

# HCBS Individual and Family Member Self-Assessment



## HCBS Individual and Family Member Self-Assessment

1. **Where do you live?**

- Own apartment or home
  - Family home
  - Share an apartment or house
- 

2. **How many people do you live with?**

- 1 person
  - 2 people
  - 3 or more people
- 

3. **Do you have paid staff present while you are sleeping?**

- Yes
  - No
- 

4. **Did you choose where you live?**

- Yes
  - No
- 

5. **Did you choose who you live with?**

- Yes
  - No
-

## HCBS Individual and Family Member Self-Assessment

6. **Do you have your own lease?**

Yes       No

---

7. **Do you need your home to be accessible?**

Yes       No

---

8. **If you answered "yes" to the previous question, is your home accessible?**

Yes       No

---

9. **Did you get to choose your decorations for your home?**

Yes       No

---

10. **Do you have privacy where you live? (Close or lock your bedroom or bathroom door? Open your mail?)**

Yes       No

---

11. **Do you have a paid job in your community?**

Yes       No

---

12. **If you have a paid job in the community did you get to choose where you work?**

Yes       No

---

## HCBS Individual and Family Member Self-Assessment

13. **Do you go out when you want? (Shopping, out to eat, church, the gym etc.)**

Yes       No

---

14. **I am involved in my community to the extent I choose. For example: Shopping, going out to eat, going to the library, concerts on the green, church etc.**

Yes       No

---

15. **Do you see your family when you want to?**

Yes       No

---

16. **Do you participate in your IP (Individual plan) and meeting? (Planning meeting with DDS Case Manager)**

Yes       No

---

17. **Do you get to see your friends when you want to?**

Yes       No

---

18. **Do you get to spend your own money?**

Yes       No

---

19. **Do you know who to talk to if you have concerns or complaints?**

Yes       No

---

## HCBS Individual and Family Member Self-Assessment

20. **Does staff at home or work treat you with respect?**

Yes       No

---

21. **Do you feel you live the life you want?**

Yes       No

---

22. **Do you get to make decisions about your life?**

Yes       No

---

23. **Have you gone to a self-advocacy meeting?**

Yes       No

---

24. **Would you like to go to a self-advocacy meeting?**

Yes       No

---

25. **Do you know you have the right to change your supports and services?**

Yes       No

---

26. **Additional comments:**

---

---

---

---