



<input type="checkbox"/> Community Housing Services		<input type="checkbox"/> CSLA	
Date of Assessment:		Date of Enrollment:	
Assessment Completed By (Name & Title):			
PERSON SERVED INFORMATION			
Name:			
Gender : Male___ Female ___ Transgender ___ Gender Expression___ Other_____			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP Code:	
EDUCATION (schools attended or special training received)			
School Name	Location	Years Attended	Degree Received
FAMILY DEMOGRAPHIC INFORMATION			
Biological Father/Stepfather (If unknown, please check <input type="checkbox"/>)			
Name:			
Address:	City:	State:	
Telephone:	DOB: / /	Age:	
Biological Mother/Stepmother (If unknown, please check <input type="checkbox"/>)			
Name:			
Address:	City:	State:	
Telephone:	DOB: / /	Age:	
Sibling Information (If unknown, please check <input type="checkbox"/>)			
Name:			
Address:	City:	State:	
Telephone:	DOB: / /	Age:	
Other:			
Name:			
Address:	City:	State:	
Telephone:	DOB: / /	Age:	
Other:			
Name:			
Address:	City:	State:	
Telephone:	DOB: / /	Age:	
Other:			
Name:			
Address:	City:	State:	
Telephone:	DOB: / /	Age:	

FUNCTIONAL ASSESSMENTS

MENTAL HEALTH CHECK

Orientation: Person (Responds to name) Place (Recognizes familiar faces or places)
 Time (Knows own daily schedule)

Lethargic: Yes No

Memory: Good Fair Poor

Attitude: Cooperative Uncooperative Suspicious Guarded Belligerent/Hostile

Other: _____

Thought Process: Intact Flight of ideas Tangential Concrete thinking
 Can only follow 1- step directions Loose Associations

Other: _____

BEHAVIORAL INFORMATION

Withdrawn Hyperactive Suspicious Confused Wanders

Supervision level Verbally aggressive Physical aggressive Property Destruction

Self-injurious Behaviors Inappropriate Sexual Behaviors

Other: _____

Explain Checked Behaviors: _____

FUNCTIONAL IMPAIRMENTS

Vision: _____ Hearing: _____

Speech: _____ Ambulation: _____

Toileting: _____

Other: _____

SUPPORT NETWORK

Environment preferred (e.g., small or large group, quite or noisy, light effects, etc.):

Barriers to continued community integration?

PERSON SERVED PREFERENCES

(Strengths/Needs)

What are the supervision requirements (includes unsupervised time, level of supervision, etc.)?

Who are the most important people in your life?

Special interests, achievements, and abilities?

What is your religious/spiritual /cultural orientation, and how often do you attend these services? Is this enough?

What triggers cause anger and/or frustration?

What triggers nervousness and/or anxiousness?

What helps to calm anger, frustration, nervousness or anxiousness (i.e., coping skills)?

- Listening to music
 Taking a walk
 Watching TV
 Talking to family or friend
 Other:

What do you do for fun (e.g. hobbies, talents, etc.)?

Ever experienced physical/psychological / sexual /abuse or neglect? If yes, was it reported?

- None reported by person served or guardian

Ever witnessed physical/mental abuse towards anyone else?

- None reported by person served or guardian

Apprehension about any of the following?

- | | | | |
|---------------------|--|--------------------------|--|
| Money: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Security: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parents: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Health: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Death: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Future: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appearance: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spiritual Things: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weakness: | <input type="checkbox"/> Yes <input type="checkbox"/> No | School: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

OTHER RELEVANT INFORMATION

Preparation IP Packet Completed? Yes No

Individual's Name	Individual's Signature	Date
Assessor's Name	Assessor's Signature	Date

Final Analysis

Results of Assessment

Person Served will benefit best from their program if they **engage** in the following:

- Community Integrating Activities/Social Activities:
 - Learning to positively interact with peers
 - Participating in recreation/leisure activities in the community setting
 - Using public services in the community
 - Participating in community activities (e.g., church, volunteering, etc.)
- Life Long Activities:
 - Learning self-determination skills
 - Learning self-management strategies
- Health & Safety:
 - Taking medication
 - Avoiding health hazards
 - Learning how to access emergency services
 - Maintaining physical health and fitness
 - Maintaining emotional well-being

Assessment Completed By	Signature	Date
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