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### **Support & Housing Needs Self-Assessment**

This survey is designed to help you gather information to plan for and manage long-term supports and housing for your loved one with a disability. The survey starts with questions about the support needs of the person with a disability to help understand what services the individual will need and the resources you already have to provide those services. The second half of the survey focuses on the individual's housing needs and what financial assets and resources the individual and family can bring to the table to put toward permanent housing. Please note that very few individuals and families have the answers to all of the questions here. That is OK: the point of this self-assessment is to help you take inventory of everything you already know and have done to plan for housing and supports, and to help you think about what to consider when evaluating different housing and supportive services options in terms of their desirability, affordability and ability to meet the individual's specific needs. Having all of this information centralized in one place will allow you to more effectively evaluate options and communicate the individual's needs to potential housing and service providers. The information here is confidential and you do not need to provide your name or contact information to complete the survey.

#### **Section A: Getting to Know You, Getting to Know All About You**

This section asks questions to help introduce the individual with a disability so we can get to know his or her personality, likes and dislikes, hobbies and interests, talents and other important aspects of the person that would be key considerations when looking at different housing and support options.

1. Describe this person's general disposition from day to day. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What is this person like around people he/she knows? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is this person like around people he/she doesn't know or has only met a few times? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What kinds of environments and situations does this person enjoy? How do you know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What kinds of environments and situations are unpleasant for the individual? How do you know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What does the person like to do for fun? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What activities does this individual not like to do? What happens when he/she participates in them? \_\_\_\_\_  
\_\_\_\_\_
8. Who does this person enjoy being around? \_\_\_\_\_  
\_\_\_\_\_
9. Who does this person avoid being around? What happens if he/she has to be around them? \_\_\_\_\_  
\_\_\_\_\_
10. What kinds of foods does this person like? \_\_\_\_\_  
\_\_\_\_\_
11. What kinds of foods does this person not like? What happens if he/she eats them? \_\_\_\_\_  
\_\_\_\_\_
12. What are this person's major talents, strengths and abilities? What do people compliment this person on? \_\_\_\_\_  
\_\_\_\_\_

**Section B: Basic Support Needs**

This section asks questions about the basic support needs of the person with a disability at the present time, as well as the assets you have now and those you may have in the future to provide those support services. These questions help us understand how you could use different service models to meet the individual's support needs in any setting.

13. Basic information about the individual needing services:
  - a. Date of Birth \_\_\_\_\_
  - b. Diagnosis \_\_\_\_\_
14. What is the individual's current living situation? (circle one)
  - a. At home with parents
  - b. With siblings
  - c. With someone else
  - d. Independently in housing the individual owns or rents with support services
  - e. Independently in housing the individual owns or rents without support services
  - f. In supported housing (in reduced cost housing with shared support staff available on site as needed)
  - g. In a group home
  - h. Nursing home or intermediate care facility
  - i. Other: \_\_\_\_\_

15. Who provides most of this individual's support (if needed)?

- a. Parents
- b. Siblings
- c. Paid staff
- d. Combination of A-C
- e. Unpaid staff
- f. N/A, no support needed
- g. Other (describe): \_\_\_\_\_

16. How much support does the individual need? (circle one)

- a. 24 hour support/supervision
- b. Direct supervision/support during all waking hours
- c. Direct supervision/support during most waking hours
- d. Daily direct support, up to several hours per day
- e. Direct support several times per week
- f. Monitoring (no direct support), up to 24/7 availability
- g. No support

17. What type of support does this individual need with activities of daily living? (place an "X" next to the type of support needed for each task)

Task	Total Physical Assistance	Assistive Technology	Hand Over Hand Assistance	Physical Prompts	Verbal Cues	Picture or Photo Cues	No Support	Other (describe)
Bathing								
Toileting								
Grooming								
Dressing								
Eating								
Walking								

18. What type of support does this individual need with independent living skills? (place an "X" next to the type of support needed for each task)

Task	Total Physical Assistance	Assistive Technology	Hand Over Hand Assistance	Physical Prompts	Verbal Cues	Picture or Photo Cues	No Support	Other (describe)
Shopping								
Meal Preparation								
Paying Bills								
Reading Mail								
Taking Medication								
Doing Laundry								

Task	Total Physical Assistance	Assistive Technology	Hand Over Hand Assistance	Physical Prompts	Verbal Cues	Picture or Photo Cues	No Support	Other (describe)
Housecleaning								
Doing Dishes								
Taking Out Trash								
Using Telephone								
Calling 911								
Exiting Home Safely in Emergency								
Locking Door & Windows/Answering Door Safely								

