



**WOOD**

Supported Living Services, LLC

*Opening doors, branching out*

## **Transition to Supported Living Overview**

**May 6<sup>th</sup>, 2015**

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### **Additional Attachments**

- *Six things you can do to get closer to independent living.*
- *SLS assessment report- blank form.*

## What is SLS?

**Supported Living is a range of services designed to help adults with developmental disabilities to remain in independent community living.** It is funded by the California Department of Developmental Services under Title 17 of the Health and Welfare code

At Wood SLS, our philosophy of providing SLS is simple: Persons with developmental disabilities have the same rights to live their lives as those without disabilities.

**Under Title 17, we have a responsibility to ensure persons under our care are:**

- Able to live their lives fully
- Provided whatever instruction, opportunities, choices, and services are required to be successful at living independently
- Able to make educated mistakes, and experience “dignity of risk”
- Able to live without external controls, despite the nature or severity of their disabilities.

### **DIGNITY OF RISK:**

“Dignity of risk” means respecting each individual’s autonomy and self-determination (or “dignity”) to make their own choices about their lives, even if we believe these choices endanger the person’s health, quality of life, or longevity. *Our responsibility is solely to ensure that they have an accurate understanding of the potentials risks, and that we support them in taking responsibility for the outcome and consequences.*

**We base our philosophy and its implementation on The Five Principles of Community Living:**

- **A Home of One’s Own** (ability to choose location, appearance, roommates, etc.)
- **Choice and Self-Direction** (ability to make choices and mistakes, and to direct services)
- **Relationships** (opportunities to make/sustain friendships and romantic interests)
- **Community Membership** (ability to access the community when, where, and with whom they choose)
- **Flexible, Tailored services** (ability to change or adapt services or staff as needs/desires change)

## How Does SLS Work?

### **Referral Process**

**Once an individual decides he/she would like to move out on their own, an SLS agency is provided with a referral from their local Regional Center. If a Supported Living Skill assessment has never been completed, then that is the first step.**

### **Supported Living Skill Assessments (Refer to: attached assessment example):**

- Highlight strengths
- Uncover safety concerns
- Assess practical, social, financial, and problem solving skills.
- Observations of family members and trusted advocates.
- Concludes with a written report of needs and proposal for services
- Possible days, times, frequency, and nature of the services to be provided.

### **Living Arrangements Purchase (Refer to: Six Things You Can Do...).**

- For someone who lives at home, in a group home
- 35 hours of 1:1 time with our staff finding a place you can afford.
- Can take as little as a couple of days, to as long as five years.
- The #1 limiting factor to obtaining independent living in Sonoma County is the cost of housing. Apply for subsidized apartments on your 18<sup>th</sup> birthday to ensure you have something available when you are ready (See: Subsidized Housing links below)

**Supported Living Services:** Once a suitable housing arrangement has been made, and the consumer is independent, then tiered SLS services can be funded by the Regional Center. (Next)

## Core Areas of Support

Because every consumer's needs, skills, compliance, and abilities vary, the level and type of supports provided also vary. Appropriate supports and services are determined in the assessment report, and can be adjusted at any time for any reason. An annual individual service plan (ISP) outlines how the services will be provided.

Training Suggestions follow Core Areas of Support, to provide insight on how you might prepare consumers for independent living. Not every suggestion will be appropriate for every individual.

- A. **Medical/Dental-** Making and keeping appointments, interpreting and following through with Doctors' directives, taking meds, obtaining refills, seeking counseling, maintaining emotional health, exercise, healthy eating habits, transportation to/from appointments etc.

*Training Suggestions: Teaching consumers how to identify and access their medical providers and their medical provider's contact information; teaching consumers how to schedule and calendar appointments; teaching consumers how to identify and log important information from medical visits; teaching consumers how to identify when medication supplies are low enough to warrant a medication refill, call their pharmacy and fill their medication box; teaching consumers how to take medications as independently as possible; training consumers how to identify personal health issues warranting medical information; educating consumers about healthy exercise and eating habits; teaching consumers how to take some form of independent transportation to and from medical appointments.*

- B. **Financial-** Creating and following a budget, paying bills/rent/security deposits, balancing bank account, paying bills, counting money, saving money, etc.

*Training Suggestions: Teaching consumers where their sources of income are and where they come from; creating a budget for personal items they need to purchase; educating consumers about expenditures that people living independently have; teaching consumers a suitable form for paying bills (electronic, check/money orders, over the phone, etc); how to fill out checks, managing a bank account; teaching the relative value of money; teaching the importance of saving money.*

- C. **Official-** Obtaining appropriate generic resources and maintaining services, HUD, SSI, Medi-cal, IHSS; hiring/supervising IHSS workers/personal attendants, scheduling and attending non-medical appointments, opening and responding to mail, making and receiving phone calls, filing important documents, proper disposal of vulnerable documents, keeping a calendar of important dates/events, etc.

***Training Suggestions: Educating consumers about generic resources available to them; having consumer be as involved with the correspondence process as possible; teaching consumer how to schedule appointments; calendaring appointments and events; teaching consumers how to collect, respond to and store mail and other important documents; Teaching consumers how to address an envelope, teaching consumers proper phone courtesy when dealing with people in a professional setting.***

- D. **Hygiene-** addressing personal needs (bathroom and feminine care), showering, grooming (hair/tooth/nail/foot/skin care) dietary concerns, laundering, mending, and purchasing clothing.

