Support and Living Arrangements Scan

Name: _____   Date: _____   Completed By: _____

External Environment

☐ Urban ☐ Suburban ☐ Rural

☐ Accessible yard or deck: ☐ Free access ☐ Only when staffed   ☐ Only during scheduled times

Internal Environment

Type of Dwelling: ☐ Detached house ☐ Semi-detached house ☐ Townhouse ☐ Apartment building

☐ Other (Specify) _____

☐ Open concept   ☐ Closed concept   ☐ Staff office

☐ Shared bedroom ☐ Own bedroom   ☐ Accessible kitchen (client allowed in kitchen)

☐ Shared common area   ☐ Own suite in larger home   ☐ Lives alone

Environmental Considerations

☐ Video monitoring   ☐ Awake ☐ Asleep

☐ Auditory monitoring ☐ Awake ☐ Asleep

☐ Magnetic locks on suite/ bedroom   ☐ Magnetic perimeter locks

☐ Reinforced walls ☐   Lexan windows ☐ Restricted access to kitchen   ☐ Cushioned flooring

☐ TV or music on all the time   ☐ Other (specify): _____

Crowding

Square feet of home

☐ Less than 1000   ☐ Between 1000 and 2000 ☐ Between 2000 and 3000   ☐ More than 3000

Square footage per person during highest staffing ratios: sq. ft. _____ / # of people _____

Opportunities for Social Interactions

☐ Available preferred activities within the home   ☐ Performs alone ☐ Requires peer ☐ Requires Staff

Mealtime: ☐ Client eats with staff and peers ☐ Client eats with peers only

☐ Client eats with staff only   ☐ Client eats alone

Total # of people in home __   Total # of individuals with challenging behaviors __

Staffing ratio of home: Highest ___:____   Lowest ___:___

☐ Overnight staff   ☐ Awake ☐ Asleep

Estimated frequency of daily positive social interactions with staff (beyond basic care) for at least 5 minutes:

☐ 0   ☐ 1 – 3   ☐ 4 – 6   ☐ 6 – 9   ☐ 10 or more

Client Involvement in House Chores:

☐ Meal prep	☐ Independent	☐ With staff support	☐ Not involved
☐ Laundry	☐ Independent	☐ With staff support	☐ Not involved
☐ Cleaning	☐ Independent	☐ With staff support	☐ Not involved
☐ Washing dishes	☐ Independent	☐ With staff support	☐ Not involved
☐ Yard maintenance	☐ Independent	☐ With staff support	☐ Not involved
☐ Grocery shopping	☐ Independent	☐ With staff support	☐ Not involved
☐ Other (specify): _____	☐ Independent	☐ With staff support	☐ Not involved

Community Involvement

Level of support in community: ☐ Independent   ☐ Staff required Staffing ratio: __:__

Frequency of Participation in preferred community events: # __ per week   # __ per month

Nature of Community Involvement:

☐ Drive

☐ Walk in sub/urban areas, mall

☐ Rural walk/ hike

☐ Community events (e.g. local fair, parades, festivals, town meetings etc.)

☐ Local attractions; Zoo, Museum, sporting events, movies, etc.

☐ Special interest groups

☐ Shopping

☐ Volunteering

☐ Paid work

☐ Other (specify)

_____

Physical Activity

Client engages in physical activity ___ days per week; for _____ minutes.

Activities take place: ☐ In home ☐ Within agency ☐ In community

Activities engaged in though:

☐ Home agency
☐ Day placement agency
☐ Organization for individuals with ID (e.g. Special Olympics)
☐ Local athletic center or league (e.g. Recreation center, gym, sporting league)

Activities:

☐ Running	☐ Weightlifting	☐ Cycling
☐ Walking	☐ Paddle Boarding	☐ Softball/ Baseball
☐ Hiking	☐ Hockey	☐ Boxing/ Wrestling
☐ Rollerblading	☐ Swimming Laps	☐ Aerobics
☐ Basketball	☐ Jump rope	☐ Water Aerobics
☐ Football	☐ Skiing	☐ Yoga/ Pilates
☐ Volleyball	☐ Martial Arts	☐ Gym Cardio Equipment
☐ Soccer	☐ Canoeing/ Kayaking	☐ Skating
☐ Tennis	☐ Bowling	☐ Other (specify): _____

Client engages in activity with:

☐ Coach or instructor 1:1 ☐ Self; with staff supervision ☐ Peers ☐ Community members only

☐ Staff, no peers ☐ Peers and staff ☐ Independently

Client Prefers:

☐ Independent sporting activities (e.g. swimming laps) ☐ Group sports ☐ 1:1 engagement

Client Opportunities for Choice

☐ Client chooses activities to attend	☐ Staff suggest activities based on known client interest	☐ Staff choose activities
☐ Daily ☐ Weekly ☐ Monthly ☐ Special occasions	☐ Daily ☐ Weekly ☐ Monthly ☐ Special occasions	☐ Daily ☐ Weekly ☐ Monthly ☐ Special occasions

Client Schedule

☐ Set schedule   ☐ Varies Daily   ☐ Varies weekly

Schedule known to client?   Y / N   If no, specify reason: _____

Client has input into schedule?   Y / N   If no, specify reason:_____

Client adheres to schedule once created?   Y /   N   If no, specify reason: _____