19. Does this individual have any other specialized care or support? (circle one)

- a. Yes, medical care including skilled nursing
- b. Yes, medical care but not skilled nursing
- c. Yes, assistance taking medications only
- d. Yes, behavioral supports that require frequent intervention
- e. Yes, behavioral supports that require occasional intervention
- f. Other (describe) \_\_\_\_\_
- g. No, no specific other supports are needed

20. Does the individual need assistance with mobility? (circle one)

- a. Yes, total assistance
- b. Yes, some assistance
- c. No, the individual can independently operate an assistive device (e.g. wheelchair)
- d. No, the individual needs no assistance with mobility
- e. The individual does not need assistance now but likely will need supports in the future

21. How does this individual communicate? (circle one)

- a. Verbally – clear with functional vocabulary
- b. Verbally – functional vocabulary but difficult to understand
- c. Verbally – clear but limited vocabulary
- d. Uses vocalizations (e.g., grunts, squeals, hums, clicks, cries)
- e. Sign language – clear with functional vocabulary
- f. Sign language – functional vocabulary but difficult to understand
- g. Sign language – clear but limited vocabulary
- h. Pictures or photographs
- i. Typing
- j. Blinking
- k. Other (describe): \_\_\_\_\_

22. Does this individual require any specialized adaptive equipment (e.g. a communication device or medical equipment)?
- a. Yes, multiple items or items with which the individual needs assistance
  - b. Yes, but the individual can operate and maintain these items with some independence
  - c. Yes, but the individual can operate and maintain these items with total independence
  - d. No, no specialized equipment is used
23. Describe any adaptive equipment or assistive technology the individual uses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. What is the individual's daily routine?

WEEKDAYS

Time Period	Activity
Example: 6:30 am – 7:00 am	Wake up and shower

WEEKENDS

Time Period	Activity
Example: 8:00 am – 8:30 am	Wake up and shower

*This material is intended for general information purposes only.*


25. Does this individual currently utilize a Medicaid waiver to fund supports?

- a. Yes, this individual uses an ID Waiver
- b. No, we are waiting for an ID Waiver
  - i. Are you on the urgent waiting list? YES NO
  - ii. Approximately how long have you been waiting? \_\_\_\_\_
  - iii. In what county are you on the waiting list? \_\_\_\_\_
- c. Yes, this individual uses a DD Waiver
- d. No, we are waiting for the DD Waiver
  - i. What is your number on the waitlist? \_\_\_\_\_
- e. Yes, this individual uses an EDCD Waiver
  - i. Are you on the waiting list for an ID waiver? YES NO
  - ii. Are you on the waiting list for a DD Waiver? YES NO
- f. No, the individual is not eligible for a waiver
- g. No, I do not know what a waiver is

26. Does this individual have access to another system for funding supports?

- a. Yes, the county funds support services
- b. Yes, supports are funded by the family at this time
- c. Yes, supports will be funded by a special needs trust in the future
- d. Yes, supports will be funded by an ABLE account
- e. Yes, supports are funded by another source (describe): \_\_\_\_\_
- f. No

**Section C: Housing Preferences**

This section asks questions about what type of housing situation the individual would like.

27. When would you be interested in moving to a new housing situation? (circle one)

- a. Immediately
- b. Within 1 year
- c. Within 3 years
- d. Within 5 years

- e. More than 5 years
28. What level of social interaction does this individual prefer? (circle one)
- a. Lots of social interaction in and out of the home
  - b. Moderate social interaction
  - c. Limited social interaction
29. Which living situations would the individual prefer? (check all that apply)
- a. Living in a home or apartment alone with staff who are in the building and drop by the apartment throughout the day
  - b. Living in a home or apartment alone with rotating staff who stay in the apartment throughout the day
  - c. Living in a home or apartment with live-in staff
  - d. Living in a home or apartment with one roommate
  - e. Living in a home or apartment with more than one roommate
  - f. Other (describe): \_\_\_\_\_
30. If roommates or live-in staff are preferred,
- a. Have potential roommates been identified and conversations been initiated?    YES    NO
  - b. Have potential live-in staff been identified and conversations been initiated?    YES    NO

**Section D: Vocational and Income Information**

This section asks questions about jobs and job related income and/or benefits for the person with a disability at the present time. These questions help us determine how often you may be at home and what income-based programs you may be able to access.

