

Individual Quality Check-Up for Supported Living Services
(provided by Vickie Vining & Associates)

Name:

Date:

Service Coordinator:

Name(s) of person(s) contributing under "Circle":

Home of One's Own					
1. Person lives in a home they rent or own. Person controls what happens there.	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Person can stay in own home even if needs or providers change.	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. It's a "good" place to live (safe, affordable, good location, etc.)	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Provider has been effective in assisting the person to have a good place to live.	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Choice and Self-Directed					
5. Person has a good means of communication that is used by the people around them.	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Person directs or controls every day life decisions and activities.	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Person has the support needed to pursue personal goals for the future.	Yes	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed/Comments
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Person controls who provides their support (both staff hired and choice of agencies.)	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
9. Provider is effective in assisting the person to direct own life and manage risks.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
Relationships					
10. Person has a good network of friends, family, neighbors, community people.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
11. Person has a dependable circle of support that works together as a team to assist the person to have a good life.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
12. Provider has been effective in assisting the person to pursue relationships that enrich his/her life.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
13. Person has been able to access community and generic services.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
14. Person participates in community life (belongs to community groups, clubs, religious groups, etc.)	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
15. Provider is effective in assisting the person to be a valued member of the community (in accordance with the person's wishes.)	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments

Flexible, tailored services and supports					
16. Person has a good written plan of services and supports that is based on his/her own wants, needs and preferences and changes as those change.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
17. Person is as safe and healthy as possible.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
18. Person has opportunities to increase abilities, confidence and quality of life.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
19. Provider is effective in assisting the person to plan and implement support needs.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
Overall Satisfaction					
20. Overall everyone is happy with the living arrangement and the supports and service received from the provider.	Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments

Person's expectations: Main things I want my SLS agency to do for me:					
1.	Satisfied? Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments
2.	Satisfied? Yes Somewhat No Not sure	Self <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Circle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Serv. Coord. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Examples / Explanations / Follow Up Needed/Comments

3.	Satisfied?	Self	Circle	Serv. Coord.	Examples / Explanations / Follow Up Needed
	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Somewhat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Comments:

Signed:

_____ Date: _____
Focus Person

_____ Date: _____
Advocate

_____ Date: _____
Advocate

_____ Date: _____
Service Coordinator