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| **Instructions** | | | | | | | | | | | |
| **Observation:** The observation should be conducted by someone who knows the client well and in conjunction *with* the client.  It should be as demonstrative as possible and the observer should ask questions that elicit demonstrative answers (versus “yes” or “no” answers).  Each domain can be completed independently and only as applicable to the client. Annually observe, at a minimum, 10 domains clinically relevant.  On Plan of Care identify 2-3 skill building domains that the client is interested in working on in support of their recovery life goals. Within 30 days prior to Plan of Care review the 2-3 active domains to inform the Plan of Care development.  **Level of Skill Attainment:** Each domain has a “minimum” number of skills in each level (Basic, Intermediate, Advanced) that the client must know before moving on to review the next level.  The client is “placed” in the skill level of the domain in which they know the minimum number of skills.  For example, in the “Basic” category of the Money Management domain, the client must know 3 of 5 skills in order to move on to observe their skills in the “Intermediate” category.  If they only know 2 of the 5 skills, they are considered “Pre-Basic” and the *observation of money management skills would end there*.  If they know 3 or more of the 5, the observer moves on to the “Intermediate” category and begins observing those skills.  In the “Intermediate” category the client must know 5 of the 6 items.  If they only know 4 (or less) of the 6 items, they are rated as “Basic” and so on.  In order to be scored as “Independent” the client should know *more than* the minimum number of required skills in all three skill levels (Basic, Intermediate, and Advanced). | | | | | | | | | | | |
| **Cover Sheet (must be completed)** | | | | | | | | | | | |
| Client’s Name: | | | | Person Completing Observation/Title: | | | | | | | |
| Date of Observation: | Observation Type:  Initial  Review  Annual | | | MPI: | | | | | DOB: | | |
| DMHAS LMHA/PNP ( in WITS): | | | | Level of Care/Program Type (in WITS): | | | | | | | |
| Domain | | | Level of Skill Attainment | | | | | | |  |  |
|  | | Not Observed | Pre-  Basic | | Basic | Intermediate | Advanced | Independent | | Applies Skill  **1**-Never  **2**-Sometimes  **3**-Always | Include in Plan of Care  (Yes/No) |
| **A. Money Management** | |  |  | |  |  |  |  | |  |  |
| **B. Food Management** | |  |  | |  |  |  |  | |  |  |
| **C. Personal Appearance & Hygiene** | |  |  | |  |  |  |  | |  |  |
| **D. Home Management** | |  |  | |  |  |  |  | |  |  |
| **E. Housing** | |  |  | |  |  |  |  | |  |  |
| **F. Transportation** | |  |  | |  |  |  |  | |  |  |
| **G. Emergency & Safety Skills** | |  |  | |  |  |  |  | |  |  |
| **H. Health & Wellness** | |  |  | |  |  |  |  | |  |  |
| **I. Knowledge of Community Resources** | |  |  | |  |  |  |  | |  |  |
| **J. Sexual Health** | |  |  | |  |  |  |  | |  |  |
| **Client’s top three priority domains: (Include in Plan of Care)** | | | | | | | | | | |  |
| 1. | | | | | | | | | | |  |
| 2. | | | | | | | | | | |  |
| 3. | | | | | | | | | | |  |
| **Integrated Summary** (Identify strengths and barriers) | | | | | | | | | | | |
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Staff Signature: Date:

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| Money Management: | | |
| **Basic- Must know 4 of 6 to advance to the next level of accomplishment** | | |
|  | If you have 2 quarters, one dime, one nickel and 4 pennies, how much money do you have? |
|  | You go to the store to buy milk, cereal, bread and soda. Your total is $12.65 (including tax). You pay with a $20 bill. How much change should you get? |
|  | Can you give me some examples of “luxuries” (things you want) and “necessities” (things you need)? **Appendix 1 pg. 78** |
|  | What is the difference between “sale price” & “regular price” |
|  | Can you tell me a few ways to save money when you buy things? |
|  | I’d like you to use this calculator and tell me how much is 17+34? 42-19? 12x64? 108÷16? |
| **Intermediate- Must know 6 of 8 to advance to the next level of accomplishment** | | |
|  | How would you go about opening a checking or savings account? What items would you need to bring with you? |
|  | Here is a pretend bill. What is the amount due? When is it due? **Appendices 2&3 pgs. 79-80** |
|  | Can you fill out this check/money order to pay the bill? **Appendix 4 pg. 81** |
|  | What is the difference between an ATM/Debit card, credit card, and EBT card? |
|  | How do you use an ATM machine and/or bank teller to make withdrawals and deposits? **Appendix 5 pg. 82** |
|  | How do you keep track of the money you put in and take out of your account? |
|  | Here is a sample pay stub. Do you know what “gross pay” is? “Net pay”? “Deductions”? **Appendix 6 pg. 83** |
|  | I’d like you to read this scenario and answer the questions about Carlos and his weekly budget.  **Appendix 7 pg. 84** |
| **Advanced- Must know 5 of 7 to be rated as advanced** | | |
|  | Here is another scenario about Jessica and her monthly budget. Please answer these questions.  **Appendix 7 pg. 84/Appendix 8 pg. 85** |
|  | And finally, here is one last scenario about Devon and his unexpected emergency. Please answer these questions. **Appendix 7 pg. 84** |
|  | Here is a sample bank statement. What is the account number? What is the new balance? What was the amount of check #184? Were there any fees? **Appendix 9 pg. 86** |
|  | How do you shop using “unit pricing”? |
|  | Why is it important to get and keep receipts for cash transactions? (rent, bills, etc.) |
|  | What is a credit card used for? What are the pros and cons of having one? What is interest and how does it affect your payments? |
|  | If you wanted to save money to buy something, how would you plan to do this? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance | |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  | |