31. Where does this individual currently work? (circle one)
- a. At a job or vocational placement near their current home
  - b. At a job or vocational placement requiring a commute of 1+ hours each way
  - c. This individual is looking for work
  - d. This individual is retired or is not looking for work
32. What is the annual income range for the individual's job? (circle one)
- a. \$0-\$1,200
  - b. \$1,201-\$4,800
  - c. \$4,801-\$10,000
  - d. \$10,000-\$30,000
  - e. More than \$30,000
33. Does this individual receive Social Security payments?
- a. Yes, SSI (\$\_\_\_\_\_/month)
  - b. Yes, SSA or SSDI
    - i. How much per month? \$\_\_\_\_\_
  - c. No, income or another circumstance disqualifies this person from these benefits
  - d. No, we are not aware of these benefit options
34. Do you currently have a Special Needs Trust? (circle one)
- a. Yes, a first party (self-funded) trust

- ii. Are there resources in the trust?            YES    NO
        - 1. Approximate value \_\_\_\_\_
        - 2. Estimated potential value \_\_\_\_\_
    - b. Yes, a third party (family-funded) trust
      - iii. Are there resources in the trust?            YES    NO
        - 1. Approximate value \_\_\_\_\_
        - 2. Estimated potential value \_\_\_\_\_
    - c. Yes, a first and third party trust
      - iv. Are there resources in the trusts?            YES    NO
        - 1. Approximate value \_\_\_\_\_
        - 2. Estimated potential value \_\_\_\_\_
    - d. No, we have a regular trust
    - e. No, we do not have a trust of any type
35. Does the individual currently receive military survivor's benefits? (circle one)
- a. Yes
  - b. No, but these benefits will be available in the future
  - c. No

**Section E: Your Circle of Support**

This section asks questions about the people already involved in planning for and supporting the person with a disability. This section will help you determine the strengths and weaknesses of the current support network and will help us think about how you can use the knowledge, skills and abilities of people you know.

36. Who do you think would be interested in helping plan supports for the individual? (check all that apply)
- a. One parent
  - b. Two or more parents
  - c. Siblings
  - d. Family friends and/or neighbors
  - e. Friends with specialized backgrounds (e.g. financial planners, experienced caregivers)?
  - f. I do not know at this time
37. Who will be the "human resources" specialist? (e.g., someone who can help hire and train live-in caregivers, develop and execute employment agreements, ensure all required paperwork is filed (e.g., IRS, unemployment commission, worker's comp, etc.))
- a. One parent
  - b. Two or more parents
  - c. Siblings
  - d. Family friends and/or neighbors
  - e. Friends with specialized backgrounds (e.g. financial planners, experienced caregivers)?
  - f. I do not know at this time
38. Who will provide property management and maintenance for housing that may be developed? (e.g., execute/enforce lease; collect/deposit rent; create & manage property budget; coordinate repairs;



pay taxes, fees & other repair bills; negotiate insurance and contracts for services; handle evictions if needed; etc.)

- a. One parent
  - b. Two or more parents
  - c. Siblings
  - d. Family friends and/or neighbors
  - e. Friends with specialized backgrounds (e.g. financial planners, realtors, developers, property managers)?
  - f. I do not know at this time
39. Who will provide asset management for housing that is developed? (e.g., develop and implement a plan for capital repairs and replacements to the property so it holds its value)
- a. One parent
  - b. Two or more parents
  - c. Siblings
  - d. Family friends and/or neighbors
  - e. Friends with specialized backgrounds (e.g. financial planners, developers, realtors, construction contractors, etc.)?
  - f. I do not know at this time
40. Who will oversee tax filings for housing that is developed? (especially if rent is charged and collected, workers are employed)
- a. One parent
  - b. Two or more parents
  - c. Siblings
  - d. Family friends and/or neighbors
  - e. Friends with specialized backgrounds (e.g. financial planners, accountants, tax preparers)?
  - f. I do not know at this time
41. Who will keep legal documents up to date for corporate entities?
- a. One parent
  - b. Two or more parents
  - c. Siblings
  - d. Family friends and/or neighbors
  - e. Friends with specialized backgrounds (e.g. lawyers, accountants)?
  - f. I do not know at this time

## **Section F. Housing Needs**

25. What housing features are important to the individual? (Circle all that apply)
- a. Accessibility for people with disabilities
  - b. Walking distance to public transportation
  - c. Walking distance to accessible transportation
  - d. Close to supportive services
  - e. Close to employment

- f. Close to recreation activities
- g. Close to doctor/other health care providers
- h. Close to shopping and banking
- i. Close to family and friends
- j. Private bedroom
- k. Private bathroom
- l. Room for live-in caregiver
- m. Room for guests
- n. Housing where pets are allowed
- o. Housing where smoking is allowed
- p. Familiar living environment (e.g., home where he/she grew up)

