

Site Op Cert:



DIVISION OF QUALITY IMPROVEMENT
 Home and Community Based Services (HCBS) Settings
PART I – Person Centered Review

Use this form to complete the attached HCBS Settings Assessment and to provide the information requested below.

Survey Information

Site Op Cert:					
Agency Name:					
Site Address:					
City:		State:		Zip:	
Agency ID:		Setting Type:	<input type="checkbox"/> Supervised <input type="checkbox"/> Supportive	Site Capacity:	
Survey Start Date:		Survey End Date:		Survey Team # :	
Individual/Person Centered Sample					
First Name:		Last Name:			
Tab ID:		Willowbrook Individual:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Survey Team Members:	Surveyor ID:

Interviewees

Name:	Title (If applicable):	Contact Information: (Telephone and/or Email)	Contact Type: (Select one)	
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:

Site Op Cert:	
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Name:	Title (If applicable):	Contact Information: (Telephone and/or Email)	Contact Type: (Select one)	
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			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
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			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:
			<input type="checkbox"/> Executive/Mgmt <input type="checkbox"/> Staff/Direct Support <input type="checkbox"/> Individual/Self <input type="checkbox"/> Auth. Representative	<input type="checkbox"/> Family Member/Spouse <input type="checkbox"/> Advocate/Guardian <input type="checkbox"/> Other:

A. SERVICES AND SUPPORTS PLANNING PROCESS

Section 1. Habilitation Planning

Standard 1: Habilitation Planning Process is person centered and reflects the priority goals, outcomes, desired community activities and informed choices of the person.

Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
1a. The person's Habilitation Plan was developed and is updated using a person centered planning process and reflects the person's informed choices.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		9
1b. The person's Habilitation Plan (or alternative documentation) incorporates the meaningful and individualized community based activities that the person wants including desired frequency, and the supports needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		11
1c. The Person's Plan (Habilitation Plan/alternative documentation) reflects risk factors and the positive safeguarding measures in place to minimize them including individualized back up plans and strategies when needed (that contribute to the person's ability to engage in meaningful activities).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		12
1d. The person's Habilitation Plan is written in plain person-centered language and is understandable to him/her; it is written in his/her preferred language, which includes Braille, if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		14
1e. The person has been made aware of and knows that he/she can request a Plan change and how to do so and any related Plan changes are made within a reasonable timeframe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		15

1f. The person reports that the planning process is reflective of his/her choices and priorities for meaningful goals/activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	16
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Section 2: Housing Protection and Due Process

Standard 2: The person has a legally enforceable agreement that addresses eviction processes and appeals comparable to the jurisdiction's tenant landlord protections, and the person has been informed of and understands these rights/protections, and when they would be required to relocate.

Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
2a. The person has a <i>lease or other written occupancy agreement</i> that provides eviction protections and due process/appeals and specifies the circumstances when he/she could be required to relocate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		17
2b. There is <i>evidence</i> that the person and/or their representative knows/understands their right to due process/appeals and when he/she could be required to relocate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		18

Section 3: Rights

Standard 3: The person is aware of his/her rights, how to address his/her needs, concerns, and preferences and is supported to do so.

Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
3a. The person is provided with information about his/her rights in plain language and/or in a way that is accessible to him/her.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		19

3b. The person knows who to contact and/or the process to make an anonymous complaint.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	20
3c. The person is comfortable discussing their concerns with residential staff and/or provider staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	20
3d. The person reports that staff recognize and respect his/her rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	20
3e. The person controls his/her personal resources and decides how to spend his/her personal discretionary funds.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	21
3f. The person is supported to express his/herself through personal style choices/decision making on dress and grooming preferences.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	21

B. COMMUNITY ACCESS AND SUPPORT

Section 4: Full Access to the Broader Community to the Same Degree as Others

Standard 4: The home where the individual resides supports full access to the greater community.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page

4a. The person is <i>encouraged and supported</i> to have <i>full access</i> to the community based on his/her interests/preferences/priorities for meaningful activities <i>to the same degree as others</i> in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	25
4b. The person <i>regularly</i> participates in unscheduled and scheduled community activities in the same manner as individuals not receiving HCBS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	28
4c. The person is <i>satisfied</i> with his/her level of access to the broader community as well as the support provided to pursue activities that are meaningful to him/her for the period of time desired.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	30

Section 5: Relationships

Standard 5: Residential staff facilitates and supports the person to pursue and maintain relationships that are important and meaningful to him/her.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
5a. The person is <i>encouraged and supported</i> to foster and/or maintain relationships that are important and meaningful to him/her.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		33
5b. The person <i>regularly</i> interacts with people who are important to him/her (who are not paid to spend time with him/her) and he/she is satisfied with the type and frequency of interactions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		33

5c. The person is able and supported to have visitors of his/her choosing at any time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	34
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C. SETTING CHARACTERISTICS and PERSONAL EXPERIENCE

Section 6: Restrictions, Interventions, and Rights Modifications

Standard 6: The person is free from unnecessary restrictions and rights modifications and coercion.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no/ NA criteria</i>)	Ref. Page
6a. When interventions that restrict and/or modify rights are used, the person's written plan includes a description of the positive and less intrusive approaches that have been tried but have not been successful.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		37
6b. When interventions that restrict and/or modify rights are used the person's written plan includes a description of the person's individualized assessed need and/or behavior that justifies the inclusion of the restriction, intrusion, and/or rights modification.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		38
6c. The person is subjected to restrictive or intrusive interventions, restraints, or rights modifications only with their informed consent or that of an authorized surrogate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		38
6d. For any intrusion, restriction, limitation or rights modification, there is evidence that the modification is periodically reviewed for effectiveness and necessity.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		40

6e. The person is not subjected to coercion (includes subtle coercion).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	41
6f. The person's support staff has completed and is annually recertified in an OPWDD-approved training course in positive behavioral strategies and physical intervention techniques (if applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	43

Section 7: Privacy

Standard 7: The person has privacy in the setting where they reside.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
7a. Staff knock and receives permission before entering the person's room/living space.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		44
7b. The person has privacy in his/her sleeping and/or living unit including the right to lock his/her bedroom or unit door if he/she chooses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		44
7c. The person has privacy in the bathroom and can close and lock the bathroom door; assistance is provided in private when needed by the person.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		44

7d. The person has access to and is supported to make private phone calls and/or send private e-mails/text messages when it is convenient to him/her.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	44
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Section 8: Choice of Living Arrangement/Roommate

Standard 8: The person is satisfied with their residential setting (of their choosing) and has a choice of roommate.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
8a. The person is satisfied with their roommate/living situation and does not express a desire (when questioned) to move to another living setting and/or with another roommate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		47
8b. If the person is <i>not satisfied</i> with their roommate, there is evidence that the staff/and/or the agency is <i>proactively</i> working to find an alternative arrangement based on the person's needs, choices and preferences in a timely manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		47

Section 9: Freedom to Decorate/Change Personal Environment

Standard 9: The person has the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
9a. The person's personal living space(s) reflect his/her individualized interest and tastes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		49

9b. The person is encouraged and supported to make changes to furnishings or decorations in their personal living space when he/she chooses to.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	49
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Section 10: Schedule

Standard 10: The setting optimizes the person's autonomy and independence in making life choices including the freedom and support to control his/her own schedule				
Criteria	Criteria Met	Information Sources (<i>Select all that apply</i>)	Rationale/ Comments (<i>Describe findings contributing to yes/ no criteria</i>)	Ref. Page
10a. The person is made aware that he/she is not required to follow a particular schedule for waking up, going to bed, eating, leisure activities, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		50
10b. The person is encouraged and supported to make his/her own scheduling choices according to his/her preferences and needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		51
10c. The person has access to such things as televisions, radio, computer internet, and leisure activities that interest him/her and he/she can schedule and enjoy these activities at his/her convenience.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		51
10d. The person is satisfied with his/her schedule of activities and knows how to request assistance with changes if he/she wants to.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		51

Section 11: Access to Food

Standard 11: The person has access to food at any time.				
Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
11a. The person can choose to eat when he/she wants to eat even if mealtimes occur at routine/scheduled times.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		53
11b. The person has access to food 24-7 and is supported to purchase and store his/her own food/snack choices and keep this food available for his/her use at any time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		53

Section 12: Accessibility to the Setting

Standard 12: The setting (and its amenities) is physically accessible to the person and meets his/her needs.				
Criteria	Criteria Met	Information Sources (Select all that apply)	Rationale/ Comments (Describe findings contributing to yes/ no criteria)	Ref. Page
12a. The person has a key to the front door of the residence and he/she can come and go from the setting whenever he/she chooses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		55
12b. The person has full/unrestricted access to typical spaces in a home including a kitchen with cooking facilities and the refrigerator; dining area; laundry; and comfortable seating in shared areas and is supported to use these typical spaces and appliances in the home when he/she chooses.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		55

12c. The setting reflects the person's needs and preferences including the presence of any necessary physical modifications if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interview (<i>please specify</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other (i.e., Outside Agencies/MSC) <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document /Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other	56
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General Observations:
Comments:

After you have entered the necessary information to complete this questionnaire, print and distribute it to collect the signatures and dates that you need for approval.

Signatures for Approval

Assessment Completed: _____ **Date:** ____ / ____ / ____
Assessment Reviewed: _____ **Date:** ____ / ____ / ____
Assessment Received: _____ **Date:** ____ / ____ / ____
Data Entry: _____ **Date:** ____ / ____ / ____
Additional Assessment Review: _____ **Date:** ____ / ____ / ____