***Training Suggestions: Teaching consumers why it is important to address personal hygiene, and how to identify needs, teaching consumers how to address each individual personal hygiene need, teaching consumers to budget for and purchase personal hygiene products***

- E. **Choice and Self-direction-** Actively participating in the ISP/IPP process, developing self-advocacy skills, exercising civil and statutory rights, expressing personal choices and preferences, discussing possible outcomes of risky decisions, dealing with natural consequences.

***Training Suggestions: Educating consumers about how their IPP and program plans work; teaching consumers how to speak for themselves and develop their own voice (stressing the importance of self-advocacy); teaching consumers how to utilize their interdisciplinary teams for support and assistance with dealing with making important decisions and uncomfortable situations; teaching consumers what their rights are as citizens and recipients of services.***

- F. **Household-** Locating housing in the community, choosing where, how, and with whom to live, maintaining a clean and safe home, acquiring home furnishings, meal preparation, safe food handling, grocery shopping, animal care, safe use and storage of cleaning products, simple home and yard maintenance, contacting the landlord for additional concerns.

***Training Suggestions: Educating consumers about options for housing so they can make the most informed decision possible in regards to housing; teaching consumers how to clean up after themselves, complete routine cleaning tasks, prepare basic meals, make a grocery list, shop for groceries (however possible); teaching consumers how to identify and addressing maintenance issues and household emergencies. \*\*Getting consumers applied for subsidized housing waitlists like: HUD, Burbank, and individual properties.***

- G. **Social/Recreational** - Creating and maintaining relationships with Family/Friends, establishing boundaries, practicing personal safety in the home and community, modeling appropriate behaviors, finding and building upon common interests with others, educating about safe sex, observing, exploring, and accessing cultural, religious, or ethnic preferences, identifying and attending to classes and events of recreational interest.

***Training Suggestions: As much education as possible in regards to community safety (identifying and avoiding unsafe people); Exposure to as many different cultural and social situations as possible with staff there to provide feedback on what is appropriate; as much education as possible in regards to sex and laws related to sexual nature.***

- H. **Community**- exploring and accessing the community, using public transportation, locating and attending activities/travel opportunities.

***Training Suggestions: Teaching consumers how to read a bus schedule and/or a map; teaching consumers how to ask for directions or instructions related to community travel, providing education in regard to traffic laws and right of way, providing consumers the opportunity to study for the written portion of the CA driver's license exam.***

- I. **Employment**- locating appropriate employment services, skills related to maintaining employment (waking up on time, grooming, wearing work appropriate attire), and accessing public or other transportation to/from employment.

***Training Suggestions: Exposing consumers to as many different occupations as possible; teaching consumers how to dress and act appropriate for work, job interviews, etc. Educating consumers about what resources are available to them for employment service, developing employable skills***

- J. **Emergency Preparedness**- knowing when/how to access police, fire, and emergency medical personnel, applying basic first aid, weekly activities focusing on preparing for and responding to various natural disasters (earthquakes, floods, tornadoes), power outages, inclement weather, and unexpected situations.

***Training Suggestions: First Aid/CPR classes; practicing using local emergency service phone numbers and ensuring they are programmed into cell phones; training consumer how to identify various natural and manmade disasters; teaching consumer how to make an adequately-stocked disaster preparation kit and utilize its contents appropriately.***

*(Next page)*

**K. After Hour Support Line-** Practice using the 24 hour Support Line to contact staff, access live assistance after hours, a staff member who is on call will be within 30 minutes of arriving at a situation at any time, and a monthly consumer refresher training on how/when to use the 24 hour afterhours support line.

***Training Suggestions: SLS vendors generally will provide training for properly utilizing the after hour support line. For residential care providers it may be of benefit to reassure consumers that they will have access to staff 24/7 through some form of an after hour support line.***



## **Pitfalls of Independent Living**

Consumers, once becoming legal adults, are responsible for their own lives. This means that they are accountable for their actions and are directly affected by their decisions. In supported living, we are constantly trying to ensure that our consumers make decisions which result in the best possible outcomes. Ways that we generally encourage such decisions are through **building trust, providing constant counsel, regular communication, and role-modeling what good decision making and communication look like.**

Sometimes consumers may choose to make poor decisions that are 100% contrary to our advice. What does a supported living agency do address consumers who make ill-advised decisions with a negative consequence as a result? The responsibility of a supported living agency is to assist the consumer with learning from their mistake(s) in order to lessen the chance that the same mistake happens again. This is generally done through direct counsel, involvement of the interdisciplinary team, or a wellness team meeting with the Regional Center to discuss additional supports that may be available. In extreme cases of abuse or self-neglect, Adult Protective Services will be contacted.

**Here are the five most common mistakes that can jeopardize an independent consumer's quality of life.**

- 1. Non-compliance with financial assistance.**
- 2. Allowing people who are not on the lease to live with/stay with consumer.**
- 3. Failure to allow assistance with addressing medical needs and concerns**
- 4. Refusal to address personal hygiene needs or domestic needs with or without staff assistance.**
- 5. Blatantly disregarding rules of property manager/subsidizing organization.**

What are the best ways to combat such pitfalls?

**We believe that understanding responsibility and providing consumers with direct access to natural consequences is the most efficient and effective way to negate poor decision making.**

10 min: Group Discussion to identify possible outcomes/natural consequences of above pitfalls, and what could be done to prevent future occurrences (1-5).

