FUNCTIONAL COMMUNITY ASSESSMENT

INDIVIDUAL'S NAME _____

STAFF PERSON COMPLETING ASSESSMENT _____

MONTH/YEAR ORIGINAL ASSESSMENT COMPLETED _____

A. MEDICATION _____

1. Does this person take prescribed medication? ☐ Yes ☐ No

   (If YES, complete remaining questions in Section A. If NO, respond to question 2 only and proceed to Section B).

2. How will the person obtain and self-administer over-the-counter medications not prescribed by a physician?

   _____

   _____

3. Can the person independently place an order for and obtain a prescription from the physician?

   ☐ Yes ☐ No - If NO, describe support or training needed:

   _____

   _____

4. Can the person independently notify their physician and/or pharmacist of all over-the-counter medications being used? ☐ Yes ☐ No - If NO, describe support or training needed:

   _____

   _____

5. Check which one of the following apply:

   ☐ Individual is capable of handling his/her own medications without supervision.

   ☐ Individual will need supervision with the self-administration of medication according to Rule 65G-7, Florida Administrative Code.

Explanation:

_____

_____

Which staff will be providing supervision? _____

☐ Individual will need staff to administer his/her medication according to Rule 65G-7, Florida Administrative Code.

Explanation:

_____

_____

6. Can the individual independently take proper medications to work, on vacation, or to activities away from home? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

B. NUTRITION

1. Can the person plan his/her own menus? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

2. Is the person on a special diet monitored by a physician? ☐ Yes ☐ No

   If YES, describe the diet:

   _____

   _____

   Explain medical condition that prompted the diet:

   _____

   _____

3. Can the person independently purchase his/her own groceries? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

4. Can the person independently prepare his/her own meals? ☐ Yes ☐ No

If NO, describe support or training needed:

_____

_____

5. Can the person independently set the table for dining? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

6. Can the person eat his/her meals without assistance? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

C. SEXUALITY

1. Can the person differentiate between a casual relationship and an intimate relationship?

   ☐ Yes ☐ No

   Describe any areas of concern:

   _____

   _____

2. Does the person have understanding of sexually transmitted diseases (e.g., HIV/AIDS, etc.)?

   ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

3. Is the person aware of their right to say, "No"? (Does the person understand the difference between consensual and non-consensual sex?) ☐ Yes ☐ No

   Describe any areas of concern:

   _____

   _____

4. If applicable, does the person have a functional understanding of protected sex and birth control? ☐ Yes ☐ No

   Describe any areas of concern:

   _____

   _____

D. FIRST AID

1. Can the person administer basic first aid to himself/herself and access/use a first aid kit?

   ☐ Yes ☐ No -- If NO, describe support or training needed:

   _____

   _____

E. SERIOUS ACCIDENTS AND ILLNESS

1. Can the person recognize when he/she is ill or injured and requires outside help or attention?

   ☐ Yes ☐ No -- If NO, describe support or training needed:

   _____

   _____

2. Can the person access the following emergency assistance if needed:

   Dial 911? ☐ Yes ☐ No

   Access his/her waiver support coordinator or service provider 24-hours? ☐ Yes ☐ No

   Summon a roommate or neighbor? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

F. SEVERE WEATHER AND OTHER NATURAL DISASTERS

1. Does the person know how to respond to severe weather and other natural disasters?

☐ Yes ☐ No -- If NO, describe support or training needed:

_____

_____

G. FIRE AND SAFETY CONSIDERATIONS

1. Did the person demonstrate the proper use of a fire extinguisher? ☐ Yes ☐ No
2. Can the person self-evacuate through an accessible exit? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____
3. Does the person know where to go if they need to be temporarily relocated? ☐ Yes ☐ No

   If YES, where? _____

   If NO, describe support or training needed:

   _____

   _____

H. PERSONAL CARE

1. Is the person independent in his/her self-care? ☐ Yes ☐ No

   If NO, describe support or training needed:

   _____

   _____

   If NO, will the person need personal supports? ☐ Yes ☐ No

   If YES, has this service been arranged by the support coordinator? ☐ Yes ☐ No

I. HOUSEHOLD MAINTENANCE/MANAGEMENT

1. Is the person able to independently maintain his/her home? ☐ Yes ☐ No

   If NO, describe specific areas of support or training needed:

   _____

   _____
2. Can the person monitor his/her household for basic repairs needed and safety concerns such as leaky faucets, frayed electrical cords, etc.? ☐ Yes ☐ No

   If NO, describe specific areas of support or training needed:

   _____

   _____

3. Can the person contact the landlord and/or service technicians for needed repairs?

   ☐ Yes ☐ No -- If NO, describe support or training needed:

   _____

   _____

4. Does the person know how to secure exterior doors and windows, etc. at night or when he/she leaves the house? ☐ Yes ☐ No

   If YES, do they consistently remember to do so? ☐ Yes ☐ No

5. Is the person aware of their right to ask would be visitors to identify themselves and to refuse entry if they so desire? ☐ Yes ☐ No

J. MONEY MANAGEMENT

1. Can the person make simple purchases (up to $10)? ☐ Yes ☐ No
2. Can the person count change? ☐ Yes ☐ No
3. Can the person write checks to pay bills or make purchases? ☐ Yes ☐ No
4. Can the person sign their checks? ☐ Yes ☐ No
5. Can the person make bank transactions independently? ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

6. Can the person prepare a basic budget? ☐ Yes ☐ No
7. Can the person follow a basic budget? ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

8. Can the person exercise appropriate assertiveness when others ask him/her for some/all of their money? ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

K. COMMUNITY MOBILITY

1. What will be the person's routine method of mobility in the community?

_____

_____

_____

2. Can they access transportation services independently? ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

3. Can the person cross streets safely? ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

4. Does the person practice community safety (awareness of others, handling strangers, etc.)?

   ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

L. INTERPERSONAL /RECREATION / LEISURE

1. Can the person engage in casual, friendly conversation in person with others? ☐ Yes ☐ No

   If NO, describe areas of concern:

   _____

   _____

2. Can the person call people on the telephone? ☐ Yes ☐ No
3. Can the person plan/participate in their own community activities (shopping, movies, shows, sporting events, health clubs, parks, etc.) ☐ Yes ☐ No

   Which activities do they participate in routinely?

   _____

   _____

   Describe areas of concern:

   _____

   _____

4. Can the person manage their own free time? ☐ Yes ☐ No

   Describe areas of concern:

OTHER THINGS TO KNOW:

DATE	NOTES/UPDATES	INITIAL