

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual follows a budget, purchases items to meet basic needs and manages receipts as needed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual pays bills timely (e.g. program fees, rent, and other bills).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual maintains his/her own savings and checking accounts and tracks the transactions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Planning								
Individual develops a shopping list and purchases foods.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual stores food properly.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual uses kitchen appliances safely.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual prepares simple meals.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual plans and cooks nutritionally balanced meals.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene								
Individual maintains appropriate hygiene/grooming (e.g. washes self, comb/brush hair, use deodorant, etc).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual wears clean clothing.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual dresses appropriately for the weather/season.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual brushes teeth and maintains good oral hygiene.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual washes his/her clothes and linens as needed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Areas								
Individual purchases cleaning supplies.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								

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Community Integration Services (CIS)		1	2	3	4	NA
Individual arranges for/schedules his/her transportation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual uses public transportation or other modes of transportation to meet basic needs, (e.g., bicycle, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies community resources that he/she can utilize.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual utilizes community resources (e.g. pharmacy, post office, library, bank, places of worship, etc.).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual can make purchases in the community.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual obtains and maintains benefits and entitlements.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
Health Services (HS)		1	2	3	4	NA
Individual schedules appointments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual attends his/her appointments, e.g., medical doctor, dentist, eye doctor, etc on a regular basis.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies possible consequences of not attending to medical issues.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies benefits of maintaining/improving physical health.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual recognizes medical symptoms/needs/problems and seeks assistance as needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual engages in physical activities to maintain health (e.g., take walks, play sports, yoga, etc).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
Medication Management		1	2	3	4	NA
Individual takes medication as prescribed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies the benefits of following medication regimen.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies the possible consequences of not taking medications as prescribed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual recognizes when medication(s) is running low and when it needs to be replenished.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual obtains prescriptions independently.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual arranges for prescriptions to be filled timely.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual reviews medication labels when medications are received from the pharmacy to ensure they are accurate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies the name, dosage, and frequency of medications.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies and reports side effects as needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual communicates to others as needed if medication issues arise.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies the dangers of mixing medications and substances.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Individual stores medications properly.				<input type="checkbox"/>	<input type="checkbox"/>
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Medication Management					
Comments:					
Skills Development Services				1	2
Individual wakes up independently.				<input type="checkbox"/>	<input type="checkbox"/>
Individual arrives on time to appointments.				<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Individual identifies the possible consequences of not following a routine (e.g. increase in boredom, symptoms, etc.).				<input type="checkbox"/>	<input type="checkbox"/>
Individual selects the appropriate clothing for an activity.				<input type="checkbox"/>	<input type="checkbox"/>
Individual develops and follows a routine to accomplish tasks (attends day activity, work, school, appts, etc.).				<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Comments:					
Assertiveness/Self-Advocacy				1	2
Assertiveness /Self Advocacy				3	4
Individual advocates for his/her self.				<input type="checkbox"/>	<input type="checkbox"/>
Individual seeks assistance as needed.				<input type="checkbox"/>	<input type="checkbox"/>
Individual addresses conflicts appropriately and in a non-threatening manner.				<input type="checkbox"/>	<input type="checkbox"/>
Individual initiates a conversation with others.				<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Comments:					
Symptom Management				1	2
Individual identifies signs and symptoms related to his/her mental illness (e.g., mood, thinking, motivation, etc.)				<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies warning signs and triggers to an increase in symptoms				<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies coping skills				<input type="checkbox"/>	<input type="checkbox"/>
Individual utilizes coping skills to manage symptoms.				<input type="checkbox"/>	<input type="checkbox"/>
Individual utilizes supports and seeks assistance as needed (family, peers, treatment team, etc).				<input type="checkbox"/>	<input type="checkbox"/>
Individual is able to function and meet basic needs despite symptoms.				<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies how medications may improve symptomatology and increase functioning.				<input type="checkbox"/>	<input type="checkbox"/>
Individual identifies the benefits of managing symptoms.				<input type="checkbox"/>	<input type="checkbox"/>

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

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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"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>
5.				<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>
7.				<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:	