

# Suspected Abuse Reporting Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

### REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

COUNTY APS/OMBUDSMAN CASE NUMBER

LAW ENFORCEMENT CASE/FILE NUMBER

#### RECEIVING AGENCY USE ONLY

**A. VICTIM** (As applicable under Welfare and Institutions Code (WIC) 15629 (a))  CHECK THIS BOX IF VICTIM CONSENTS TO DISCLOSURE OF INFORMATION (Ombudsman use only)

NAME (LAST NAME FIRST)	AGE	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
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ADDRESS (IF FACILITY, INCLUDE NAME)	CITY	ZIP CODE	TELEPHONE ( )
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PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	CITY	ZIP CODE	TELEPHONE ( )
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ELDERLY (84+)  DEVELOPMENTALLY DISABLED  MENTALLY ILL/DISABLED  PHYSICALLY DISABLED  UNKNOWN/OTHER  LIVES ALONE  LIVES WITH OTHERS

**B. REPORTING PARTY:** Check Appropriate Box if Reporting Party Waives Confidentiality:  ALL  All but victim  All but Perpetrator

NAME (PRINT)	SIGNATURE	OCCUPATION	AGENCY
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RELATION TO VICTIM/HOW KNOWS OF ABUSE	WHERE TO CONTACT (STREET)	CITY	ZIP CODE	TELEPHONE ( )
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**C. INCIDENT INFORMATION - Address where Incident Occurred:**

DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/OUTPATIENT HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SKILLED BED <input type="checkbox"/> OTHER (Specify)
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**D. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).**

<p><b>1. PERPETRATED BY OTHERS (WIC 15610.07 &amp; 15610.63)</b></p> <p><b>a. PHYSICAL</b></p> <p><input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONFINEMENT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION</p> <p><b>b. NEGLECT</b></p> <p><input type="checkbox"/> FINANCIAL <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> ISOLATION</p> <p><b>c. FINANCIAL</b></p> <p><input type="checkbox"/> ABANDONMENT</p> <p><b>d. ABANDONMENT</b></p> <p><input type="checkbox"/> ISOLATION</p> <p><b>e. ABDUCTION</b></p> <p><input type="checkbox"/> OTHER (Non-Mandated e.g., deprivation of goods and services; psychological/mental)</p>	<p><b>2. SELF-NEGLECT (WIC 15610.57(b)(5))</b></p> <p><b>a. PHYSICAL CARE</b> (e.g., personal hygiene, food, clothing, shelter)</p> <p><b>b. MEDICAL CARE</b> (e.g., physical and mental health needs)</p> <p><b>c. HEALTH AND SAFETY HAZARDS</b></p> <p><b>d. MALNUTRITION/DEHYDRATION</b></p> <p><b>e. OTHER (Non-Mandated e.g., financial)</b></p>
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ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY)  NO PHYSICAL INJURY  MINOR MEDICAL CARE  HOSPITALIZATION  CARE PROVIDER REQUIRED  
 DEATH  MENTAL SUFFERING  OTHER (SPECIFY)  UNKNOWN

**E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G., ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.).**  CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

**F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person).**

NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	RELATIONSHIP
ADDRESS	CITY	ZIP CODE
		TELEPHONE ( )

**G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g., family, significant others, neighbors, medical providers and agencies involved, etc.)**

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
		( )	

**H. SUSPECTED ABUSER** ✓ Check if  Self-Neglect

NAME OF SUSPECTED ABUSER	CARE CUSTODIAN (type)	PARENT	SON/DAUGHTER	OTHER
	HEALTH PRACTITIONER (type)	SPOUSE	OTHER RELATION	
ADDRESS	ZIP CODE	TELEPHONE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY
			AGE	D.O.B.
			HEIGHT	WEIGHT
			EYES	HAIR

**I. TELEPHONE REPORT MADE TO:**  APS  Law Enforcement  Ombudsman  Calif. Dept. of Mental Health  Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE	TELEPHONE	DATE/TIME
	( )	

**J. WRITTEN REPORT**  Mailed or  Faxed (DO NOT FAX REPORT TO CDSS) FAX to agency to which telephone report was made.

AGENCY NAME	ADDRESS OR FAX #	DATE MAILED OR FAXED

**K. RECEIVING AGENCY USE ONLY**  Telephone Report  Written Report

1. Report Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

2. Assigned  Immediate Response  Ten-day response  No initial face-to-face required  Not APS

Approved by: \_\_\_\_\_ Assigned to (optional): \_\_\_\_\_

3. Cross-Reported to:  CDHS, Licensing & Cert.;  CDSS-CCL;  CDA Ombudsman;  Bureau of Medi-Cal Fraud & Elder Abuse;  Mental Health;  Law Enforcement;