Staff Name:       Staff Signature:

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

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| Food Management: | |
| **Basic- Must know 3 of 5 to advance to next level of accomplishment** | |
|  | What is the first thing you should do before you eat or cook? Why? |
|  | Please name the 5 food groups. Looking at this diagram, which foods are healthier? **Appendix 10 pg. 87** |
|  | What are the names of these utensils and what are they used for? **Appendix 11 pg. 88** |
|  | Where would you keep bananas in your house? Raw meat? Eggs? Pasta? Soup? TV dinner? |
|  | How can you tell if food is outdated or too old to eat? **Appendix 12 pg. 89** |
| **Intermediate Must know 4 out of 6 to advance to next level of accomplishment** | |
|  | You have $5.00 to spend at Burger Land, $10 at the cafeteria and $20 at Olive Garden. What will you get? **Appendices 13, 14, 15 pgs. 90-92** |
|  | How would you calculate the tax and tip into the cost of your meal? |
|  | What are some things you make for breakfast, lunch and dinner? How do you make them? |
|  | How do you know when your food is fully and properly cooked? (meat, chicken, etc.) |
|  | How do you plan and shop for groceries and be sure to stay within your weekly food budget? **Appendix 16 pg. 93** |
|  | How do you use a microwave safely? The stove/oven? A toaster? Coffee pot? |
| **Advanced- Must know 1 of 2 to be rated as Advanced** | |
|  | Using these pictures, can you tell me where the cooking instructions are and tell me how to cook them? **Appendices 17&18 pgs. 94-95** |
|  | Here is a recipe. How would you double it to make more? Reduce it to make half? **Appendix 19 pg. 96** |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

