



Personal Assessment

Assistive Technology

- Do you use any type of medical device or a person to help you?
 - Use the bathroom
 - Get in or out of bed
 - Leave your house
 - Eat/fix a meal
 - Communicate
 - Take or remember medication
 - Other _____

Service Animal

- Do you have a service animal?
 - Yes
 - No
- How does it help you?

- Do you have a doctor's note saying you need it?
 - Yes
 - No

Emotional Support Animal

- Do you have an emotional support animal?
 - Yes
 - No
- How does it help you?

- Do you have a doctor's note saying you need it?
 - Yes
 - No



Evacuation

- Can you evacuate your house by yourself?
 - Yes
 - No
- Will you need transportation?
 - Yes
 - No
- What kind of assistance will you need?

- What kind of transportation?

Independent Living

- If you couldn't stay in your home or apartment, could you do the following without any help?
 - Use the bathroom
 - Cook your own food
 - Transfer to/from a bed
 - Communicate
- Can you do the things above without any help every day for:
 - A week?
 - Two weeks?
 - A month?

Communication

- Can you communicate with people outside of your friends, family or staff without your assistive technology?
 - Yes
 - No
- If no, then can you use:
 - Pen and paper
 - Your own communication picture book
- Can you tell people what you need and/or understand what they are telling you?
- Do you normally use an ASL interpreter, a helper or a communication device to help communicate with people you don't know?