



Organization Name:		Program Name:			Date:				
Individual's Name (First MI Last):			Record #:		DOB:				
Date of Admission:			Date of Assessment:						
Functional Assessment Update: Yes <input type="checkbox"/> or No <input type="checkbox"/> (Complete an update if there is a change in the functional needs and check Yes. Complete only those functional areas that were not indicated on the previous assessments and complete the recommendation/signature page only. If No is checked, complete full assessment and complete entire document).									
Response 1=Does not accomplish 2=Requires consistent staff guidance/supervision to accomplish 3=Able to accomplish with minimal staff assistance 4=Able to accomplish independently N/A = Not Applicable									
Daily Living Skills (DLS)					1	2	3	4	NA
Money Management									
Individual develops a budget based on monthly/weekly entitlement and/or other funds.					<input type="checkbox"/>				
Individual follows a budget, purchases items to meet basic needs and manages receipts as needed.					<input type="checkbox"/>				
Individual pays bills timely (e.g. program fees, rent, and other bills).					<input type="checkbox"/>				
Individual maintains his/her own savings and checking accounts and tracks the transactions.					<input type="checkbox"/>				
Meal Planning									
Individual develops a shopping list and purchases foods.					<input type="checkbox"/>				
Individual stores food properly.					<input type="checkbox"/>				
Individual uses kitchen appliances safely.					<input type="checkbox"/>				
Individual prepares simple meals.					<input type="checkbox"/>				
Individual plans and cooks nutritionally balanced meals.					<input type="checkbox"/>				
Personal Hygiene									
Individual maintains appropriate hygiene/grooming (e.g. washes self, comb/brush hair, use deodorant, etc).					<input type="checkbox"/>				
Individual wears clean clothing.					<input type="checkbox"/>				
Individual dresses appropriately for the weather/season.					<input type="checkbox"/>				
Individual brushes teeth and maintains good oral hygiene.					<input type="checkbox"/>				
Individual washes his/her clothes and linens as needed.					<input type="checkbox"/>				
Living Areas									
Individual purchases cleaning supplies.					<input type="checkbox"/>				
Individual maintains his/her personal living space (e.g. clean stove, refrigerator, bathroom, dust furniture, mop floors, empty garbage, etc).					<input type="checkbox"/>				
Comments:									



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Response
 1=Does not accomplish
 2=Requires consistent staff guidance/supervision to accomplish
 3=Able to accomplish with minimal staff assistance
 4=Able to accomplish independently
 NA = Not Applicable

Community Integration Services (CIS)	1	2	3	4	NA
Individual arranges for/schedules his/her transportation.	<input type="checkbox"/>				
Individual uses public transportation or other modes of transportation to meet basic needs, (e.g., bicycle, etc.)	<input type="checkbox"/>				
Individual identifies community resources that he/she can utilize.	<input type="checkbox"/>				
Individual utilizes community resources (e.g. pharmacy, post office, library, bank, places of worship, etc.).	<input type="checkbox"/>				
Individual can make purchases in the community.	<input type="checkbox"/>				
Individual obtains and maintains benefits and entitlements.	<input type="checkbox"/>				

Comments:

Health Services (HS)	1	2	3	4	NA
Individual schedules appointments.	<input type="checkbox"/>				
Individual attends his/her appointments, e.g., medical doctor, dentist, eye doctor, etc on a regular basis.	<input type="checkbox"/>				
Individual follows his/her provider's recommendations for treatment such as adheres to prescribed diet, increases physical activity, takes prescribed medication regimen, etc.	<input type="checkbox"/>				
Individual identifies possible consequences of not attending to medical issues.	<input type="checkbox"/>				
Individual identifies benefits of maintaining/improving physical health.	<input type="checkbox"/>				
Individual recognizes medical symptoms/needs/problems and seeks assistance as needed.	<input type="checkbox"/>				
Individual engages in physical activities to maintain health (e.g., take walks, play sports, yoga, etc).	<input type="checkbox"/>				
Individual establishes and follows goals to maintain/improve health status, e.g., lose weight, stop smoking, practice safe sex practices, etc.	<input type="checkbox"/>				

Comments:

Medication Management	1	2	3	4	NA
Individual takes medication as prescribed.	<input type="checkbox"/>				
Individual identifies the benefits of following medication regimen.	<input type="checkbox"/>				
Individual identifies the possible consequences of not taking medications as prescribed.	<input type="checkbox"/>				
Individual recognizes when medication(s) is running low and when it needs to be replenished.	<input type="checkbox"/>				
Individual obtains prescriptions independently.	<input type="checkbox"/>				
Individual arranges for prescriptions to be filled timely.	<input type="checkbox"/>				
Individual reviews medication labels when medications are received from the pharmacy to ensure they are accurate.	<input type="checkbox"/>				
Individual identifies the name, dosage, and frequency of medications.	<input type="checkbox"/>				
Individual identifies and reports side effects as needed.	<input type="checkbox"/>				
Individual communicates to others as needed if medication issues arise.	<input type="checkbox"/>				
Individual identifies the dangers of mixing medications and substances.	<input type="checkbox"/>				



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Individual stores medications properly.							<input type="checkbox"/>							
Response														
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2=Requires consistent staff guidance/supervision to accomplish														
3=Able to accomplish with minimal staff assistance														
4=Able to accomplish independently														
Medication Management														
Comments:														
Skills Development Services										1	2	3	4	NA
Individual wakes up independently.							<input type="checkbox"/>							
Individual arrives on time to appointments.							<input type="checkbox"/>							
Individual identifies the benefits of scheduling his/her day/week to accomplish tasks (e.g., increase in self esteem, decrease in symptoms, etc).							<input type="checkbox"/>							
Individual identifies the possible consequences of not following a routine (e.g. increase in boredom, symptoms, etc.).							<input type="checkbox"/>							
Individual selects the appropriate clothing for an activity.							<input type="checkbox"/>							
Individual develops and follows a routine to accomplish tasks (attends day activity, work, school, appts, etc.).							<input type="checkbox"/>							
Individual resolves issues related to following a routine/schedule and seeks assistance as needed (e.g. problems at work, school, problems getting to job, etc.).							<input type="checkbox"/>							
Comments:														
Assertiveness/Self-Advocacy										1	2	3	4	NA
Assertiveness /Self Advocacy														
Individual advocates for his/her self.							<input type="checkbox"/>							
Individual seeks assistance as needed.							<input type="checkbox"/>							
Individual addresses conflicts appropriately and in a non-threatening manner.							<input type="checkbox"/>							
Individual initiates a conversation with others.							<input type="checkbox"/>							
Individual maintains a conversation appropriately (e.g., listens to others, responds appropriately to questions asked, expresses disagreements appropriately, etc.)							<input type="checkbox"/>							
Individual follows a safety plan if issues arise (e.g., access emergency services, brings emergency phone numbers, carries identification, etc).							<input type="checkbox"/>							
Comments:														
Symptom Management										1	2	3	4	NA
Individual identifies signs and symptoms related to his/her mental illness (e.g., mood, thinking, motivation, etc.)							<input type="checkbox"/>							
Individual identifies warning signs and triggers to an increase in symptoms							<input type="checkbox"/>							
Individual identifies coping skills							<input type="checkbox"/>							
Individual utilizes coping skills to manage symptoms.							<input type="checkbox"/>							
Individual utilizes supports and seeks assistance as needed (family, peers, treatment team, etc).							<input type="checkbox"/>							
Individual is able to function and meet basic needs despite symptoms.							<input type="checkbox"/>							
Individual identifies how medications may improve symptomatology and increase functioning.							<input type="checkbox"/>							
Individual identifies the benefits of managing symptoms.							<input type="checkbox"/>							



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Individual identifies the possible consequences of not managing symptoms.					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
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Symptom Management					
Comments:					
Rehabilitation Counseling					
	1	2	3	4	NA
Individual identifies goals (in living, working, learning and/or social/leisure environments) to improve circumstances.	<input type="checkbox"/>				
Individual identifies problems/obstacles that prevent him/her from achieving goals.	<input type="checkbox"/>				
Individual recognizes accomplishments and identifies personal strengths.	<input type="checkbox"/>				
Individual applies learned behaviors to other situations outside program structure.	<input type="checkbox"/>				
Individual develops a discharge plan that meets his/her needs.	<input type="checkbox"/>				
Individual identifies the steps to take to obtain independent housing.	<input type="checkbox"/>				
Comments:					
Socialization					
	1	2	3	4	NA
Individual socializes with others.	<input type="checkbox"/>				
Individual establishes and maintains appropriate relationships with others.	<input type="checkbox"/>				
Individual identifies importance of personal space and how it affects interactions with others.	<input type="checkbox"/>				
Individual identifies the benefits of increased socialization such as a decrease in symptoms.	<input type="checkbox"/>				
Individual identifies the possible consequences of not socializing with others.	<input type="checkbox"/>				
Individual participates in/pursues interests and hobbies.	<input type="checkbox"/>				
Individual participates in group activities and meetings.	<input type="checkbox"/>				
Comments:					
Substance Abuse Services					
	1	2	3	4	NA
Individual refrains from substance use.	<input type="checkbox"/>				
Individual identifies triggers to using and identifies how people, places and things may cause a relapse.	<input type="checkbox"/>				
Individual identifies the benefits of utilizing a support system to remain abstinent (e.g., sponsor, peers, treatment team, etc.).	<input type="checkbox"/>				
Individual identifies community resources available to assist in recovery.	<input type="checkbox"/>				
Individual utilizes supports to maintain abstinence.	<input type="checkbox"/>				
Individual identifies the dangers of mixing substances with medications.	<input type="checkbox"/>				
Individual develops a relapse prevention plan to maintain sobriety.	<input type="checkbox"/>				
Individual follows a relapse prevention plan to maintain sobriety.	<input type="checkbox"/>				
Individual seeks assistance as needed.	<input type="checkbox"/>				
Comments:					
Parenting Training					
	1	2	3	4	NA



Organization Name:		Program Name:		Date:			
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Individual plans meaningful structured activities that are age appropriate (e.g., books, toys, games).				<input type="checkbox"/>	<input type="checkbox"/>		
Individual plans and provides nutritious and well-balanced meals.				<input type="checkbox"/>	<input type="checkbox"/>		
Individual identifies child-related resources in his/her area.				<input type="checkbox"/>	<input type="checkbox"/>		
Individual identifies environmental child safety issues and maintains emergency phone numbers.				<input type="checkbox"/>	<input type="checkbox"/>		
Individual cares for child/children in ways that are not harmful, neglectful or abusive.				<input type="checkbox"/>	<input type="checkbox"/>		
Comments:							
Summary/Recommendations/Assessed Needs: List identified Needs and indicate if need is active or not by using the following categories. A-Active, ID-Individual Declined, D-Deferred, R-Referred Out (If declined/deferred/referred out, please provide rationale). Include recommended services if needs will be Active and goals/objectives will be in place.							
				A	ID*	D*	R*
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Declined/Deferred/Referred Out-Provide Rationale (s). Explain why Individual declined to work on Need Area. List rationale (s) for why Need Area (s) is deferred/referred out below. <input type="checkbox"/> N/A -							
Change in IAP Required: Yes <input type="checkbox"/> No <input type="checkbox"/> . (If Yes, complete the IAP Revision/Review form to record needed changes in Goal s), Objectives(s), Interventions, Services, Frequency.)							
Individual Served Signature (Optional):					Date:		
Guardian Signature (Optional):					Date:		
Completed By - Print Staff Name/Credentials:			Staff Signature:		Date:		
Supervisor - Print Name/Credentials (if needed):			Supervisor Signature (if needed):		Date:		