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| Personal Appearance & Hygiene: | |
| **Basic- Must know 3 of 4 to advance to next level of accomplishment** | |
|  | How often do you think someone should shower or bathe? Why? |
|  | What products do you use for your personal hygiene? How do you use them? |
|  | How much do your hygiene products cost? |
|  | How often do you think someone should brush their teeth? Why? |
| **Intermediate- Must know 3 of 5 to advance to next level of accomplishment** | |
|  | What do you use to care for your hair? To clean it? To style it? Any special grooming tools? |
|  | What would you wear in the summer time? If it’s raining? Snowing? How often should you change your clothes? |
|  | What would you wear to a wedding? A hike? Job interview? A date? |
|  | Why are there different temperature settings on a washing machine? How much detergent should you use? **Appendix 20 pg. 97** |
|  | What are the different dryer settings for? **Appendix 21 pg. 98** |
| **Advanced – Must know 3 of 4 to be rated as Advanced** | |
|  | What should you do if you got a stain on your clothes? |
|  | How and why should you sort laundry based on color and fabric? **Appendix 22 pg. 99** |
|  | Using these pictures, which ones are safe to iron? Are there any you can’t dry clean? Should dry clean? Can you show me one that tells you what temperature to wash it in? **Appendix 23 pg. 100** |
|  | How do you iron clothes? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Home Management: | |
| **Basic- Must know 3 of 5 to be advanced to next level of accomplishment** | |
|  | What is the correct way to wash dishes? Removing grease from a skillet? Getting food that is stuck on a pan? |
|  | How do you change a light bulb? |
|  | Why is it important to change your bed sheets? How often should they be changed? |
|  | How do you empty the garbage? |
|  | Please explain how to use a plunger to unclog a toilet or sink? |
| **Intermediate- Must know 4 of 6 to move to next level of accomplishment** | |
|  | How do you know when to empty a vacuum? How do you empty it? What do you do when something gets stuck in the vacuum? |
|  | How do you prevent sinks and toilets from clogging? |
|  | How do you clean your floors and what products do you use? |
|  | How do you clean surfaces (tables, furniture, counters) and what products do you use? |
|  | How do you clean your bathroom (sink, tub, toilet) and what products do you use? |
|  | How do you clean your stove top? Your oven? |
| **Advanced- Must know 3 of 5 to be rated as Advanced** | |
|  | What would you do if the toilet kept running? |
|  | What are three chores that should be done on a regular basis but don’t need to be done every day? |
|  | What is a circuit breaker and how do you “reset” it? |
|  | Can you tell me three ways to conserve energy (electricity) and water? |
|  | Can you tell me three ways to prevent and/or get rid of pests like cockroaches, ants, mice, etc? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Housing: | |
| **Basic- Must know 2 of 3 to be rated advanced to the next level of accomplishment** | |
|  | What does it mean to “rent” an apartment? |
|  | What are three commonly asked questions on a rental application? |
|  | How and where can someone turn if they needed to find emergency housing? |
| **Intermediate- Must know 3 of 5 to be advanced to next level of accomplishment** | |
|  | If you wanted to move, how would you go about finding a place to live? |
|  | What is a lease? What are utilities? What is a studio/efficiency? Security deposit? Reference? |
|  | What are some costs to consider when looking for an apartment? Which of these are within your budget? **Appendix 24 pg. 101** |
|  | What are three things that you would want to have/look for in your housing? |
|  | What are some advantages of having a roommate? Disadvantages? |
| **Advanced- Must know 3 of 5 to be rated as Advanced** | |
|  | What are the (initial) costs to consider when moving in to a new apartment? |
|  | Is there anything you should do before signing a lease and moving in? What should you check prior to moving in? |
|  | What is the purpose of having a rental lease? |
|  | What are two rights and responsibilities of a landlord? Of a tenant/renter? |
|  | What does it mean to be a “good neighbor”? Consequences of not being one? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