### A day in the life of Joe

6:30 AM... Joe wakes up and takes his meds

6:45 AM... Joe gets dressed and grabs his lunchbox

7:30 AM... Joe's bus leaves from across the street

8:15 AM... Joe transfers buses, he eats breakfast at the transfer stop

9:00 AM... Joe arrives at work, he spends the first 1.5 hours assembling magnets

10:30 AM... Joe gets a break and eats a snack

10:45 AM... Joe works putting labels on bottles

12:30 PM... Joe gets a lunch break and eats his lunch

1:00 PM... Joe spends 1.5 hours folding brochures

2:30 PM... Joe gets off of work

2:45 PM... Joe catches the bus

4:00 PM... Joe gets off the bus

4:15 PM... Joe's worker meets him for grocery shopping

5:00 PM... Joe attends an activity with his friends

6:30 PM... Joe makes dinner and eats

7:00 PM... Joe packs his lunch for tomorrow

7:15 PM... Joe washes the dishes

7:30 PM... Joe takes his PM meds

7:45 PM... Joe sits down and watches TV

9:00 PM... Joe takes a shower and heads to bed.

#### **Points to stress:**

- **Joe is responsible for setting his own alarm clock in order to get up on time.**
- **Joe is responsible for taking his medication independently in the morning.**
- **Joe is responsible for catching his bus and taking it to work on time.**
- **Joe is responsible for meeting his worker in order to go grocery shopping.**
- **Joe is responsible for making his own dinner, making his lunch for the next day and washing his dishes.**
- **Joe is responsible for taking his bedtime medications.**
- **Joe is responsible for going to bed early enough to get adequate sleep.**



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## **Six things you can do to get closer to Independent Living!**

**1. Get on the HUD Section 8 waiting list.** Finding affordable housing can take time. Even if you aren't ready to move out yet, start by applying for waiting lists as soon as you turn eighteen. Get on the Section 8/HUD rental assistance waiting list, and view other affordable housing options for people with disabilities, families, and seniors.

<http://sonomacounty.ca.gov/Departments-Agencies/Community-Development-Commission/>

**2. Apply for Burbank Housing properties.** Submit pre-applications to be placed on the waiting list for Burbank Housing properties.

<http://burbankhousing.org/rentals/index.php>

**3. Get an SLS Assessment.** Not sure which independent living skills you could be working on? Ask your North Bay Regional Center service coordinator (SC) for an SLS assessment from a supported living service vendor.

**4. Apply for SSI/SSDI.** You'll need some income to pay the bills. Talk to your SC about your employment options, and apply for Supplemental Security Income or SSDI, from the Social Security Administration.

<http://www.ssa.gov/pgm/ssi.htm>

**5. Apply for Medi-Cal/CMSP.** Medi-Cal/CMSP can cover the costs of your medical care. To apply for Medi-Cal go to the Sonoma County Human Services Department at 2550 Paulin Dr., Santa Rosa, CA, 95403, or apply online at: <https://www.mybenefitscalwin.org/>.

**6. Apply for In Home Support Services (IHSS).** IHSS provides funding for assistance with cooking, cleaning, grocery shopping, attending medical appointments, medication management, personal hygiene, and much more. Once you are enrolled in Medi-Cal benefits you are then eligible for IHSS. To start the application process call 565-5900 and ask for "intake".

**Have further questions or need assistance with navigating the system? Contact Wood SLS. We would love to assist you any way that we can!**

*Contact Wood SLS at your convenience: 707.799.5739, or [meghanw@woodsls.com](mailto:meghanw@woodsls.com)*





Do you feel that consumer can safely travel by public trans.?				Yes:	No:
Do you feel that consumer can safely walk around town?				Yes:	No:
Do you think that consumer demonstrates sound judgment?				Yes:	No:
Notes/Observations/Afterthoughts:					
Additional safety related needs to address:					
5.1.4 Overall					
Overall, what concerns do you have with consumer living independently?:					
Notes/Observations/Afterthoughts:					
Additional needs to address:					
5.2 Assessor's Observations					
During the assessment consumer returned my phone calls.				True:	False:
During the assessment consumer met me at planned places.				True:	False:
During the assessment consumer arrived at meetings on time.				True:	False:
Notes/Observations/Afterthoughts:					
Responsibility related needs to address:					
<b>6. Recommendations</b>					
Based on the assessment consumer will need assistance in the following areas in order to safely live independently:					
<ol style="list-style-type: none"> <li>1. In</li> <li>2. This</li> <li>3. Section</li> <li>4. Areas</li> <li>5. of Service</li> <li>6. Need</li> <li>7. Will</li> <li>8. Bel</li> <li>9. Limited</li> </ol>					
<b>7. Proposal</b>					
<i>Proposed PA Schedule</i>					
Day	Start Time	End Time	Total Hrs.	Potential Shift Duties	



Total PA hours needed weekly:	Monthly (weekly x 4.33wks/mo.)
Total IHSS hours monthly (if no IHSS hours have been assigned yet then estimate):	
Subtract the total IHSS hours monthly from the total PA hours needed monthly:	
Multiply that number by PA hourly cost (wage plus expense). Monthly PA cost:	
<b>Service Supervisor (SS) duties:</b>	
Total weekly SS hours:	Monthly (weekly x 4.33wks/mo.)
Monthly SS hours multiplied by hourly cost (wage plus expense). Monthly SS cost:	
Monthly SS cost will be added to the monthly PA cost. Their sum is monthly cost:	
Based on the cost of service tier recommendation will be made here. The tier recommendation will be proposed to last for a specific time frame such.	
Consumer's signature	Date
Assessor's signature	Date
Director's signature	Date

