

**INDEPENDENT LIVING ASSESSMENT**  
**HOUSING, RELOCATION, HOUSEHOLD CLEANING**

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

<b>ASSESSMENT CRITERIA</b>	<b>DIFFICULTIES AND RECOMMENDED SOLUTIONS</b>
Are you renting, purchasing or own your home?	
Do you have a lease?	
Are you current with your rent or house payments? Utilities?	
Have you had any issues in the past with respect to evictions, timeliness of monthly payments, locating accessible housing, etc.?	
Have you visited with Housing Authority? What is your status for housing assistance?	
What community programs have you used to address your housing/homelessness needs?	
How committed are you to remaining in the area?	
In what way is your home not accessible for you?	<input type="checkbox"/> Get in and out of home <input type="checkbox"/> Bathroom <input type="checkbox"/> Doorways <input type="checkbox"/> Thresholds <input type="checkbox"/> Lavatory <input type="checkbox"/> Shower or bath <input type="checkbox"/> Toilet <input type="checkbox"/> Floor coverings allow ease of movement

What's the condition of the house?	
What's the condition of major appliances?	<input type="checkbox"/> Furnace <input type="checkbox"/> Water Heater <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator
<b>RELOCATION</b>	
What is important to you about the location where you currently live?	
What do you think about the option of locating to a different location with better job opportunities?	
What would it take for you to relocate you and your family?	
Would you need any particular supports or resources at the new location?	
What housing issues would you need to consider if you were to move?	<input type="checkbox"/> Income <input type="checkbox"/> Family size <input type="checkbox"/> Gender of children <input type="checkbox"/> Accessibility <input type="checkbox"/> Support system <input type="checkbox"/> Medical facilities <input type="checkbox"/> Transportation

<b>HOUSEHOLD CLEANING</b>	
What tasks are your responsibility?	
Are there activities that you cannot do and would like to do?	
What cleaning activities are difficult for you to do because of your disability?	
How will work or training affect your ability to complete home management tasks?	