Professional Board;  Developmental Services;  APS;  Other (Specify) \_\_\_\_\_ Date of Cross-Report: \_\_\_\_\_

900941 (8/92)

A Guide to Single Household Supported Living Services

# Suspected Abuse Reporting Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

### PURPOSE OF FORM

This form, as adopted by the California Department of Social Services, is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "Elder," as defined in WIC Section 15610.27 means any person residing in this state who is 65 years of age or older. "Dependent Adult," as defined in WIC 15610.23 means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code (H & S).

### REPORTING RESPONSIBILITIES

Mandated reporters<sup>7</sup> (see definition on p. 2 under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (including self-neglect), isolation, and abandonment (see definitions in WIC 15610) involving an elder or a dependent adult. The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-term care ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facilities, adult day programs, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma State Hospital, Lanterman State Hospital, Porterville State Hospital, Fairview State Hospital, or Agnews State Hospital).

### WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practically possible, and by written report (SOC 341) sent within two working days to the appropriate agency.

### MULTIPLE REPORTERS

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of abuse of an elder or a dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single written report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

### FAILURE TO REPORT

Failure to report physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter<sup>7</sup> who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine.

### WRITTEN REPORT/TELEPHONE REPORT

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete asterisk (\*) sections on the form when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services (CDSS).
2. If any item of information is unknown, write "unknown" beside the item.
3. Part B. REPORTING PARTY - Please check if reporting party waives confidentiality.
4. Part B. REPORTING PARTY - Mandated reporters<sup>7</sup> are required to give their names and non-mandated reporters may report anonymously.
5. Part C. INCIDENT INFORMATION - Please provide best known time frame (e.g., 2 days, 1 week, or ongoing).
6. Part D. Please check all types of suspected abuse that apply.
7. Part E. Reporter may attach medical diagrams, photographs of injuries or environment, etc.
8. Part I. TELEPHONE REPORT MADE TO - The mandated reporter<sup>7</sup> completes this section after making the telephone report.
9. Part K. AGENCY USE ONLY - This section may be used by the agency receiving the written report.

### DISTRIBUTION OF SOC 341 FORMS/COPIES

Mandated reporter- After making the telephone report send the original and 1 copy to the receiving agency, keep 1 copy for your file. DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES.

Receiving Agency - Place the original in the case file. The copy may be sent to a cross-reporting agency or it may be discarded.

SOC 341 (900) GENERAL INSTRUCTIONS

# Suspected Abuse Reporting Form

## GENERAL INSTRUCTIONS (continued)

### IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only between APS agencies, local law enforcement agencies, LTCO coordinators, Bureau of Medi-Cal Fraud and Elder Abuse of the Office of the Attorney-General, licensing agencies or their counsel, Investigators of the Department of Consumer Affairs who investigate elder and dependent adult abuse, the office of the District Attorney, the Probate Court, the Public Guardian, or upon waiver of confidentiality by the reporter, or by court order.

### REPORTING PARTY DEFINITIONS

**\*Mandated Reporters (WIC) \*15630 (a)** Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.\*

**Care Custodian (WIC) \*15610.17** 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease day care resource centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The office of the long-term care ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.\*

**Health Practitioner (WIC) \*15610.37** 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.\*

### EXCEPTIONS TO REPORTING (WIC 15630 (b) (3) (A) )

A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (I) The mandated reporter<sup>f</sup> has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (II) The mandated reporter<sup>f</sup> is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (III) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (IV) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

In a long-term care facility, a mandated reporter<sup>f</sup> who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the state office of the Long-term Care Ombudsman (LTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse (WIC 15630 (b) (4) (A) ):

- (I) The mandated reporter<sup>f</sup> is aware that there is a proper plan of care.
- (II) The mandated reporter<sup>f</sup> is aware that the plan of care was properly provided and executed.
- (III) A physical, mental, or medical injury occurred as a result of care pursuant to clause (I) or (II).
- (IV) The mandated reporter<sup>f</sup> reasonably believes that the injury was not the result of abuse.