Supported Living Assessment Report			
Consumer Name:		Date of Report:	
Date of Birth:		UCT Number:	
SLS Staff Name:		NBRC CPC:	
<b>Assessment Explanation</b>			
<i>(Consumer's name) was assessed between the date of (first meeting date) and (final meeting date). The assessment report is broken into seven different segments:</i>			
<ol style="list-style-type: none"> <li>1. <b>Current Situation:</b> Paragraph format explaining how needs are currently being met for the core areas of service for the consumer.</li> <li>2. <b>Needs Questionnaire for Consumer/Third Party:</b> Question/answer segment for the consumer and a third party (family member/care provider/teacher; will be specified). Both consumer and third party are asked to determine what level of independence consumer can take care of each of their needs. Measured by "prompt hierarch" (see legend).</li> <li>3. <b>General Questionnaire for Consumer:</b> Question/answer segment assessing and determine possible areas of need for consumer based on past experiences, judgment, and knowledge.</li> <li>4. <b>Skill Assessment:</b> Consumer is asked to participate in a series of drills related to meal preparation, budgeting, grocery shopping, finances, and basic cleaning.</li> <li>5. <b>Responsibility Inquiry:</b> Third parties are asked a series of questions in regards to assessing potential concerns with consumer living independently.</li> <li>6. <b>Recommendations:</b> Assessor will make recommendations for all of the core areas of service consumer needs assistance with in order to obtain and remain independently.</li> <li>7. <b>Proposal:</b> A proposed staffing schedule with a cost breakdown justifying the proposed tier rate will be submitted to conclude the assessment report.</li> </ol>			
<b>Prompt Hierarchy Legend</b>			
<p><b>Independent:</b> Consumer completes a task with out assistance, prompts, or directives.  <b>Indirect Verbal:</b> Consumer needs to indirectly prompt to accomplish task.  <b>Direct Verbal:</b> Consumer needs to be directly told what to do or say.  <b>Gesture:</b> Consumer needs someone to provide non-verbal directions to complete task.  <b>Model:</b> Consumer needs someone to provide a model of what to do to complete task.  <b>Partial Physical:</b> Consumer needs someone to provide minimal physical support.  <b>Full Physical:</b> Consumer needs full physical support consumer/cannot complete task.  <b>Unknown:</b> Consumer/third party do not know how to perform task or how need is met.</p>			

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<b>1. Current Situation:</b>		
(Paragraph format explaining how needs are met along with additional information in regards to various core areas of service including: housing, finances, medical/psych/dental, employment/day programming/education, transportation, circle of support, recreation/trips, and interesting facts/special projects/hidden talents/various miscellaneous information)		
<b>2. Needs Questionnaire for Consumer/Third Party</b>		
<b>2.1 Medical Care</b>		
<b>2.1.1 Appointments</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Schedules medical/dental/psych. appts.		
Attends medical/dental/psych. appts.		
Addresses/relays concerns to provider.		
Follows through with provider's directions.		
Brings own medical cards to appointments.		
Holds onto medical cards.		
Notes/Observations/Afterthoughts:		
<b>2.1.2 Medications</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Takes medications		
Fills medication box		
Re-orders medications.		
Picks up medications from pharmacy.		
Notes/Observations/Afterthoughts:		
<b>2.1.3 Adaptive Equipment</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Uses adaptive/medical equipment.		
Maintains adaptive/medical equipment.		
Addresses issues with equipment.		
Responds to concerns with equipment.		
Notes/Observations/Afterthoughts:		
<b>2.1.4 Medical Issues</b>		

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Personal Need	Consumer's Answer	Other's Answer
Addresses minor first aid issues		
Responds to major medical issues		
Recognizes symptoms of illness		
Notes/Observations/Afterthoughts:		
<b>Medical related needs to address:</b>		
<b>2.2 Personal Hygiene/Dress</b>		
<b>2.2.1 Washing/Bathing</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Washes hands appropriately.		
Washes face routinely.		
Showers/bathes regularly.		
Dries off after taking a bath/shower.		
Notes/Observations/Afterthoughts:		
<b>2.2.2 Hygiene Amenities</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Puts on deodorant.		
Shaves (face/legs, etc)		
Uses feminine hygiene products appropriately.		
Disposes of hygiene products properly.		
Notes/Observations/Afterthoughts:		
<b>2.2.3 Hair Care</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Uses shampoo and conditioner.		
Brushes/combs hair.		
Gets haircuts regularly.		
Uses hair products.		
Notes/Observations/Afterthoughts:		
<b>2.2.4 Oral Hygiene</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Brushes teeth.		
Flosses teeth.		
Addresses concerns regarding oral health.		
Notes/Observations/Afterthoughts:		
<b>2.2.5 Dress</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Puts on clothing/shoes.		
Wears clothes that are weather appropriate.		
Wears clothes that fit/in good repair.		
Wears clothes even appropriate.		
Notes/Observations/Afterthoughts:		