26. What items will the individual need in his/her home and who will provide them? (identify what items the person already has, what he/she needs, and who can provide specific items needed in each category)

Category	Individual Has	Individual Needs	Who Will Provide It?
Furniture			
Housewares			
Cleaning equipment & supplies			
Electronics			
Adaptive equipment			
Telephone			
Cable			
Internet			

**Section G: Community Housing Resources**

27. Does the individual currently receive rental assistance that he/she can take to any landlord in the community that will accept it (also known as “tenant rental assistance”)? (circle one) YES NO

28. If you answered “YES” to question #27 above, what type of tenant rental assistance does the individual receive (e.g., Housing Choice Voucher, locally funded rental assistance program, etc.) \_  
 \_\_\_\_\_  
 \_\_\_\_\_

29. If you answered “NO” to question #27 above, is the individual on a waitlist to receive tenant rental assistance? (circle one)      YES      NO
30. If you answered “YES” to question #29 above, what type of tenant rental assistance waitlist is the individual on? (e.g., Housing Choice Voucher, locally funded rental assistance program, etc.)

Program Name	Date Placed on Waitlist

31. Does the individual currently live in a rental unit where the rent is subsidized (e.g., he/she pays a minimum rent, approximately 30% of monthly income toward rent or a basic rent)? (circle one)  
YES      NO
32. If you answered “YES” to question #31 above, what type of rental unit does the individual live in? (e.g., public housing, Section 236 Rental Assistance Payment or Rent Supplement housing, Project Based Section 8 housing, Section 202 housing or Section 811 housing). \_\_\_\_\_  
\_\_\_\_\_

33. If you answered “NO” to question #31 above, is the individual on any waitlists for subsidized rental units? (circle one)      YES      NO
34. If you answered “YES” to question #33 above, list the apartment properties where the individual is on a waitlist:

Apartment Property Name	Address	Date Placed on Waitlist

35. Does the individual currently live in a rental unit where the rent is less than market rent for similar units in the area, but is NOT subsidized? (circle one)      YES      NO
36. If you answered “YES” to question #35 above, what type of rental property does the individual live in? (e.g., a Low Income Housing Tax Credit property, a property owned by a non-profit housing provider, a property owned by local government, a privately owned property with market affordable units) \_\_\_\_\_  
\_\_\_\_\_

37. If you answered “NO” to question #35 above, is the individual on any waitlists for rental units where the rent is less than market rent for similar units in the area, but is not subsidized?      YES      NO
38. If you answered “YES” to question #37 above, list the apartment properties where the individual is on a waitlist:

Apartment Property Name	Address	Date Placed on Waitlist

**Section H: Assets**

39. Who in your individual’s Circle of Support is able and willing to commit assets (cash and non-cash) to address this individual’s housing needs? (Circle all that apply)
- a. individual
  - b. parents
  - c. grandparents
  - d. godparents
  - e. other relatives
  - f. congregation
  - g. employer
  - h. family friends
40. What types of assets does the individual or his/her Circle members have that can help secure housing? (Circle all that apply)
- a. home that is owned free and clear
  - b. home that is owned, has increased in value and has a mortgage with less than five years remaining on the payments
  - c. home that is owned, has retained its original value at purchase and has a mortgage with less than five years remaining on the payments
  - d. home with an existing [accessory dwelling unit](#) (with or without a mortgage)
  - e. home with existing space that could be reconfigured to create another living unit
  - f. home with sufficient lot size for expansion to create an accessory dwelling unit
  - g. home or other tangible property that produces rental income (e.g., vehicle, equipment, etc.)
  - h. land
  - i. stocks
  - j. bonds
  - k. CDs
  - l. cash
  - m. life insurance policies

- n. personal property (gems, jewelry, coin collections, antique cars, etc.)
- o. [Individual Development Account](#) for individual
- p. Other (describe): \_\_\_\_\_

41. Create an “asset development table”:

Asset Type	From Whom?	Date Available?	Estimated Value?

**Section I: Income**

42. If an entity owned or leased the individual’s home, where would it get income to support ongoing housing operating expenses?

- a. individual: SSI/SSDI/SSDAC, employment, special needs trust
- b. other persons who pay rent to live in the home
- c. financial contributions to the entity
- d. land or equipment lease (if entity owns a land or equipment asset)
- e. dividends on stocks or bonds the entity owns
- f. interest on CDs the entity owns
- g. Entity sells personal property it receives
- h. [Housing Choice Voucher](#) payments (if renter is eligible for and receives a voucher)
- i. Other: \_\_\_\_\_

43. Create an “income development table”:

Income Type	From Whom?	Date Available?	Estimated Value?