



Participant Profile Assessment		
General Background	Do you go by your full name or is there a nickname you prefer?	
General Background	Do you have a Guardian?	
General Background	Do you have Provider Orders for Life Sustaining Treatment (POLST) or some other form of advance directives for your medical care?	
General Background	Do you have a Power of Attorney (POA) for healthcare decisions?	
General Background	Do you have a Power of Attorney (POA) for financial decisions?	
General Background	Are there certain situations where you need help making decisions?	
General Background	If Yes, do you have a decision-making agreement in place?	
General Background	If Yes, do you want help drafting or updating a supported decision-making agreement with this person?	
General Background	Are you willing and able to participate in the service planning process?	
General Background	Is there anyone else you would like to participate in your service planning?	
General Background	Are you interested in having more control over the services and supports you receive through participant-direction?	
General Background	Do you have any cultural, traditional, or personal values you think I should know about?	
General Background	Are there certain days of the week or times of year that are significant to you?	
General Background	Do you have a preference on the gender of your caregiver?	
General Background	Do you have any special considerations you want to share, such as preferred call or appointment time?	
Family and Home	Do you have family and friends that you talk to on a regular basis?	
Family and Home	If Yes, are they nearby?	
Family and Home	If Yes, how often do you visit with them?	Daily, At least weekly, at least monthly, Less than monthly
Family and Home	What setting describes your current living situation? (check only one)	Alone, With friends or roommate, Congregate



		setting, Institutional setting, Temporary/Homeless, With Family
Family and Home	Institutional settings	Nursing facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Hospital (>30 days), Institute for Mental Disease (IMD), Correctional Facility
Family and Home	What is the anticipated discharge date?	
Family and Home	Congregate settings	Assisted Living Facility (ALF), Boarding Care Home, Transitional Program, Group Home, Other
Family and Home	Do you consider your housing arrangement stable?	
Family and Home	Are you concerned about your ability to pay your mortgage or rent, or other household expenses?	
Family and Home	Do you receive assistance to pay for your housing (such as subsidy or other funding source)?	
Family and Home	Do you feel safe and comfortable in your home?	
Functional Assessment Results	What does a typical day look like for you?	
Community and Activities	How do you like to spend your free time?	
Community and Activities	How often do you feel you lack companionship?	Hardly ever, Some of the time, Often
Community and Activities	How often do you feel left out?	Hardly ever, Some of the time, Often
Community and Activities	How often do you feel isolated from others?	Hardly ever, Some of the time, Often
Community and Activities	Do you have someone who helps you with personal care or general household tasks, such as meal preparation, grocery/personal needs shopping, or housekeeping?	
Community and Activities	Who?	Friend/Neighbor, Guardian/Legal representative, Parent, Sibling, Spouse/Significant Other, Son/Daughter, Other
Community and Activities	Do you currently have a job?	
Community and Activities	Are you interested in new employment opportunities?	



Community and Activities	Do you currently attend classes?	
Community and Activities	Are interested in furthering your education or vocational training?	
Community and Activities	Would you like to participate in more community activities such as volunteering, social clubs, cultural/arts, religious activities, physical/leisure, or other community activities?	
Health and Wellbeing	Over the last 2 weeks, how often have you been bothered by the following problems?	
Health and Wellbeing	Little interest or pleasure in doing things	Not at all, Several days, More than half the days, Nearly every day
Health and Wellbeing	Feeling down, depressed, or hopeless	Not at all, Several days, More than half the days, Nearly every day
Health and Wellbeing	Do you participate in any wellness activities, like walks, stretching, or other exercises?	
Health and Wellbeing	Do you have food allergies or dietary restrictions?	
Health and Wellbeing	In the past 12 months, were there times when the food you bought just did not last and you did not have money to get more?	Often, Sometimes, Never
Health and Wellbeing	In the past 12 months, were you worried that your food would run out before you got money to buy more?	Often, Sometimes, Never
Health and Wellbeing	In the past 12 months, were there times when you could not afford to eat balanced meals?	Often, Sometimes, Never
Health and Wellbeing	Do you have other medical or behavioral health professionals that you see on a regular basis?	
Health and Wellbeing	If Yes, how do you get there?	Drive, Walk, Ride from Family/Friends, Public transportation (bus), Taxi or shared ride (Uber, Lyft, etc..), Other
Health and Wellbeing	If Yes, is it a challenge to get to these appointments?	
Health and Wellbeing	Do you need transportation help for other non-medical appointments or community events?	
Goals	Tell me about your goals. What do you want to see happen in your future?	
Goals	What would make you feel like you have made progress on your goals?	
Goals	What could your friends, family, or caregivers do to help you make sure you reach your goals?	



Case Manager Observations	Case Manager Notes:	
Functional Assessment Results	Functional Assessment Results	
Health and Wellbeing	Talk to me about your overall physical and mental health.	