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<b>Personal hygiene/dress related needs to address:</b>		
<b>2.3 Meal Preparation/Grocery Shopping</b>		
<b>2.3.1 Grocery Shopping</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Makes grocery list.		
Transports to grocery store.		
Finds items on the list.		
Purchases only items on the list.		
Interacts with cashier.		
Notes/Observations/Afterthoughts:		
<b>2.3.2 Meal Preparation/Miscellaneous</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Stores food/puts items away properly.		
Selects recipes (considers dietary concerns).		
Follows recipes and directions.		
Uses stove.		
Uses microwave.		
Uses oven.		
Uses fan/light over stove.		
Proficient with using various kitchen tools.		
Notes/Observations/Afterthoughts:		
<b>Meal preparation/grocery shopping related needs to address:</b>		
<b>2.4 Financial</b>		
<b>2.4.1 Banking and Bill Paying</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Makes deposits/arranges direct deposits.		
Withdraws funds.		
Budgets for own expenses.		
Pays own rent/bills		
Balances checkbook/manages online account.		
Reconciles account using bank statement.		
Uses credit/debit card.		
Notes/Observations/Afterthoughts:		
<b>2.4.2 Handling money.</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Gives relative amount of money to cashier.		
Counts back change from transactions.		
Holds cash, checkbooks, and cards safely.		
Notes/Observations/Afterthoughts:		
<b>Finance related needs to address:</b>		
<b>2.5 Business with Outside Agencies</b>		

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Supported Living Assessment Report			
Consumer Name:		Date of Report:	
Date of Birth:		UCI Number:	
SLS Staff Name:		NBRC CPC:	
Assessment Explanation			
<i>(Consumer's name) was assessed between the date of (first meeting date) and (final meeting date). The assessment report is broken into seven different segments:</i>			
<ol style="list-style-type: none"> <li><b>Current Situation:</b> Paragraph format explaining how needs are currently being met for the core areas of service for the consumer.</li> <li><b>Needs Questionnaire for Consumer/Third Party:</b> Question/answer segment for the consumer and a third party (family member/care provider/teacher, will be specified). Both consumer and third party are asked to determine what level of independence consumer can take care of each of their needs. Measured by "prompt hierarchy" (see legend).</li> <li><b>General Questionnaire for Consumer:</b> Question/answer segment assessing and determine possible areas of need for consumer based on past experiences, judgment, and knowledge.</li> <li><b>Skill Assessment:</b> Consumer is asked to participate in a series of drills related to meal preparation, budgeting, grocery shopping, finances, and basic cleaning.</li> <li><b>Responsibility Inquiry:</b> Third parties are asked a series of questions in regards to assessing potential concerns with consumer living independently.</li> <li><b>Recommendations:</b> Assessor will make recommendations for all of the core areas of service consumer needs assistance with in order to obtain and remain independently.</li> <li><b>Proposal:</b> A proposed staffing schedule with a cost breakdown justifying the proposed tier rate will be submitted to conclude the assessment report.</li> </ol>			
Prompt Hierarchy Legend			
<b>Independent:</b> Consumer completes a task with out assistance, prompts, or directives.			
<b>Indirect Verbal:</b> Consumer needs to indirectly prompt to accomplish task.			
<b>Direct Verbal:</b> Consumer needs to be directly told what to do or say.			
<b>Gesture:</b> Consumer needs someone to provide non-verbal directions to complete task.			
<b>Model:</b> Consumer needs someone to provide a model of what to do to complete task.			
<b>Partial Physical:</b> Consumer needs someone to provide minimal physical support.			
<b>Full Physical:</b> Consumer needs full physical support consumer/cannot complete task.			
<b>Unknown:</b> Consumer/third party do not know how to perform task or how need is met.			

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<b>1. Current Situation:</b>		
(Paragraph format explaining how needs are met along with additional information in regards to various core areas of service including: housing, finances, medical/psych/dental, employment/day programming/education, transportation, circle of support, recreation/trips, and interesting fact/special projects/hidden talents/various miscellaneous information)		
<b>2. Needs Questionnaire for Consumer/Third Party</b>		
<b>2.1 Medical Care</b>		
<b>2.1.1 Appointments</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Schedules medical/dental/psych. appts.		
Attends medical/dental/psych. appts.		
Addresses/relays concerns to provider.		
Follows through with provider's directions.		
Brings own medical cards to appointments.		
Holds onto medical cards.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.1.2 Medications</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Takes medications.		
Fills medication box.		
Re-orders medications.		
Picks up medications from pharmacy.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.1.3 Adaptive Equipment</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Uses adaptive/medical equipment.		
Maintains adaptive/medical equipment.		
Addresses issues with equipment.		
Responds to concerns with equipment.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.1.4 Medical Issues</b>		

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Personal Need	Consumer's Answer	Other's Answer
Addresses minor first aid issues		
Responds to major medical issues		
Recognizes symptoms of illness		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Medical related needs to address:</b>		
<b>2.2 Personal Hygiene/Dress</b>		
<b>2.2.1 Washing/Bathing</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Washes hands appropriately.		
Washes face routinely.		
Showers/bathes regularly.		
Dries off after taking a bath/shower.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.2.2 Hygiene Amenities</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Puts on deodorant.		
Shaves (face/legs, etc)		
Uses feminine hygiene products appropriately.		
Disposes of hygiene products properly.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.2.3 Hair Care</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Uses shampoo and conditioner.		
Brushes/combs hair.		
Gets haircuts regularly.		
Uses hair products.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.2.4 Oral Hygiene</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Brushes teeth.		
Flosses teeth.		
Addresses concerns regarding oral health.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.2.5 Dress</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Puts on clothing/shoes.		
Wears clothes that are weather appropriate.		
Wears clothes that fit/in good repair.		
Wears clothes even appropriate.		
<b>Notes/Observations/Afterthoughts:</b>		

