



Supported Independent Living HOUSING ASSESSMENT TOOL

Name: _____

Date: _____

Relevant Information:

1. Discuss your desire to live in a more independent setting.

2. Have you ever done so before?

3. Would you like to live with another person? Do you have someone in mind?

4. Describe any past situations in which you have been left alone?

5. What area or neighborhood would you like to live in? How much do you know about that community?

6. What family members and close friends give you support? Would they remain in your life if you moved to an independent living setting?

7. What do you do during the day, i.e. 9am-3pm?

8. Do you have income? What is the plan to pay for Rent/Room and board contract

9. How do you like to spend your leisure time?

10. Discuss any staff preferences.

11. Do you have a relationship?

Relevant Behavior History:

1. Discuss how you would manage a situation that makes you angry or frustrated?

2. Do you need any environmental modifications to your living space?(bed shaker, remote monitoring supports, home adaptations)

3. What are your eating patterns?

4. What are your sleeping patterns?

5. Have you ever talked to a therapist?

6. How do you spend your money? Do you often run out of money? Is this question related to money management on the functional skills assessment?

7. How often do you drink?

8. When was the last time you took a non prescribed drug?

9. Do you have any previous/current involvement with the legal system. ie probation, mental health court etc.

Relevant Medical History:

1. What hospitals do you frequent?

2. Discuss your current health concerns and how these medical conditions have been managed.

3. What do you see as necessary supports to keep you healthy without staff being present?

4. Do you use any special technology to support yourself? , i.e.; a medication cassette, life alert bracelet.

HOUSING ASSESSMENT SCENARIOS:

Instructions: Review the following scenarios with the individual and summarize his/her answer below. Pay particular attention to the problem solving process the individual goes through when formulating his/her response to the scenario.

#1 – You are in your apartment alone and suddenly the electricity goes out. It is a hot summer day at 1PM in the afternoon. Your assigned staff member is not scheduled to work that day. What are some of the things you should do to consider your health and safety?

#2 – You are in your apartment alone and you begin to feel very ill. Staff is expected to check in with you in three hours, but you don't think you can wait for them. What can you do to get help and medical attention?

#3 – You are in your apartment and your neighbor is playing music very loudly. It is late and it is disrupting your sleep. How do you handle this situation?

#4 – You are in your apartment alone. The doorbell rings. You look through the peephole, but you do not recognize the person. They begin to call out saying “hello, hello is anyone home?” How do you respond?

#5 – You are in your apartment alone and you notice a flood. Water all over your bathroom floor and it’s leaking into the kitchen. What should you do?

#6 – It is a cold winter afternoon. It is getting very cold inside and you notice there is no heat coming from the radiator. What are some things you can do?

#7 – Based on your knowledge of this individual, are there any other questions he/she needs to be asked that is pertinent to this assessment. Please list them below:

Accepted Yes Not at this time

Recommendations:

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- ---
- ---

The following training and supports are recommended before the person can explore more independent housing: *(For example, a person may require training in assertiveness, use of call list or meal preparation, and will need to be re-evaluated upon successful completion).*

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Re-evaluate in 3 Months 6 Months 9 Months 1Year. Within that time frame, devise a plan of action to remove any obstacles to secure independent living.

Recommended training should be incorporated into the individual's Program.

The individual would benefit from peer support/roommate. Please describe support needed:

- _____
- _____

The individual needs the following environmental modifications or adaptations that could successfully address some or all of the obstacles to living independently: , *i.e.; wheelchair ramp, shower chair, adaptive stove.*

- _____
- _____
- _____

Identify barriers impeding the moving process:

- _____
- _____
- _____

Completed by/Date: _____

Signature/Date: _____