

# Supported Living Functional Assessment

Supported Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Team Members Completing Assessment: \_\_\_\_\_

The intention of this assessment is to establish team agreement on the abilities and supports needed for an individual to participate in the Personal Support Network's Supported Living Program; living in his or her own home in the community. Answering "NO" to any of these questions does not preclude an individual from participating in the Supported Living Program.

	YES	NO	If NO, describe support or training needed
<b>Health Care</b>			
Can the individual recognize and understand his/her health care concerns?			
Can the individual independently schedule medical appointments?			
Can the individual independently communicate health concerns to medical professionals?			
<b>Medication</b>			
Can the individual take prescribed medication completely independently as prescribed?			
Can the individual take over the counter medications completely independently?			
Can the individual place a prescription order and obtain prescriptions from physician independently?			
Can the individual independently notify their physician and/or pharmacist of all over-the-counter medications being used?			
Can the individual independently take proper medication to work, on vacation, or to activities away from home?			
Is the individual able to independently understand the possible side effects of prescribed medications?			
<b>First Aid, Illness, Safety</b>			
Can the individual administer basic first aid to him/her self and access/use a first aid kit?			
Can the individual recognize when he/she is ill or injured and requires outside help or attention?			
Can the individual understand and define an emergency situation?			

## Supported Living Functional Assessment

Supported Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO	If NO, describe support or training needed
Can the individual independently access the following if needed?			
◦ Dial 911			
◦ Dial KenCrest On-Call Service			
◦ Ask for help from a neighbor, roommate or family member			
Can the individual recognize a fire alarm?			
Can the individual independently evacuate from his/her home in the event of a fire?			
Does the individual know how to respond to severe weather and or natural disasters?			
<b>Household Maintenance/Management</b>			
Is the individual able to independently maintain the cleanliness of his/her home?			
Can the individual recognize his/her household needs for basic repairs such as plumbing and electrical problems?			
Can the individual contact landlord and/or service technicians for needed repairs?			
Does the individual know how to secure exterior doors and windows at night or when he/she leaves the house?			
Does the individual have an understanding of which visitors are allowed in his/her home and their right to refuse entry if they desire?			
<b>Personal Care</b>			
Is the individual independent in his/her personal hygiene care?			
<b>Nutrition</b>			
Can the individual independently plan his/her own meals?			
Is the individual on a special diet?			
If on a special diet can the individual follow this diet independently?			

## Supported Living Functional Assessment

Supported Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO	If NO, describe support or training needed
Can the individual independently purchase his/her own groceries?			
Can the individual independently prepare his/her own meals?			
Can the individual eat his/her own meals without assistance?			
<b>Money Management (review Financial Skills Assessment)</b>			
Can the individual make simple purchases independently?			
Can the individual independently count change?			
Can the individual independently write/sign checks to pay bills or make purchases?			
Can the individual make bank transactions independently?			
Can the individual independently prepare and follow a basic budget?			
Does the individual require a Social Security representative payee?			
<b>Community, Recreation, Leisure</b>			
Is the individual able to traverse their community alone and independently?			
Can the individual access transportation independently?			
Can the individual independently arrange his/her own transportation to /from work? Including scheduling and payment.			
Does the individual practice community safety, awareness of others and strangers?			
Can the individual plan/participate in his/her own community activities? (movies, sporting events, gyms, parks, volunteering, work)			
Can the individual manage his/her own free time?			
<b>Relationships</b>			
Can the individual differentiate between a casual relationship and an intimate relationship?			

# Supported Living Functional Assessment

Supported Individual's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO	If NO, describe support or training needed
<b>SUPERVISION NEEDS</b>			
Can the individual spend every night by him/her self?			
<b>Brief Description of Supervision Needs for Initial Transition into Supported Living Program</b>			
Initial Minimum Number of Staff Shifts per week.			
Initial Minimum Number of Staff Shifts per day.			
Initial Minimum Length of time for each Shift.			

**Additional Information the Team Feels is Important to Know:**