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| Transportation: | |
| **Basic- Must know 3 of 4 to be able to advance to next level of accomplishment** | |
|  | What are four different types of public transportation? |
|  | Where is the bus stop that is closest to your home? |
|  | How much does it cost to ride the bus? How much is a bus pass? |
|  | Please tell me two reasons why is it important to be on time for rides/transportation to your appointments, etc.? Please also tell me two ways someone can make sure they are on time? |
| **Intermediate- Must know 2 of 3 to be able to advance to next level of accomplishment** | |
|  | How would you call for or get a ride service to take you somewhere? What would you need to ask? What would you need to tell them? |
|  | If you wanted to travel across town, or go to another town, how would you plan to get there? |
|  | If you were on your way somewhere and became lost, (how would you ask for directions or) what would you do? |
| **Advanced- Must know 2 of 3 to be rated as Advanced** | |
|  | How would you use your phone or the internet to get directions from one place to another? |
|  | What is a “medical cab”? How would you go about getting one? |
|  | What three pieces of information/items do you need to get a Connecticut driver’s license? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Emergency & Fire Safety Skills: | |
| **Basic- Must know 5 of 7 to be able to advance to next level of accomplishment** | |
|  | What are two functions each of the police, ambulance, fire department and how can they be reached by phone? |
|  | How would you get out of your house/apartment if there was a fire? What if the route was blocked by fire? |
|  | Please tell me some ways to prevent fires in the kitchen? If you smoke or burn candles? With electricity and appliances? |
|  | What are the different types of fires and how would you put each of them out? |
|  | How (and when) do you check your smoke alarm and test the battery? |
|  | How do you lock and unlock your doors and windows? |
|  | Why is it important to always carry an ID? |
| **Intermediate- Must know 3 of 4 to move to the next level of accomplishment** | |
|  | Where should you keep important documents such as your birth certificate and social security card? |
|  | What are three ways that you would know if it was unsafe to use an appliance? What could happen? |
|  | How would you know if there was a gas leak in your home? What would you do? |
|  | What are three things you can do to protect yourself and stay safe when you are home alone or in the community? |
| **Advanced- Must know 1 of 2 to be rated as Advanced.** | |
|  | What is an ABC fire extinguisher and how do you use it? What does P.A.S.S. stand for? |
|  | How and where should you store cleaning products? Why? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| H. Health & Wellness: | |
| **Basic- Must know 4 of 6 to be able to advance to next level of accomplishment** | |
|  | What are the dangers of smoking cigarettes, drinking alcohol, and using drugs? |
|  | What are some symptoms of a cold? The flu? Stomach bug? |
|  | What would you do if you needed emergency healthcare? Where would you get it? |
|  | What items would you find in a first aid kit and what are they used for? |
|  | If you didn’t have a doctor or dentist that you saw regularly, how would you find one? |
|  | How would you find out who your medical insurance provider is, your coverage, costs, etc? |
| **Intermediate- Must know 7 of 9 to move to the next level of accomplishment** | |
|  | How would you get a copy of the records for all of the shots (immunizations) you have received? |
|  | Can you explain your medial and/or mental health diagnoses, any allergies, and treatment for these? |
|  | How would you take care of yourself if you had a cold? The flu? A stomach bug? |
|  | How would you treat a minor burn? A minor cut? A splinter? Nosebleed? |
|  | How do you make appointments with your healthcare providers? How do you get to these appointments? |
|  | Can you explain what confidentiality is, HIPAA, and written consent? |
|  | Can you tell me three reasons why sleep is important? |
|  | What is medical insurance and why do we need it? |
|  | Please explain the difference between needing to go to the emergency room, your primary care doctor, and a walk-in clinic? Can you give an example of when you would need to go to each? |
| **Advanced- Must know 4 of 6 to be rated as Advanced.** | |
|  | What would you do if you had questions or disagreements with your providers about your medical or behavioral health care? |
|  | Who is someone that you would like to be called if you had a health emergency? |
|  | How does diet and exercise affect health? |
|  | Can you tell me at least two ways to reduce stress and anxiety? |
|  | What are three benefits of healthy leisure activities? |
|  | How does someone get health insurance? What is the process for getting it? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Knowledge of Community Resources: | |
| **Basic- Must know 3 of 5 to be able to advance to next level of accomplishment** | |
|  | What is 211 and what are at least 2 services provided? |
|  | Where is the nearest grocery store and/or shopping plaza to your home? |
|  | If you ran out of food, what would you do? |
|  | How would you access a crisis line? |
|  | Where is the nearest hospital to your home? Can you give me directions for how to get there? |
| **Intermediate- Must know 6 of 8 to move to the next level of accomplishment** | |
|  | Where is the nearest laundromat to where you live? |
|  | Please tell me at least three ways to find things to do for fun in the community. |
|  | What are 2 ways you can access a religious organization or self-help group? |
|  | Where is your bank located (or, Where is the nearest bank)? |
|  | How would you use 211 or the internet to get information that you need? |
|  | Where is your doctor’s office or the nearest walk-in clinic? |
|  | Where is the nearest post office? What are 2 services provided there? |
|  | Where is the closest library and what resources are available there? |
| **Advanced- Must know 3 of 4 to be rated as Advanced.** | |
|  | Who should you call if one of your utilities got shut off or wasn’t working properly? |
|  | Where is the nearest employment office/service located? |
|  | How would you get a copy of your birth certificate? What documents would you need? |
|  | How would you get a duplicate of your social security card? What documents would you need? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date:

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| Sexual Health | |
| **Basic- Must know 4 of 6 to be able to advance to next level of accomplishment** | |
|  | How does a woman get pregnant? |
|  | Can you tell me at least three birth control methods/sexual barriers (depending on sexual orientation)? |
|  | Where can you get birth control/sexual barriers (depending on sexual orientation)? |
|  | What is an STD/STI? Can you name a few? |
|  | If you wanted/needed information about sex and/or pregnancy, where would you go? |
|  | What does “sexual consent” mean? Why is it important? |
| **Intermediate- Must know 2 of 3 to move to the next level of accomplishment** | |
|  | Can you give me a few examples of how to properly use birth control/condoms/sexual barriers? **Appendix 25 pg. 102** |
|  | Where is the closest family planning office (Planned Parenthood) located? |
|  | What could happen to someone if they have unprotected sex? Are there ways to get an STD/STI other than from having sex? If so, please give two examples. |
| **Advanced- Must know 3 of 4 to be rated as Advanced.** | |
|  | What are some signs/symptoms of an STD/STI? |
|  | What are two ways someone decrease the chances of getting/spreading an STD/STI? |
|  | Please tell me two examples of where someone could go if they think they may have an STD/STI? |
|  | Please explain some possible options for an unwanted or unplanned pregnancy? |
| Stage of Change | Pre-contemplative Contemplation Preparation Action Maintenance |
| Staff/Client Comments:  (Include reason for deferral, if appropriate) |  |

Staff Name:       Staff Signature:

Date: