**Capitol City Rehabilitation Group**

U. S. Department of Veterans Affairs

Contract Counselors

Email: CCRehab@me.com

**INDEPENDENT LIVING ASSESSMENT/QUESTIONAIRE**

|  |  |
| --- | --- |
| Name of Veteran |  |
| Referral Number |  |
| VA VRC | VA  |
| Name of Evaluator | Calvin J. Turner, M.Ed., CRC |
| Dates: Initial contact/Assessment  | **Initial Contact:** **Assessment Date:**  |
| Location of assessment | Veteran’s Home: |

**Veteran’s Height: Weight: Age:**

**Military Brach:**

**Date of service:**

**Mos/duties while in the Military:**

**Service-Connected Disability Descriptions: List your ratings by %**

What is you Potential IL Goal:

The Independent Living (IL) assessment is intended to obtain a general overview of a Veteran’s independent living situation. It is designed to review arrangements that may complement or cause potential barriers to living independently, and once these issues are addressed, where feasible, increase the potentiality of obtaining or maintaining employment

Please answer each question with a narrative description to include strengths, weaknesses, and issues. Yes/No responses to the questions are not an acceptable assessment, just answer the best you can and I will help you when I come over:-)) I know this is a long form, but it will assist me in assisting you in providing a clear picture to the VA of your Independent Living situation! I may also take pictures if needed to support your assessment.

The following questions and descriptions are meant to be an example of the type of information that will be assessed.

**Mobility – refers to your capability of moving efficiently from place to place**

Can the Veteran move safely around their home and community, explain?

Is there safe ingress and egress (Steps) in the Veteran’s home?

Are there barriers to mobility within the Veteran’s home?

What distance is the Veteran capable of walking in varied weather conditions?

Are there any physical barriers and/or disability ramifications that impact the Veteran’s ability to independently move from place to place?

What mobility aids do you currently use or may be needed? Is the Veteran willing to use the above: please List:

Does the Veteran have means for transportation?

Does the Veteran live close to or have access to public transportation?

Are there any restrictions to the public transportation for the Veteran, i.e. para-transit eligibility, etc.?

Does the Veteran have friends, family or support services to provide reliable transportation when needed?

**Communication – refers to accurate and efficient transmission and/or reception of information, either verbally (spoken or written) or non-verbally.**

Does the Veteran have access to a telephone?

Does the Veteran have appropriate phone numbers to use in case of an emergency?

Does the Veteran know how to use the telephone?

Are there any disability ramifications that make use of a telephone difficult or impossible?

Does the Veteran's housing situation facilitate or interfere with improved independence, please discuss below?

Interfere:

Facilitate:

The housing situation such as owning, renting, subsidized, house, or apartment, and the physical layout of the home?

If the Veteran is receiving subsidized housing, are they complying with the requirements?

Are there other people living with the Veteran such as a spouse, children, grandchildren, or roommates?

Do other members of the Veteran’s household contribute to or diminish the Veteran’s independence?

Could other people who are not living with the Veteran cause potential problems as the Veteran works to improve their independence?

Are there environmental factors in the Veteran’s housing situation that are detrimental (noisy area, unsafe area, etc.)?

Does the Veteran have children? If yes, are daycare and backup daycare arrangements available?

Does the Veteran have children or other dependents in the family unit they take responsibility for?

Is there someone else at the home to provide daycare services? If yes, are they reliable?

Does the Veteran have a daycare provider? If yes, are they reliable?

Does the Veteran have a backup daycare provider?

Does the Veteran have a plan for the children in the event of a medical emergency?

**Self Care – refers to the skills necessary to fulfill basic needs such as they relate to health, safety, food preparation and nutrition, hygiene and grooming, and money management.**

Does the Veteran have the means and ability to adequately and appropriately meet their nutritional needs?

Can the Veteran safely and independently prepare meals and snacks?

If not, does the Veteran have someone who can assist them?

Does the Veteran (or the Veteran’s meal preparer/provider) understand and adhere to any special dietary considerations the Veteran may have?

Can the Veteran shop independently or are other arrangements in place to ensure that food is available?

Does the Veteran appropriately store food and recognize spoiled food so that they do not get sick?

Do financial considerations interfere with the Veteran’s ability to maintain a healthy diet?

Does the Veteran need help or training in other areas to improve their independence?

Does the Veteran demonstrate appropriate hygiene patterns? Does the Veteran remember to take their medication on a regular basis?

Does the Veteran dress appropriately?

Is the Veteran’s disability so severe that they need someone to provide them with daily assistance in getting ready in the morning and/or during the day?

