healthy Eating (brochure)				
I need copies of the Healthy Lifestyles: Taking Care of Cuts & Scrapes (brochure)				
I need CPR Instruction				
I need a Certified Medication Attendant (CMA) program				
I need psychiatric services				
I need psychological services				
I need a day program where my loved one can spend a few hours a day				
I need speech –language services				
I need (audiology) hearing services				
I need vision services				
Other:				

How do you need this information?

- Phone consultation
 On-site visit for review and recommendations
 Training module
 Information brochure
 On-site visit for technical assistance
 Other:
 Information packet
 Referral to local support service

OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES
• PINECREST SUPPORTS AND SERVICES CENTER
P.O. BOX 5191 • 100 PINECREST DRIVE • PINEVILLE, LOUISIANA 71361
PHONE #: (318) 641-2000 • FAX #: (318) 641-2007
MISSION STATEMENT: WE SUPPORT QUALITY OF LIFE FOR ALL PEOPLE.
"AN EQUAL OPPORTUNITY EMPLOYER"