Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual’s needs.** | **Yes** | **No** | **If Yes, When & How Often** | **Could the individual’s health and welfare be ensured if this issue was addressed via technology as an alternative to staff?** | **Comments** |
| 1. | Is there a court order that requires 24-hour, on-site staffing?\**\*Note: If “yes” Remote Monitoring is not appropriate for this individual.* |  |  |  |  |  |
| 2.  | Does individual have a history of inappropriate sexual behavior that impacts others? |  |  |  |  |  |
| 3.  | Does the individual leave or wander away from home? |  |  |  |  |  |
| 4.  | Does the individual engage in gorging, pica, eating raw foods, eating housemates’ food or is individual danger to self due to overeating?  |  |  |  |  |  |
| 5. | Does the individual go into housemates’ bedrooms without permission? |  |  |  |  |  |
| 6. | Does the individual destroy property or tamper with other people’s belongings? |  |  |  |  |  |
| 7. | Does the individual engage in unsafe smoking, not use an ashtray appropriately, or not dispose of matches/butts appropriately? |  |  |  |  |  |

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| **Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual’s needs.** | **Yes** | **No** | **If Yes, When & How Often** | **Could the individual’s health and welfare be ensured if this issue was addressed via technology as an alternative to staff?** | **Comments** |
| 8. | Does the individual safely use household appliances?  |  |  |  |  |  |
| 9. | Does the individual follow rules about electricity, fire, water, tools, and hazardous physical situations? |  |  |  |  |  |
| 10.  | Does the individual respond appropriately and are they physically able to respond to fire alarms, smoke detectors/carbon monoxide detectors, gas leak and severe weather warnings and exit the residence? |  |  |  |  |  |
| 11. | Does the individual require physical assistance at all times, including repositioning and bathroom assistance? |  |  |  |  |  |
| 12. | Does the individual have seizures or a condition that requires treatment or monitoring? |  |  |  |  |  |
| 13. | Is the individual fearful of being alone? |  |  |  |  |  |
| 14. | Is there a reasonable fear of exploitation of the individual? |  |  |  |  |  |
| 15. | Do all individuals impacted by the remote monitoring technology agree to the service within the home? |  |  |  |  |  |

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| **Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual’s needs.** | **Yes** | **No** | **If Yes, When & How Often** | **Could the individual’s health and welfare be ensured if this issue was addressed via technology as an alternative to staff?** | **Comments** |
| 16. | Does the individual understand and demonstrate the ability to secure the home? (lock the doors, answer the door and phone appropriately, not allow strangers in, etc.) |  |  |  |  |  |
| 17. | Can the individual reliably recall and communicate their address and telephone number? |  |  |  |  |  |
| 18. | Does the individual know when, who, and how to call for help or assistance? |  |  |  |  |  |
| 19. | Can and will the individual call 911 or staff if needed? |  |  |  |  |  |
| 20. | Does the individual understand and follow pedestrian safety rules? |  |  |  |  |  |
| 21. | Does the geographic location of the individual’s residence inhibit their ability to access emergency services? |  |  |  |  |  |
| 22. | Does the individual interact appropriately around strangers? |  |  |  |  |  |
| 23. | Is the individual receptive to and able to benefit from training on specific areas that may result in decreased supervision? |  |  |  |  |  |
| **Indicate the answer to each question and then select the appropriate type of supervision that will safely meet the individual’s needs.** | **Yes** | **No** | **If Yes, When & How Often** | **Could the individual’s health and welfare be ensured if this issue was addressed via technology as an alternative to staff?** | **Comments** |
| 24. | Does the individual have a medical condition that requires assistance with routine monitoring (i.e., blood pressure check, insulin check, etc.)? |  |  |  |  |  |
| 25. | Does the individual need assistance with medication administration? |  |  |  |  |  |
| 26. | Is the technology and necessary connectivity (e.g. internet bandwidth, etc.) available in this community to support remote monitoring? |  |  |  |  |  |
| 27. | Can the individual utilize the technology needed? |  |  |  |  |  |
| 28. | Other issues the team feels impact the individual’s ability to receive remote monitoring services? |  |  |  |  |  |

**Summary & Recommendations:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IDT Signatures:**

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| --- | --- | --- | --- | --- | --- |
| **Relationship** | **Print Name** | **Signature** | **Date** | **Agree (check if you agree)** | **Disagree (check if you disagree)** |
| **Member:** |  |  |  |  |  |
| **Guardian:** |  |  |  |  |  |
| **Case Manager:** |  |  |  |  |  |
| **Other—Relationship:** |  |  |  |  |  |
| **Other—Relationship:** |  |  |  |  |  |
| **Other—Relationship:** |  |  |  |  |  |
| **Other—Relationship:** |  |  |  |  |  |

**I/DD Waiver Agency Human Rights Committee:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name** | **Signature** | **Date** | **Agree (check if you agree)** | **Disagree (check if you disagree)** |
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