

Date Staffed by PAD: _____ Results: _____

SUPPORTED LIVING REFERRAL AND SCREENING TOOL

Referral to be completed by WSC and submitted with Support Plan and Support Planning Information Form to the Supported Living Liaison. This document is not intended to be a full assessment and will require follow-up by the Supported Living Coach to determine IP or Supported Living goals.

Date completed: ____/____/____

Individual: _____

SSN: _____ - _____ - _____ Gender: M F

DOB: ____/____/____ Age: _____

Support Coordinator: _____

Desired date for move-in: ____/____/____

Start-up Funds needed (approximate amount): \$ _____

Roommate needed? (circle one) Yes No

Assistance in locating home needed? Yes No

Monthly Income: SSA \$ _____ SSI \$ _____

Personal earnings: \$ _____ Other \$ _____

Savings (approximate amount): \$ _____

Medical Coverage: _____

Directions: Place an "X" in the appropriate box per your discussion with the individual and/or persons providing information.

(N) No training/assistance needed

(L) Limited training/assistance needed

(M) Major training/assistance needed

(E) Adaptive equipment or environmental modifications are needed.

THIS MAY BE USED IN ADDITION TO OTHER CODES.

Information source(s): _____
Name Relationship

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Name Relationship

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Name Relationship

SKILLS ASSESSMENT					
Skill Area	N	L	M	E	Comments
Use of telephone/pager					
Ability to make life choices					
Ability to make daily choices (food, clothing, etc.)					
Mobility within home					
Transportation/mobility in community					
Personal hygiene/grooming					
Social skills					
Eating by self					
Simple food preparation					
Meal planning					
Food storage					
Basic household cleaning					
Major cleaning/maintenance					
Clothing maintenance					
Severe weather safety					
Fire safety					
Personal safety					
Medication administration					
Injury/illness procedures					
Arranging appointments					
Behavior with friends					
Stranger awareness					
Intimate relationships					
Budgeting					
Paying bills					
Shopping					
Other					