Describe:

Does the Veteran can budget their finances?

Does the Veteran maintain a checking account?

Does the Veteran have a history of balancing their budget and managing their income?

Does the Veteran have enough income to meet basic needs?

Is the Veteran receiving all appropriate VA and non-VA benefits (SSDI, SSI, VA disability, Worker’s Compensation, etc.)?

Is the Veteran competent to handle VA funds?

Does the Veteran provide support for other family or non-family members?

Does the Veteran have support services to help them maintain their budget?

**Self-Direction – describes the capacity to organize structure and manage activities in a manner that best serves the objectives of the Veteran. Adequate self-direction requires that a Veteran be able to plan, initiate and monitor behavior with respect to an identified outcome.**

Does the Veteran have the means to adequately manage their income?

Do you have direct deposit with your paycheck?

How much are the Veteran’s monthly living expenses?

Is the Veteran keeping up with their bills?

Do you have any major outstanding bills?

Do you have over extended their credit cards?

Do you have any legal issues pending due to financial circumstances?

Are there any outstanding judgments against the Veteran?

Veteran understand if they have SSI or SSDI, when they get their payment and how much it will be?

Is the Veteran capable of reporting their wages to SSA?

 Do you have any current issues or overpayment payment problems from SSA?

Do you have difficulty waking up in the morning?

Do you have an alarm clock?

Do you have a history of over sleeping and missing appointments?

Is the Veteran taking any medications causing problems related to waking up, maintaining alertness, or motivation?

List your Medications and doses below or provide a copy of your current list:

Are you a morning or evening person?

What time of day the Veteran usually wakes up?

How long does it takes you to get ready in the morning?

**Interpersonal Skills – the ability of the Veteran to interact in a socially acceptable and mature manner with family members, service providers, neighbors, medical providers and others encountered in routine interactions in the community.**

Do you tend to consume alcohol and/or use illegal substances?

Has the Veteran ever experienced issues with addiction or overuse of alcohol?

Are the above currently issues in the Veteran’s life? If so, does the Veteran participate in therapy or a sobriety support program?

Do you have any anger management issues or other patterns of inappropriate interpersonal behavior that interfere with forming or maintaining healthy relationships?

Are there any cultural, religious or extended family considerations?

Do any cultural, religious or extended family that might impose on the Veteran's current living situation? This could include issues with childcare arrangements, brothers, sisters or parents.

Are there any issues related to the people named above that could cause issues for the Veteran?

Do you attend cultural or religious events on a regular basis?

Do cultural, religious, or extended family considerations impact your ability to appropriately interact with other individuals or groups?

**Productive Activities - the ability to perform activities which contribute to family and/or the community, through the performance of tasks that produce goods and services, whether paid or not.**

Do you have adequate time management skills to complete all tasks related to engagement in an appropriate productive activity?

What are your hobbies or what recreational activities you can physically participate in?

How much time do you spend in these activities per day/week/month, and how long have you participated in each hobby, explain in detail how this hobby improves your activities of daily living with your current disability?

Do you interact with others while performing or participating in these activities or hobbies?

Do you or can you physically participate in have regular sports or social events currently?

**Future Goals – what are you the hopes or envisions for your life in the short and/or long term?**

Please express what is your highest priority now?

Is employment in your list of priorities?

Is it a goal of yours to live more independently?

What does “living more independently” specifically mean to you in your own words?

Specify potential goals and how those may be achieved, including resources needed and time frames to improve your Independence Living goals?

**Summary:**

Independent Living Issues that could jeopardize or be barriers to a potential future employment goal?

Independent Living Strengths that would complement potential employment?

Please note, that we are only making recommendations for items to improve your activities of daily living.

The Veteran’s assigned VRC will develop a plan of services and the VR&E Officer will approve items in accordance with VA Policies and regulations.

Please note: YOU must have documented evidence that you have been participating in an avocational activity (HOBBY)for at least a year prior before the VA can provide any items related to that avocational pursuit☺

**Observations/IL Needs/Potential Resources:**

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Calvin J. Turner, M.Ed., CRC Date

Contract, Vocational Rehabilitation Counselor

Department of Veterans Affairs, VR&E Division

# FLLOGO

IL NEEDS ASSESSMENT AND PLANNING MATRIX

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| --- | --- | --- | --- | --- |
| ASSESSMENT | NEEDS | **SERVICE OPTIONS** | MEASURES | OUTCOMES |
|  |  |  |  |  |
| IL Issues: |
| *PROVISIONS FOR SUSTAINING INFLUENCE:*  |

**VA FORM** 28-0787

JAN 2005