

Residential Functional Assessment Child and Youth

- ✓ Assesses the Individual's level of functioning in critical areas necessary for independent housing.
 - ✓ 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. 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= Does accomplish but 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= Does accomplish with minimal staff assistance. The Individual is able to complete the action/task most of the time without assistance from another Individual.
 - 4= Does 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	Response-Rating Criteria
Response-Rating Criteria	<p>For each item in the 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>

Data Field	Daily Living Skills
Daily Living Skills	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 areas of functioning such as: personal hygiene and grooming, laundry, maintenance of the living environment, and educational. For each item, pick the response that best describes the individual's level of functioning in accordance with rating criteria.
Data Field	Independent Living Skills
Independent Living skills	This section looks at skills and community supports necessary for independent living including money management and budgeting, independent traveling, selection and preparation of food, employment, and responsible decision making in the community. For each item, pick the response that best describes the individual's level of functioning in accordance with the rating criteria.
Data Field	Health Management
Health Management	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). For each item, pick the response that best describes the individual's level of functioning in accordance with the rating criteria.
Data Field	Medication Management
Medication Management	This section explores the Individual's knowledge of the role and effects of medication in treating the symptoms of mental illness, storage of medications, and medication training. For each item, pick the response that best describes the individual's level of functioning in accordance with the rating scale.
Data Field	Family Relationships/Support
Family Relationships/Support	This section focuses on the skills necessary to maintain a relationship with one's family. For each item, pick the response that best describes the individual's level of functioning in accordance with the rating scale.
Data Field	Socialization
Socialization	This section focuses on the social and interpersonal skills needed to diminish tendencies towards isolation and withdrawal, to promote the capacity to identify and participate in positive social situations, and practice appropriate communication skills. For each item, pick the response that best describes the individual's level of functioning in accordance with the rating scale.
Data Field	Counseling Services
Counseling Services	This section focuses on the Individual's ability to clarify future directions, identify personal potential, identify behaviors or feelings that assist or interfere with the achievement of goals, and identify and work through internal issues that interfere with daily functioning. For each item, pick the response that best describes the individual's level of functioning in accordance with the rating scale.
Data Field	Behavioral Management
Behavioral Management	This section focuses on the Individual's potential to manage one's behavior from everyday life situations to acute emotional stress. For each item, pick the response that best describes the individual's level of functioning in accordance with the rating scale.

Data Field	Summary
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.
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 and record the date of signature.
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)