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<b>Personal hygiene/dress related needs to address:</b>		
<b>2.3 Meal Preparation/Grocery Shopping</b>		
<b>2.3.1 Grocery Shopping</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Makes grocery list.		
Transports to grocery store.		
Finds items on the list.		
Purchases only items on the list.		
Interacts with cashier.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.3.2 Meal Preparation/Miscellaneous</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Stores food/puts items away properly.		
Selects recipes (considers dietary concerns).		
Follows recipes and directions.		
Uses stove.		
Uses microwave.		
Uses oven.		
Uses fan/light over stove.		
Proficient with using various kitchen tools.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Meal preparation/grocery shopping related needs to address:</b>		
<b>2.4 Financial</b>		
<b>2.4.1 Banking and Bill Paying</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Makes deposits/arranges direct deposits.		
Withdraws funds.		
Budgets for own expenses.		
Pays own rent/bills.		
Balances checkbook/manages online account.		
Reconciles account using bank statement.		
Uses credit/debit card.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.4.2 Handling money.</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Gives relative amount of money to cashier.		
Counts back change from transactions.		
Holds cash, checkbooks, and cards safely.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Finance related needs to address:</b>		
<b>2.5 Business with Outside Agencies</b>		

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<b>2.5.1 Mail/Paperwork</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Gets own mail.		
Organizes own mail.		
Responds to mail.		
Fills out paperwork.		
Files documents.		
Properly disposes of vulnerable documents.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.5.2 Correspondence with Outside Agencies</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Addresses issues with Medi-Cal/CMSP/IHSS.		
Addresses issues with Soc. Sec./Medi-Care.		
Addresses issues with housing authorities.		
Addresses issues with utility companies.		
Puts change of address in when moves.		
Responds to contact from NBR/SCOE.		
Renews driver license/state ID.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Business with outside agency related needs to address:</b>		
<b>2.6 Domestic Tasks</b>		
<b>2.6.1 Bedding/Laundry</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Makes bed.		
Puts clothes/linens in dirty clothes hamper.		
Washes clothes in washer.		
Dries clothes.		
Cleans lint trap.		
Folds/hangs clothes.		
Puts clothes/linens away properly.		
Puts linens back on bed/pillows.		
<b>2.6.2 Bathroom Cleaning</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Properly cleans in and around toilet.		
Safely cleans bathroom sink and vanity area.		
Cleans bathtub/shower.		
Disposes of bathroom trash.		
Properly stores bathroom cleaning products.		
Identifies and eliminates mildew.		
Sweeps and mops bathroom floor.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.6.3 Kitchen Cleaning</b>		

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<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Washes dishes.		
Loads/runs dishwasher.		
Puts dishes away properly.		
Safely cleans kitchen counters.		
Discards expired food.		
Cleans refrigerator properly.		
Disposes of kitchen waste properly.		
Maintains microwave/oven/stove.		
Cleans fan/light over stove.		
Properly stores kitchen cleaning products.		
Sweeps and mops kitchen floor.		
Disposes of kitchen trash.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.6.4 Living Room and Hall Cleaning</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Properly cleans furniture.		
Vacuum floors (including corners).		
Dusts furniture.		
Cleans windows safely.		
Removes excess clutter.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.6.5 Outside/Yard Maintenance</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Sweeps/cleans decks and patios.		
Mows lawn.		
Wood abatement.		
Maintains trees/hedges.		
Stores tools properly.		
Waters plants/lawn.		
Takes trash and recycling bins to the street.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Domestic related needs to address:</b>		
<b>2.7 Transportation</b>		
<b>2.7.1 Public Transportation</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Plans transportation route.		
Rides public transportation safely.		
Transfers buses.		
Practices general safety at transfer stops.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.7.2 Pedestrian</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>

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Walks around community.		
Stays on sidewalk.		
Uses crosswalks.		
Follows traffic signs.		
Avoids unsafe areas.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>2.7.3 Driving a Vehicle</b>		
<b>Personal Need</b>	<b>Consumer's Answer</b>	<b>Other's Answer</b>
Drives vehicle.		
Follows all traffic laws and regulations.		
Provides maintenance and upkeep of vehicle.		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Transportation related needs to address:</b>		
<b>3. General Questionnaire for Consumer</b>		
<b>3.1 Medical/Emergency Situations</b>		
Do you know what medications you are on?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, list them:		
-If no, how would you find out?		
<b>Notes/Observations/Afterthoughts:</b>		
Do you know who your medical providers are?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, list them:		
-If no, how would you find out?		
<b>Notes/Observations/Afterthoughts:</b>		
Do you know who you should contact during an emergency?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, who?:		
-If no, how would you find out?		
<b>Notes/Observations/Afterthoughts:</b>		
<b>What would you do if?...</b>		
-You appeared to have sprained your ankle:		
-Your nose started bleeding:		
-You burned your hand touching a hot pan:		
-You got a bruise on your leg from falling:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>What would you do if you had the following symptoms...</b>		
Sore throat, cough, and a runny nose:		
A really high fever causing you to sweat:		
A headache that is causing you a lot of pain:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Medical related needs to address:</b>		
<b>3.2 Personal Hygiene</b>		

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Do you know what to do if you cut yourself shaving?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, what would you do?:		
-If no, how would you find out?:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>During the course of a normal day how many times do you usually wash your hands?:</b>		
Do you know why you should wash your hands regularly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, why?:		
-If no, how would you find out?:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>How many times a year do you typically go see your dentist for a general check up?:</b>		
<b>How many times a day do you generally brush your teeth?:</b>		
Do you know why you should brush your teeth/floss regularly?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, why?:		
-If no, how would you find out?:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Personal hygiene related needs to address:</b>		
<b>3.3 Sexual Expression</b>		
Do you know what "safe sex" means?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, what does it mean?:		
-If no, how can you find out?:		
Are you sexually active?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, how do you practice "safe sex"?:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Do you know what STD's are?</b>		
-If yes, list some:		
-If no, how would you find out what STD's are?:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Do you know what it means to give consent to sex?</b>		
-If yes, what does it mean? How old does someone have to be to give consent legally?:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If no, how would you find out?:		
Do you know what sexual exploitation means?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, what is it?:		
-What would you do if someone told you that they were being sexually exploited?:		
<b>Notes/Observations/Afterthoughts:</b>		
<b>Sexual education related needs to address:</b>		
<b>3.4 Substance Abuse</b>		
Do you know what illegal drugs are?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
-If yes, list some:		
Why is bad to use illegal drugs?:		
What would you do if a friend tried to pressure you into using illegal drugs?:		

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What would you do if you were having issues with drugs and needed help quitting?  
**Notes/Observations/Afterthoughts:**

Do you ever consume alcohol? Yes:  No:   
 -If yes, during a typical week how many drinks on average do you typically have?  
 What risks are involved with drinking alcohol?  
 Where can one turn to for help with dealing with alcohol related issues?  
**Notes/Observations/Afterthoughts:**

Do you use any tobacco products (cigarettes, chew, snuff, etc.)? Yes:  No:   
 -If yes, what product to you use, how long, and how often?  
 What risks are involved with using tobacco products?  
 Where can one turn to for help with quitting usage of tobacco products?  
**Notes/Observations/Afterthoughts:**

Substance abuse related needs to address:

**3.5 Community Safety**  
 Have you ever been hit by a car? Yes:  No:   
 -If yes, what have you done different since to avoid a repeat occurrence?  
 -If no, what are some ways to avoid being hit by a car?  
 Do you ever "hitch hike" or ask random strangers for rides? Yes:  No:   
 Why is it not a good idea to do either of those?  
 Do you ever walk or ride a bicycle at night? Yes:  No:   
 -If yes, what kind of general safety precautions do you follow?  
**Notes/Observations/Afterthoughts:**

Have you ever been or has anyone ever tried to "mug" you? Yes:  No:   
 -What are some good ways to avoid being "mugged"?  
 Has anyone ever stolen anything from you before in public? Yes:  No:   
 -What are some ways you can avoid being stolen from in public?  
 Have you ever had someone challenge you to a fight before? Yes:  No:   
 -What should you do when someone challenges you to a fight?  
 Have you ever had someone harass you before? Yes:  No:   
 -What should you do if someone harasses you?  
**Notes/Observations/Afterthoughts:**

Community safety related needs to address:

**3.6 Household Safety**  
 What would you do if you were in your house and...?:  
 Your house caught on fire:  
 There was an earthquake:  
 There was a grease fire in the kitchen:  
 An intruder attempted a "break in":  
 Someone unexpectedly knocked on your door claiming they work for a utility and need entrance:  
 You had a "power outage":  
 You heard your neighbors argue outside very loud:

An aggressive-sounding dog you did not know was scratching at your sliding glass door:  
 It was raining so hard that your house was starting to flood:  
**Notes/Observations/Afterthoughts:**

What kind of natural and man-made disasters can occur in this area?  
 Are you prepared for disasters? Yes:  No:   
 -If yes, what have you done to be prepared?  
 -if no, what can you do to be prepared?  
**Notes/Observations/Afterthoughts:**

Household safety related needs to address:

**4. Skill Assessment**  
**4.1 Meal Preparation**  
**4.1.1 Grocery Shopping**  
 What meal does consumer want to prepare (\$25.00 budget)?  
 What did consumer put on the grocery list?  
**Notes/Observations/Afterthoughts:**

Did find all of the items on the list independently? Yes:  No:   
 -If no, what level of prompts did consumer need to find the items?  
 Was consumer able to stay within the \$25.00 budget? Yes:  No:   
 -If yes, what tools or method(s) did the consumer use to stay within budget?  
 -If no, identify the obstacles and challenges:  
**Notes/Observations/Afterthoughts:**

Was consumer courteous to the checker/bagger? Yes:  No:   
 Did consumer make eye contact with checker/bagger? Yes:  No:   
 Did consumer hand the money to the cashier with out prompts? Yes:  No:   
 Was consumer able to accurately count back change? Yes:  No:   
**Notes/Observations/Afterthoughts:**

