

## Residential Certification Evaluation Client Interview

PROVIDER / CONTRACTOR NAME				EVALUATOR NAME			
EVALUATION DATES						INTERVIEW DATE	
CLIENT NAME			COMMUNICATION METHOD		CLIENT ABLE TO PARTICIPATE <input type="checkbox"/> Yes <input type="checkbox"/> No		CONSENT GIVEN TO SHARE RESPONSES <input type="checkbox"/> Yes <input type="checkbox"/> No
CONTACT ATTEMPTS							
<p>The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer. Some questions may not be applicable, depending on the type of program the client is in (i.e. finances).</p>							
<b>Overall Satisfaction</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Do you like living here?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there anything you do not like about living here?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
How often do you see your provider?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
What goals are you working on with your provider?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Whom would you talk to if you had concerns?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you feel safe here?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have a way to contact Adult Protective Services (or Child Protective Services), your parent or guardian, and case manager?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you get the help that you need?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
What do you like about the staff / provider?							
What could the staff / provider do better or more of?							
<b>Support of Personal Relationships</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Do you have friends or family in the community that you visit with?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the staff / provider help you make plans to see them?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Restrictions</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Are there any rules in your house? If so, did you agree to them?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Respect of Individuality, Independence, Personal Choice, Dignity</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Did you agree to the services you are receiving now? Were you able to meet the provider and agree to work with the provider?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Can you choose to lock your bedroom and bathroom doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can you make choices about the care and services you receive here at the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Environment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Tell me about your room / home and how it is decorated. Did you make the choices and help?					
If you have a roommate, were you informed you would have a roommate? Could you change roommates if you wanted to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Health and Safety</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Do you see a doctor or dentist when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
When you need help taking medications, does your provider help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Food / Shopping</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Does anyone share your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have access to food you choose at any time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Who shops for the food?					
What do you do to help fix the food?					
<b>Social Activities / Work</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
What kinds of things do you do for fun and relaxation?					
Do you have an opportunity to participate in community activities of your choosing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Finances (if applicable)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>	
Do you handle your own finances or does someone help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you get spending money? Are you able to spend it on things you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FOLLOW-UP NOTES					