

## Home and Community Based Services (HCBS) Assessment Form

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_

<b>Characteristics expected to be present in all HCBS:</b>		
1.	Were you given a choice regarding where to live/receive services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Can you choose whether or not to participate in group activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have your own room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If you share a room, were you given a choice of roommates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have control over and access to your personal resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Can you choose what, when, where and with whom to eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you have access to make private telephone calls/texts/email at your convenience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you free from coercion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If you have concerns, are you comfortable discussing them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you able to receive visitors when and where you want?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Does the setting support your comfort, independence and preferences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is the setting physically accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you able to come and go at will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you have access to public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If public transportation is limited, are other resources provided to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If you need assistance to dress, are you given respect and a choice of what to wear?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does staff communicate with you in a respectful and dignified manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Do you have privacy in your living and sleeping spaces and toileting facilities? Can the doors be locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Do staff or other residents knock before entering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Do staff use a key to enter a living space only under limited circumstances previously agreed upon with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Are you free from video monitoring/continuous monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Are you able to furnish and decorate your sleeping and/or living units as you desire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do you know your rights regarding housing and when you could be required to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Do you have a written agreement that includes language that provides protections to address eviction processes and appeals comparable with those provided by landlord/tenant laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please add any comments, questions, or concerns below and on the back. Thank you.

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