



Name of Owner/E.D./Administrator:		Vendor Code:	
Name of Program:		Name of Agency/Company:	
Address of Program:		Contact Information Phone & Email:	
Name of Staff Interviewed:		Name of Persons Served Interviewed:	
Date of Site Visit:		Reporting Month:	
Names of Evaluator 1:		Names of Person present/Title:	
Additional Supports/Translators:			

Checklist Tool for Residential Services Settings

I. The setting is integrated in and supports full access to the greater community ... to the same degree of access as individuals without disabilities.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the provider facilitate going out into the broader community?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
B. On average, how often do individuals in this program go out to the broader community?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
C. Do the program options offered include non-	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual	

<p>disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?</p>	<p><input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p>	
<p>D. Do the individuals served participate in the planning of activities?</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p>	
<p>E. Does the program provide knowledge or access to individuals regarding competitive employment?</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p>	
<p>F. Is the program located among other businesses, services in the community that facilitates integration</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation:</p>	

with the greater community?	<input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
G. Does the program provide training and/or access to the use of public transportation?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
H. Does the program assure that tasks and activities are comparable to tasks and activities for people who do not have disabilities?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
I. Please describe all other evidence of compliance with "I"		

Provider is complying with Rule #1	Yes:	No:
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II. The setting/program is selected by the individual from among setting options including non-disability specific settings. The setting options are identified and documented in the person-centered IPP or ISP and is based on the individual’s need and preferences.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
B. Do you document that the setting/program is what the person wants?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
C. Please describe all other evidence of compliance with “II”		

Provider is complying with Rule #2	Yes:	No:
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III. The setting ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
<p>A. Is all information about individuals kept private? (e.g. Do paid staff follow confidentiality policies/practices and ensure there are no posted schedules of individuals for PT, OT, medications in a public area?)</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p>	
<p>B. Does the program assure that staff do not talk to other staff about an individuals in the presences of other persons or in the presences of the individual as if they were not present? Is there space for private, confidential conversations?</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p>	
<p>C. Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or</p>	<p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement</p>	

restrictive interventions and document these interventions in the person-centered plan?	<input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
D. Does the setting/program provide a document of rights in an accessible manner (and how often are rights reviewed)?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
E. Please describe all other evidence of compliance with "III"		

Provider is complying with Rule #3	Yes:	No:
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IV. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment and with whom to interact.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the setting/program support a variety of individual person-centered goals and needs?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy	

	<input type="checkbox"/> Other:	
<p>B. Does the program afford opportunities for individuals to choose with whom to do activities within the setting or outside of the setting? (indicate No if individuals are assigned to do activities with a certain group).</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>C. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>D. Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	

outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?		
E. Please describe all other evidence of compliance with "IV"		

Provider is complying with Rule #4	Yes:	No:
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V. The Program facilitates individual choice regarding services and supports, and who provides them.

Specific Questions	Yes	NO	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?			<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
B. Does the setting policy ensure the individual is supported in developing plans to support their needs and preferences?			<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation:	

			<input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
C. Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?			<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
D. Please describe all other evidence of compliance with "V"				

Provider is complying with Rule #5	Yes:	No:
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VI. The program provides individuals with a residential agreement that provides protections under landlord & tenant laws.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does each individual have a lease, residency agreement, admission agreement, or other form	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation	

<p>of written residency agreement?</p>	<p>Type of Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: 	
<p>B. Is the individual clear on what the lease indicates? (Their responsibilities as a tenant & the landlord's responsibilities)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <p>Type of Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: 	
<p>C. Are individuals informed about how to relocate and request new housing?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <p>Type of Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: 	
<p>D. Do individuals know their rights and the procedures should be evicted from their residence?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <p>Type of Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy 	

	<input type="checkbox"/> Other:	
E. Does the physical environment meet the needs of the individual? (examples grab bars, accessible appliances, adaptive furniture)	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
F. Please describe all other evidence of compliance with "VI"		

Provider is complying with Rule #6	Yes:	No:
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VII. Each individual has privacy in his/her sleeping or living unit.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the setting afford individuals with locking doors that are lockable by the individual? (with only appropriate staff having keys to doors as needed)	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	

<p>B. Does the individual have a choice of his/her roommate? Does the individual know how to request a roommate change?</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>C. Does the setting afford individuals the opportunity to make private phone calls, text, or emails at the individual's preference and convenience?</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>D. Is the furniture arranged as preferred by the individual that assures privacy and comfort?</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>E. Does the individuals decorate or have articles of their choice in their personal space, as defined in their lease?</p>	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation	

	<p>Type of Documentation:</p> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
F. Do staff or other resident know and receive permission when entering bedrooms and bathrooms?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <p>Type of Documentation:</p> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
G. Does the program provide individuals spaces that allow for privacy when having visitors?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <p>Type of Documentation:</p> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
H. Please describe all other evidence of compliance with "VII"		

Provider is complying with Rule #7	Yes:	No:
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VIII. Individuals have the freedom and support to control their own schedules, activities, and have access to food at any time.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the individual choose and control a schedule that meets his/her wishes in accordance with Person-Centered planning?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
B. Has it been made clear that the individual is not required to adhere to a set schedule for waking, bathing, eating, exercising, activities, etc?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
C. Does the individual have access to the common areas such as the kitchen, living room, laundry, etc? Does the individual have access to the television, radio, and leisure activities that interest them? And can be	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	

scheduled at their convenience?		
D. Do individuals have access to food at any time? Can the individual request an alternate meal if desired?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
E. Does the individual choose whom they would like to eat with or the choice to eat alone? Are individuals required to sit in an assigned dining area?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
F. Please describe all other evidence of compliance with "VIII"		

Provider is complying with Rule #8	Yes:	No:
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IX. Individuals are able to have visitors of their choosing at any time.

Specific Questions	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
A. Does the home allow visitors to visit at any time?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
B. Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?	<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
C. Please describe all other evidence of compliance with "IX"		

Provider is complying with Rule #9	Yes:	No:
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X. The setting is physically accessible to the individual.

Specific Questions	Yes	NO	Evidenced by (select any of the following that apply):	Additional Comments/Describe Evidence of Compliance/Non Compliance
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<p>A. Is the setting physically accessible for individuals who have a physical disability (e.g. ramps, railings, roll in showers, etc. ?)</p>			<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>B. Are appliances and furniture accessible to every individual?</p>			<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>C. Do you document that the setting/program is what the person wants?</p>			<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:	
<p>D. Please describe all other evidence of compliance with "X"</p>				

Provider is complying with Rule #10	Yes:	No:
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