**4.1.2 Preparing the Meal**  
 Was consumer able to find all of the needed kitchen utensils? Yes:  No:   
 -If no, what level of prompts did consumer need to find all of the necessary kitchen utensils?  
 Was the consumer able to use them all correctly? Yes:  No:   
 -If no, what level of prompts did consumer need to use them all correctly?:-  
 Did the consumer measure ingredients properly? Yes:  No:   
 -If no, what level of prompts did consumer need to measure the ingredients correctly?  
 Was consumer able to use the appliances correctly? Yes:  No:   
 -If no, what level of prompts did consumer need to use the appliance correctly?  
 Did you have any safety concerns with using appliances? Yes:  No:   
 -If yes, please specify:  
**Notes/Observations/Afterthoughts:**

**4.1.3 Serving/Eating the Meal**

Was consumer able to independently set the table? Yes:  No:   
 -If no, what level of prompts did consumer need to set the table?  
 Was consumer able to serve the food? Yes:  No:   
 -If no, what level of prompts did consumer need to properly serve the food?  
 Did you think that the food tasted good? Yes:  No:   
 -If no, what do you think consumer could have done different to make it taste better?  
**Notes/Observations/Afterthoughts:**

Meal preparation/grocery shopping related needs to address:

**4.2 After Meal Preparation Clean-up**  
**4.2.1 After Meal Clean-up**  
 Was consumer able to correctly clear the table? Yes:  No:   
 -If no, what level of prompts did consumer need to clear the table correctly?  
 Was consumer able to wipe down the table/counters? Yes:  No:   
 -If no, what level of prompts did consumer need to wipe down the counters?  
 Was consumer able to wash dishes/load dishwasher correctly? Yes:  No:   
 -If no, what level of prompts did consumer need to wash dishes/load dishwasher?  
 Was consumer able to independently clean all appliances? Yes:  No:   
 -If no, what level of prompts did consumer need to clean appliances?  
 Was consumer able to store food (including leftovers) correctly? Yes:  No:   
 -If no, what level of prompts did consumer need to store food (including leftovers)?  
**Notes/Observations/Afterthoughts:**

**4.2.2 Floor Care**  
 Was consumer able to properly sweep the kitchen floor? Yes:  No:   
 -If no, what level of prompts did consumer need to properly sweep the kitchen floor?  
 Was consumer able to properly mop the floor? Yes:  No:   
 -If no, what level of prompts did consumer need to properly sweep the kitchen floor?  
**Notes/Observations/Afterthoughts:**

Domestic related needs to address:

**4.3 Financial**  
**4.3.1 Counting Money**  
 (Using "fake currency" from the practice money set, make five different "money stacks" with various bills and coins. Have the consumer count out the money.  
 Was consumer able to accurately count out the money? Yes:  No:   
 -If no, what do you believe were the barriers?  
 (Write down five different dollar and cent amounts on a piece of paper. Ask the consumer to count money and show you those amounts in "fake currency" from the practice money set.)  
 Was consumer able count those monetary amounts correctly? Yes:  No:   
 -If no, what do you believe were the barriers?  
**Notes/Observations/Afterthoughts:**

**4.3.2 Paying Bills**  
 (Using a "fake bill", a "fake check", and a "fake check register (with a running balance)", have consumer practice paying a bill, entering that information into the check register, address the

envelope, and place a stamp on it. Allow the consumer to do so completely independent of prompts)

Was consumer able to date the check accurately? Yes:  No:   
 Was consumer able to make the check out to the correct party? Yes:  No:   
 Was consumer able to write the proper dollar amount on check? Yes:  No:   
 Did consumer write the account number on the check info line? Yes:  No:   
 Did consumer sign the check? Yes:  No:   
 Did consumer put correct check information in the check register? Yes:  No:   
 Did consumer subtract the check amount from running balance? Yes:  No:   
 Did consumer properly address envelope to mail bill? Yes:  No:   
 Did consumer write down their correct return address? Yes:  No:   
 Did consumer stamp the envelope correctly? Yes:  No:   
 Did consumer place check/payment stub in envelope correctly? Yes:  No:   
**Notes/Observations/Afterthoughts:**

Financial related needs to address:

**5. Responsibility Inquiry**  
**5.1 Parent/Care Provider (Specify)**  
**5.1.1 Financial**  
 Does consumer appear to be responsible with their money? Yes:  No:   
 Does consumer appear to make their money last all month? Yes:  No:   
 Does consumer appear to understand the relative value of money? Yes:  No:   
 Does consumer appear to be an "impulse spender"? Yes:  No:   
 Does consumer loan or borrow money? Yes:  No:   
 Does consumer buy things from telemarketers or street salesmen? Yes:  No:   
 What are your main financial concerns regarding consumer?  
**Notes/Observations/Afterthoughts:**

Financial related needs to address:

**5.1.2 Appointments/Obligations**  
 Does consumer get self ready for appointments/activities/work? Yes:  No:   
 Does consumer arrive to places on time? Yes:  No:   
 If asked to bring something somewhere will consumer do so? Yes:  No:   
 If scheduled to meet somewhere will consumer follow through? Yes:  No:   
 Does consumer ever leave personal items places? Yes:  No:   
**Notes/Observations/Afterthoughts:**

Personal responsibility related needs to address:

**5.1.3 Safety**  
 Has consumer ever been victimized by con-artists? Yes:  No:   
 Do you feel that consumer knows what to do if harassed/abused? Yes:  No:   
 Do you feel that consumer can handle maintenance emergencies? Yes:  No:   
 Do you feel that consumer can follow phone/internet safety rules? Yes:  No:

