WSA ID#’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF VISIT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HSW or 1915(i): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROVIDER INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CMHSP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SETTING

Is the residence located away from multiple home settings for people with disabilities? Y N

Does the residence look similar to other residences in the neighborhood? Y N

Is the outside of the home in good condition? Y N

Is the home clean and free of odors, furnishings adequate and in good repair? Y N

Is the home physically accessible to all individuals? Y N

(For example, does it have grab bars, a wheelchair ramp if needed?)

Is the home free of gates, locked doors or other ways to block individuals from Y N

entering or exiting certain areas of their home?

Can people with different types of disabilities and individuals without disabilities Y N

live in the home?

Have individuals been provided with information on how to request new housing? Y N

COMMUNITY INTEGRATION

Is the location accessible to generic services in the community? Y N

Is the individual encouraged to have full access to the community? Y N

Is accessible transportation available for individuals to make trips to the community? Y N

Do individuals live and/or receive services and supports in a setting where there is Y N

regular (more than once a week) opportunity for contact with people not receiving

services?

Does the residence offer a continuum of care? Y N

INDIVIDUAL CHOICE

Does each individual have a lease for the residential setting/residential agreement? Y N

Does the lease explain how an eviction happens and what to do? Y N

Did the individual have choices of where to live? Y N

Did the individual have the opportunity to choose where they lived? Y N

Can the individual choose to come and go from the home when they want? Y N

Can the individual have their own bedroom or share with a roommate of their choice? Y N

Can the individual personalize/decorate their room? Y N

Does the individual have access to food at any time? Y N

Do individuals have full access to the kitchen at any time? Y N

Can individuals choose what to eat? Y N

Do individuals have full access to the laundry area at any time? Y N

Does the individual have access to and control over their personal funds? Y N

Can the individual (with/without supports) control their personal schedule of daily Y N

appointments and activities?

Did the individual pick the agency and direct support workers who provide them Y N

with community living supports and services?

Can the individual choose a different community living skill if they are not happy Y N

with the current one or if they want to add a new skill?

Are individuals allowed to participate in legal activities, for example voting in public Y N

elections and smoking if they are 21 years or older, drinking alcohol if they are 21

years or older?

RIGHT TO PRIVACY, DIGNITY AND RESPECT

Does the residence allow friends and family to visit without rules on hours or times? Y N

Can the individual close and lock their bedroom door? Y N

Can the individual close and lock their bathroom door? Y N

Is the residence free from cameras, visual monitors and audio monitors? Y N

Is information about how to file an anonymous complaint related to their community Y N

living supports services posted in a way the individual can understand and use?

Do staff talk about individuals’ personal issues in private? Y N

DOCUMENTATION SUBMITTED

* HCBS Provider Policies
* House Meeting Form
* Pictures inside of home
* Pictures outside of home
* Pictures of transportation
* Sanilac County CMH Life Choices Document
* Activity/Outings Calendar
* Other: