

# INDEPENDENT LIVING ASSESSMENT

## TRANSPORTATION, HEALTH & HYGIENE

Name: \_\_\_\_\_ Date \_\_\_\_\_

ASSESSMENT CRITERIA	DIFFICULTIES AND RECOMMENDED SOLUTIONS
<b>TRANSPORTATION</b>	
How would you get to work?	<input type="checkbox"/> Car (Licensing & Insurance) <input type="checkbox"/> Bus - Handi Van <input type="checkbox"/> Family Member or Friend <input type="checkbox"/> Walk <input type="checkbox"/> Cab <input type="checkbox"/> Bike <input type="checkbox"/> Mobility Aid
Specific information regarding transportation choice.	<input type="checkbox"/> Availability <input type="checkbox"/> Dependability/Repairs <input type="checkbox"/> Cost <input type="checkbox"/> Alternate options 1 <sup>ST</sup> Alternate plan  Last resort plan
Exploration of transportation options to broaden employment options.	

Barriers to Transportation Choice	<input type="checkbox"/> Financial <input type="checkbox"/> Other
<b>HEALTH AND HYGIENE</b>	
Describe your disability and other health condition that would effect would affect employment?	<input type="checkbox"/> Progressive <input type="checkbox"/> Limitations/Barriers <input type="checkbox"/> Treatment or Maintenance
Management of Disability	<input type="checkbox"/> Time <input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Medications (taking, consequences, supplying) <input type="checkbox"/> Personal Care <input type="checkbox"/> Assistance <input type="checkbox"/> Insurance (Have & usage) <input type="checkbox"/> Access to Medical services (Routine and/or emergency, Doctor)
Life Style Issues	<input type="checkbox"/> Rest (up and going in morning) <input type="checkbox"/> Food Intake <input type="checkbox"/> Exercise <input type="checkbox"/> Leisure Activities <input type="checkbox"/> Self-control/Consequences
Personal Grooming/ADL	<input type="checkbox"/> Bathing <input type="checkbox"/> Toileting <input type="checkbox"/> Routine/Assistance <input type="checkbox"/> Clothing Choice <input type="checkbox"/> Can they dress self

