

Adult Residential Functional Assessment

- ✓ Assesses the Individual's level of functioning in critical areas.
 - ✓ To be completed by assigned staff with the Individual and their family and/or guardian during the first 30 days following admission to the residential program to identify goals for service intervention and development of the individual action plan.
 - ✓ Assess each item for the Individual's ability to complete the task with or without assistance. Select NA, Not Applicable, for any item that does not pertain to the Individual. The rating scale is:
 - 1= Does not accomplish. In the majority of efforts, the Individual fails to complete this action/task even with the support, assistance and/or supervision of another Individual.
 - 2= Requires consistent staff guidance/supervision to accomplish. The Individual is able to complete the action/task only with the support, assistance, and/or supervision of another Individual.
 - 3= Able to accomplish with minimal staff assistance. The Individual is able to complete the action/task most of the time without assistance from another Individual.
 - 4= Able to accomplish independently. The Individual is regularly and consistently able to complete the action/task without any assistance from another Individual.
- NA=Not Applicable

Data Field	Identifying Information Instruction
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. (e.g. MM/DD/YYYY)
Date of Admission	Enter the admission date for the Individual to this program
Date of Assessment	Enter the date of this assessment
Data Field	Daily Living Skills
Rating Criteria	<p>For each item in each of the 10 areas below, pick the response that best describes the individual's level of functioning in accordance with the following scale:</p> <p>Response</p> <ul style="list-style-type: none"> 1= Does not accomplish. For the majority of efforts, the Individual fails to complete this action/task even with the support, assistance and/or supervision of another Individual. 2= Requires consistent staff guidance/supervision to accomplish. The Individual is able to complete the action/task only with the support, assistance, and/or supervision of another Individual. 3= Able to accomplish with minimal staff assistance. The Individual is able to complete the action/task most of the time without assistance from another Individual. 4= Able to accomplish independently. The Individual is regularly and consistently able to complete the action/task without any assistance from another Individual. <p>NA=Not Applicable</p>
Daily Living Skills (DLS)	This section looks at the skills necessary to maintain primary activities of daily life needed by one to live in his/her goal environment. The skills fall into four areas: money management, meal planning, personal hygiene, and maintenance of living space.

Data Field	Community Integration Services
Community Integration Services (CIS)	This section looks at skills and community supports necessary for independent living including familiarity with resources in the community and development of community supports.
Data Field	Health Services
Health Services (HS)	This section focuses on the Individual's awareness of his/her physical health status, and the resources to maintain physical health including regular medical and dental appointments and basic knowledge of proper nutritional habits, first aid, healthy activities, and other health issues, (e.g., HIV, smoking).
Data Field	Medication Management
Medication Management	This section explores the Individual's knowledge of the role and effects of medication in treating symptoms of mental illness, storage of medications, and the ability to self-administer medication.
Data Field	Skills Development Services
Skills Development Services	This section focuses on the skills necessary to undertake employment or pursue educational opportunities and can include skills related to securing appropriate clothing, scheduling, work related symptom management, and work readiness training.
Data Field	Assertiveness/Self Advocacy
Assertiveness/Self Advocacy	This section focuses on the Individual's ability to assess his/her needs to make a life status change, awareness about his/her values and preferences, the ability to respond to medical, safety, and other personal problems, and one's communication skills and interpersonal behavior.
Data Field	Symptom Management
Symptom Management	This section focuses on the Individual's ability to manage their psychiatric symptoms and develop coping strategies to deal with internal and external stressors to enable them to achieve a maximum reduction of psychiatric symptoms and increased functioning.
Data Field	Rehabilitation Counseling
Rehabilitation Counseling	This section focuses on the Individual's potential to achieve rehabilitation goals, identify impediments to goal setting and awareness of the influence of environmental stress. Skills learned in the residential program are also generalized to housing and other situations outside the program.
Data Field	Socialization
Socialization	This section focuses on the social and interpersonal skills needed to diminish tendencies towards isolation and withdrawal.

Data Field	Substance Abuse Services
Substance Abuse Services	This section focuses on the Individual's awareness of their use of alcohol and/or other substances and the skills and coping strategies to reduce or eliminate their use.
Data Field	Parenting Training
Parenting Training	This section focuses on the Individual's ability to assume parenting responsibilities including awareness of age appropriate activities, effective parenting, knowledge and linkage with children's service system, understanding the impact of mental illness on the family, etc.
Data Field	Summary, Recommendations, Assessed Needs
Summary, Recommendations, Assessed Needs	Based on information obtained in the functional Assessment, identify and record Assessed Needs of the individual. Assessed needs are not services or interventions but distressing symptoms, maladaptive behaviors, functional deficits, support deficits, etc. that prevent the individual from assuming desired life roles. To the right of each identified need check the appropriate box indicating whether the need is "Active" (i.e. will be addressed in the IAP), "Person Declined" (i.e. the individual chooses not to address this need at this time), "Deferred" (i.e. the Individual and clinician have determined not to address the need until a later time), or "referred" (i.e. the need requires referral to another program, service, or practitioner). In some cases there may be high need areas that cannot be declined or deferred without risk to the individual and must stay on the list as a treatment need. These should be the exceptions to the person-centeredness of this negotiation. These identified needs will be considered the basis for subsequent treatment goals and/or objectives and all recommendations and needs will be geared toward improving the functioning of the individual in life roles or reducing the distressing symptoms of his/her illness.
Individual Declined/Deferred, Referred Out – Provide Rationale	Describe reasoning behind worker's decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by individual served to decline a recommendation at this time.
Data Field	Change in IAP Required
Change in IAP Required	If the present Functional Assessment was an Assessment Update, determine if the changes in the individual's status require an update to the IAP. Indicate Yes or No. If Yes update or develop a new IAP.
Data Field	Signatures
Individual Served Signature	Signature of the individual served (optional).
Guardian Signature	Signature of the parent/guardian of the individual served (optional).
Completed By – Print Name/Credential, Signature, and Date	Legibly print name, credential(s), and signature of individual completing the Residential Functional Assessment. Record the date of signature.
Team Leader/ Clinical Supervisor – Print Name/Credential, Signature, and Date (if needed)	Legibly print name, credential(s), and signature of the Supervisor reviewing the Residential Functional Assessment and record the date of signature. (if needed)