# Confidentiality Policy

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## *Consumer Confidentiality Policy*

As an employee of **VENDOR'S NAME**, you may have access to consumer information and records. The information to which you may have access is confidential. It is your professional and legal obligation not to disclose information about a consumer to undesignated person or agencies. ALL reports, letters, memorandums and notations regarding a consumer are confidential.

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### Standards and Procedures to Protect Consumer Confidentiality

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- ⊙ Information about consumers contained in all reports, letters, memorandums and notations are regarded as confidential, whether labeled confidential or not.
- ⊙ All reports, letters, memorandums and notations regarding a consumer are to be placed in a closed file jacket or face down on your desk when you are not reading it.
- ⊙ Use the consumer's first name only if you are posting information where it may be seen. If there are consumers with the same first name, you may use the consumer's first name and the first letter of the last name.
- ⊙ Notes, reports, letters or memorandums with information about consumers are not to be removed from the premises without proper authorization.
- ⊙ Notes, reports, letters or memorandums with information about consumers will be shredded before being thrown out.
- ⊙ Discussions of any consumer should take place privately and include only staff who are directly involved with the consumer.
- ⊙ Staff will sign an agreement to adhere to the consumer confidentiality policy and that agreement will be filed in the employee's personnel file.

### Release of Consumer Information (*Section 4514 Welfare & Institutions Code Confidentiality and Disclosure*)

- ⊙ Information about a consumer may be released to parents or care providers only when there is a signed release from the consumer and/or conservator of the consumer.
- ⊙ Information about a consumer may be released without a consumer's and/or conservator's written release if required by a valid Court Order.
- ⊙ In case of a medical emergency, pertinent information may be released without the consumer's consent to any attending medical professional, including Emergency Medical Technicians and Firepersons.
- ⊙ Information may be released to a consumer's conservator without a consumer's consent.
- ⊙ Any person not honoring the laws regarding consumer confidentiality is subject to fines and penalties.

## Acknowledgement of Policy

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### Acknowledgement of Consumer Confidentiality Policy

Employee Name: \_\_\_\_\_

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

I have received a copy of **VENDOR'S NAME** Consumer Confidentiality Policy. I understand that talking about a consumer outside of **VENDOR'S NAME** or outside of a professional context is a serious breach of confidentiality. Discussion of any consumer or their services and supports should take place privately and include only staff who are directly involved with the consumer. Any breach of confidentiality may be considered cause for disciplinary action, including termination of employment from **VENDOR'S NAME**.

I have read the **VENDOR'S NAME** Consumer Confidentiality Policy and agree to adhere to this policy as stated.

Employee Signature: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

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

# Confidentiality Agreement

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## Confidentiality Agreement

The nature of services provided by VENDOR'S NAME requires information to be handled in a private, confidential manner.

Information about our business, employees, and the people we support can be released only to individuals or agencies with our written consent. Legal or regulatory guidelines provide the only exceptions to this policy. All reports, memorandum, notes, conversations, and documents will remain part of this company's confidential records.

The names, addresses, phone numbers or salaries of our employees will be released only to people authorized by the nature of their duties to receive this information and only with consent of both the management and the employee.

The undersigned employee agrees to abide by this confidentiality agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## A Glossary of Words and Terms

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**Accessible:** Activities or places which can be used by people with disabilities. Accessibility usually has to do with whether or not you can get to a place in a wheel chair.

**Activities of Daily Living:** Activities necessary for an individual to function as independently as possible in his/her environment.

**Adult Foster Home:** A foster home is a full-time living arrangement in which one or two residents live with a family in its own home. Training is provided principally by the foster parents and includes help in the daily routines of living, protection, security, and encouragement toward self-help and independence. Foster homes may be used for crisis and respite care, as well as for longer-term placement.

**Advocacy:** The act or process of representing the rights and interests of an individual or group, so as to realize the rights to which the individual or group is entitled, obtain needed services, and remove barriers to meeting identified needs. Advocacy may be performed by an individual on his or her own behalf (self-representation), by an individual on behalf of another (personal advocacy), by an individual or organization on behalf of a group with which they are concerned (class advocacy), or by individuals or organizations addressed to changing administrative practices or laws (systems advocacy).

**Advocate:** A person who represents an individual and acts on his/her behalf in order to protect his/her rights and interests.

**Age-Appropriate:** Activities or skills which are appropriate for a person with a developmental disability based on his/her chronological age. That is, those things that someone else the same age without a disability would be doing.

**Area Boards:** Mandated by the State of California to monitor the legal, civil and service rights of persons with developmental disabilities. Responsibilities include: advocacy; public information; program review/evaluation; and, resource planning.

**California Department of Developmental Services:** This department writes policies, supports legislation and a number of other activities which set standards in quality service for Californians with developmental disabilities. The department also provides the funding for regional center services and state developmental centers.

**California Department of Rehabilitation:** This department can help purchase many of the services needed for supported employment. The Vocational Rehabilitation section will help get the training needed to start a job and the section will help get the support needed to keep a job.

## A Glossary of Words and Terms

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**Client Program Coordinator (CPC):** A person responsible for the overall planning, coordination, and implementation of an Individual Program Plan. Regional Centers employ Client Program Coordinators.

**Community Care Facilities:** These are community residences which are licensed by the Community Care Licensing Section of the Department of Social Services.

**Community Care Licensing:** This is a section of the Department of Social Services which provides licenses and monitors community care facilities.

**Community Classroom/Community-Based Training:** Teaching and learning functional skills and activities in the place where it naturally occurs. This may mean the home, workplace, or the community.

**Community-Based:** Normalized settings in the community in which the number of individuals with disabilities approximates the normal occurrence of disabling conditions in the total population.

**Competitive Employment:** Employment within an integrated setting where the individual is receiving at least minimum wage and these wages are not being subsidized by any form of assistance nor are any additional forms of support service provided.

**Conservatorship:** A legal term to indicate that another person, usually a parent, has been given legal rights to make the decisions regarding another person's financial affairs.

**Consumer:** A person (Primary Consumer) or relative of a person (Secondary Consumer) who uses services. A primary consumer is any person believed to have a developmental disability, or a person believed to have a high risk of parenting a developmentally disabled infant, or any infant having a high risk of becoming developmentally disabled, who following intake and assessment by the regional center, is found eligible for, and in need of, regional center services.

**Day Service Provider:** A training program for persons with developmental disabilities funded by the California Department of Developmental Services. Training is provided in work, community access and independent living skills. Paid employment is often a part of the program.

**Department of Health:** This is the agency which licenses and monitors intermediate care facilities.

## A Glossary of Words and Terms

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**Department of Labor:** The federal agency which sets the standards for how much people get paid and has regulations for special wages, e.g. subminimum.

**Developmental Disability:** A severe, chronic disability of an individual which (1) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (2) is manifest before the age of 22; (3) is likely to continue indefinitely; (4) results in substantial functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, or economic self sufficiency; and (5) reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated. The above Federal definition is slightly different from the definition used by the State of California which is (1) a severe, chronic disability of an individual which (1) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (2) is manifest before the age of 18; (3) is likely to continue indefinitely; (4) results in substantial limitation; (5) includes mental retardation, autism, cerebral palsy, epilepsy or conditions similar to mental retardation; and (6) is not solely physical in nature.

**Disability:** A functional limitation resulting from a physical or mental condition. A person with a disability does not necessarily imply that there is also a handicap. It is not until the disability impedes the person from achieving his/her maximum ability in a given area that it is then considered a handicap.

**Earned Income:** A Social Security term which refers to money a person earns by performing work.

**Employment Development Specialist/Job Developer:** Staff of a Supported Employment service who complete all of the up-front work involved in finding a job.

**Employment Training Specialist/Job Coach:** Staff of a Supported Employment service provide on-the-job training, ongoing assistance and follow-along support for persons with disabilities who are working in the community.

**Enclave:** A work situation where there is a small group of people with developmental disabilities working in a community business with a supervisor who assists them.

**Family Support Services:** Those services which supplement and enhance the family's resources as it cares for the individual with developmental disabilities. These may include such services as respite care (both in and outside of the home), parent counseling, homemakers, informational peer groups, family education, home training, and social networks.

## A Glossary of Words and Terms

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**Follow-Along/Follow-up:** After initial job training is completed and someone is performing a job to the standards of the employer, follow-along/follow-up support services begin.

**Functional Skills and Activities:** Those skills and activities which have value to the individual and are used or required for participation in the individual's environment. These skills and activities are determined by the parent interview and educational staff.

**Group Home or Small Family Care Home:** Group Homes and small family homes provide supervision and training services for children and adults to enable residents to move to more independent settings.

**Group Placements:** An employment option where a small group of persons with disabilities work in a community business alongside people who are not disabled with a supervisor who assists them.

**Habilitation Specialist:** Department of Rehabilitation staff who provide and fund a plan for follow-along services for persons who are eligible for regional center services and are working.

**IHP/IWRP:** Individual Habilitation Plan or Individual Written Rehabilitation Plan which is required by law if an individual is receiving services from a state rehabilitation agency; contains individual employment goals and training.

**Impairment Related Work Expenses:** Work expenses which can be deducted from earnings. If approved by Social Security, IRWEs may include: follow-along support services; job training; medical devices; certain attendant care services (to get ready, and to get to or from work); out of the ordinary transportation costs; work-related equipment; drugs and medical services; some home modifications; and, other expenses (e.g., cost of keeping a guide dog, expendable medical supplies). An IRWE helps reimburse someone 50% of the cost of these services.

**Independent Living Program:** This is a service which provides people who live on their own with the types of support that will keep them living independently.

**Individual Education Plan:** A written plan which tells a student's present strengths, and goals and objectives for the school year. The I.E.P. is written for students who receive special education services.

**Individual Habilitation Plan:** A written plan which states a person's goals for work and the kind of training it will take to reach those goals. The I.H.P. is written for people who receive services from the California Department of Rehabilitation.

## A Glossary of Words and Terms

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**Individual Placement:** The placement of one individual with a disability into a community job.

**Individual Program Plan (IPP):** An individualized, written plan developed by the regional center which is based on a person's strengths and needs. It is a written plan of action, developed by an Interdisciplinary Team, with parent and consumer participation. The plan should specify the goals and objectives and service strategies which help a person grow and develop. It is reviewed by the regional center on an annual basis and is modified throughout the year on a needs basis. It is similar in purpose to the IEP developed by the education system and the IHP developed by the Department of Rehabilitation and should be coordinated with these plans when they exist.

**Individual Service Plan:** This is a plan which is written when someone goes into out of home placement. It outlines the type of training and supervision that a person needs to live as independently as possible.

**Individual Transition Plan:** A written plan which tells what a person will need to live, work and play as an adult. It should be written at least four years before someone is leaving school. The I.T.P. is written with the help of the student, parent, teacher and others who might assist the student after graduation.

**Individualized Written Rehabilitation Plan (IWRP):** An individual program plan specifically for the development of vocational skills and abilities. The IWRP should be developed jointly by the individual or the individual's beneficiary or his/her representative and the service provider. The plan should outline services to be received, the time frame in which goals should be accomplished, the duration of time involved, the expected outcome, and a method of evaluating progress.

**Integration:** The result of all persons with disabilities working, living, and recreating in the same community environments as everyone else. The opposite of segregation where people with disabilities are congregated into separate programs or environments and only interact with other persons with disabilities and agency staff.

**Interdisciplinary Team (IDT):** The group of people convened by the Regional Center for the purpose of preparing a client's individual program plan. An interdisciplinary team shall include, at a minimum, the client, one or more representatives of the regional center, and where appropriate, the client's parents, guardian, or conservator. Although the statute governing the participants only requires the Regional Center Client Program Coordinator and the client and/or his legal representative, Individual Program Plans frequently require the participation of all significant others in the client's life.

## A Glossary of Words and Terms

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**Interdisciplinary Team Process:** The interdisciplinary process is a team approach to diagnosis, evaluation, and individualized program planning and implementation. Each participant, utilizing the skills, competencies, insights, and perspectives his/her training and experience provide, focuses on identifying the developmental needs of the individual and devising ways to meet them, without the constraints imposed by assigning particular domains of behavior or development to particular disciplines only. Participants share all information and recommendations, and develop, as a team, a single, integrated individualized program plan to meet the individual's identified needs.

**Intermediate Care Facility for the Developmentally Disabled/Habilitative (ICFDD/H):** A group home for individuals who require assistance in meeting daily living needs. The facility's focus is to provide training to residents in a wide variety of skills ranging from self-help to independent living. The ultimate goal of the group home is to develop those skills required for the person to live in a more independent living situation. ICFDD/H residents require regular, but less than daily, medical and nursing care.

**Job Development:** The process of locating competitive jobs in the community that are appropriate for individuals with developmental disabilities. It consists of community job market screening, employer contact and job analysis.

**Job Placement:** The process of matching what the employer needs with what a person has to offer as a worker.

**Job Related Skills:** Skills needed to obtain or maintain a job but not necessarily related to the performance of a specific job duty. Such skills may include learning to ride a bus to and from work, dressing for the job, appropriate break-time behavior or depositing a paycheck in the bank.

**Job Site Training/On-site Job Training:** A component of supported employment services involving the direct instruction of job tasks and related skills by a job coach. This takes place on a worksite in the community.

**Job-coach:** The person who helps get people used to a new job. That means helping someone learn how to do the job in the way that's best for them.

**Job-Site Training:** A component of supported employment services involving the direct and systematic instruction of job tasks and related vocational skills provided by a job trainer to a worker who is disabled. This instruction takes place on a job-site in the community and utilizes behavioral training techniques. It is comprised of the following phases: job orientation/assessment; initial training/skill acquisition; and skill generalization and maintenance/fading. The trainer is an agency employee. The worker has already been hired for this job.

## A Glossary of Words and Terms

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**Lanterman Developmental Disabilities Services Act of 1976:** This California State law provides basic service rights to persons with developmental disabilities. It put in place the Department of Developmental Services, Regional Center, the State Council on Developmental Disabilities and Area Boards to establish needed services and monitor their delivery.

**Medicaid/Medi-Care:** Government-subsidized programs which provide assistance with health care expenses for eligible aged, blind, and disabled persons.

**Medicaid/Medi-Care:** Government-subsidized programs which provide assistance with health care expenses for eligible persons who are aged, blind, or disabled.

**Mental Health Worker/Case Manager:** Community mental health staff who assist in providing resources or ongoing support and advocacy for persons with mental health concerns.

**Natural Family Placement:** A living arrangement in which a disabled person lives with his/her own family, which might include the parental family, relatives, or spouse and/or children.

**Normalization:** A manifestation of a human right. Normalization requires making available to individuals with developmental disabilities patterns and conditions of everyday life that are as similar as possible to those of the mainstream of society. Such individuals are able to enjoy a manner of living that is as close as possible to that considered to be normal in the community and to assume socially valued roles.

**Objectives:** Are specific statements about what someone will learn, in what period of time, where the learning will take place and how to tell if learning has occurred.

**Out of home placement:** This is the process that occurs when someone leaves the home of their parents and moves into another living option.

**Personal and Incidental funds:** People who receive Social Security benefits, receive a part of that money for personal needs.

**Placement:** The process of matching what the employer needs with what a person has to offer as a worker. There are individual placements and placements with others such as work crews or enclaves.

**Public Law 94-142:** The federal law which established special education programs for students with special needs.

## A Glossary of Words and Terms

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**Rates:** This is the funding that residences receive for the training and supervision of people that live there.

**Regional Centers:** Regional centers are non-profit agencies which have contracts with the California State Department of Developmental Services. They help people who have developmental disabilities get the services they need through the Individual Program Plan. Twenty one centers provide people with residential, day, transportation, social, independent living, respite, medical, psychological, preschool and other services.

**Regional Center Service Coordinator:** Regional Center staff who to assist or fund ongoing support and advocacy for persons with developmental disabilities. Case managers are responsible for coordinating the overall support service plan.

**Regional Occupational Center:** When a regional occupational program is housed in a separate, identifiable facility, it is referred to as a regional occupational CENTER, called ROC. The intent of both the ROC and ROP is basically the same.

**Regional Occupational Program:** A regional occupational program, sometimes called ROP, is a special public educational unit established to assist students in preparing for categories of employment which require special or technical training or skills. A regional occupational program is typically contained in a variety of physical facilities and is not situated in one single plant or site.

**Residential Service Provider:** A person or persons who provide a place to live with varying amounts of training and supervision for people with developmental disabilities.

**Residential Service Provider:** Self-employed or staff member who provides living options for persons with disabilities who need basic care and supervision.

**Room and Board Facilities:** Room and board is a living arrangement in which a person purchases food, shelter, and household maintenance from a facility not required to be licensed by the Department of Health and Welfare. These arrangements are suitable for residents who need little or no assistance or supervision in their daily affairs and activities. These facilities are not directly involved in training of residents.

**Segregation:** The congregation of people with special needs in daytime programs and/or living situation where there is little or no interaction with people who do not have disabilities. This is the opposite of mainstreaming or integration.

## A Glossary of Words and Terms

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**Semi-Independent Living:** A residential facility for individuals who are able to care for themselves and who have adequate community living skills. The focus of the program is to encourage self-support abilities and to allow individuals to remain in the community in a family-style setting.

**Service Coordination:** Securing through purchase or referral, services specified in the person's individual program plan, coordination of service programs, information and dissemination, and measurement of progress toward objectives contained in the person's individual program plan.

**Skilled Nursing Facility:** A health care facility providing in-patient care to individuals with unstable health problems requiring nursing care. Provides restorative and rehabilitative care and assistance in meeting daily living needs. Medical supervision is provided on a regular, but not daily, basis. Placement of developmentally disabled persons in SNFs is unusual unless the person is elderly.

**Small Family Care Home/Group Home:** A licensed boarding home or private establishment for individuals who are unable to maintain a safe environment in an independent living arrangement or who require personal care and supervision.

**Social Security Benefits:** Many people with disabilities are eligible for Social Security benefits. These benefits help pay for the costs of out of home placement.

**Special Education:** Services for students who are not succeeding in regular education and need additional educational experiences in order to become independent, productive adults.

**SSDI (Social Security Disability Insurance):** A Social Security income support program administered to provide a minimum cash income for workers who are disabled and who have paid into Social Security through their own or their parent's payroll deduction. There are certain instances where a person with a disability may receive both SSDI and SSI, usually in the event the person is a dependent child of a person receiving SSDI payments.

**SSI (Supplemental Security Income):** SSI is a federal social security program that pays monthly cash payments to persons who are aged, disabled and blind who have limited income and assets. The aim of the program is to provide a minimum income for rent, food and clothing. The payment can vary according to formula.

**SSI and SSDI:** Supplemental Security Income and Social Security Disability Income - Federal income maintenance programs, run by the Social Security Administration, for the aged, blind, and disabled which provide monthly cash payments to eligible persons.

## A Glossary of Words and Terms

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**State Developmental Centers:** These are large residences also know as state hospitals. These are run by the State Department of Developmental Services.

**Supported Employment Service Provider:** Provides employment options for persons with developmental disabilities. This service is funded by the California Department of Rehabilitation.

**Supported Employment:** Paid employment which: (1) is for persons with developmental disabilities who because of their disabilities, need intensive ongoing support through the length of their employment to perform in a work setting; (2) is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed; and (3) is supported by any activity needed to sustain paid work by persons with disabilities, including supervision, training and transportation.

**Supported Living:** Provides the services and supports needed for someone to live in their own home and be a part of their community.

**Title XVII and Title XXII:** These are the state laws which regulate community care facilities used by the regional center.

**Transition:** The transition from school to adult life calls for a range of choices about career options, living arrangements, social life, and economic goals that often have life-long consequences. The transition from school to working life is an outcome-oriented process encompassing a broad array of services and experiences that lead to employment and successful community living. The dimensions of community adjustment include the quality of a person's residential environment; level of employment; and the adequacy of his or her social and interpersonal network. Transition is a period that includes high school, the point of graduation, additional post-secondary education or adult services, and the initial years in employment. Transition is a bridge between the security and structure offered by the school and the opportunities and risks of adult life.

**Transition Specialist:** School district personnel who develop and implement a transition plan which facilitates the movement of a person with a disability from school-based to adult services.

**Vendorization:** Residential service providers who run community care facilities must be licensed by Community Care Licensing and vendored by the regional center. Vendorization allows the provider to accept state funds for the training and supervision of people who live in residences.

## A Glossary of Words and Terms

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**Vocational Education:** Public school vocational education consists of systematic, organized programs within the public school system and consists of class training in: 1) agriculture, 2) business, 3) home economics, 4) health occupations, 5) industrial arts, 6) marketing and distribution, and 7) trades and industry. Vocational education involves occupational awareness, exploration, and preparation. It emphasizes leadership development, practical hands-on experience or applications, entrepreneurship as well as a set of attitudes, knowledge, and skills relative to jobs and job tasks. Vocational education also prepares students for advanced training and education at the post secondary level.

**Vocational Rehabilitation Counselor:** Department of Rehabilitation staff or a private insurance company staff who develop and fund the plan for job development, placement and initial training and support for persons who need Supported Employment services.

**Vocational Work Experience Education:** A program that provides occupational preparation, through a cooperative arrangement between a school and an employer, for entry into a specific occupation.

**Work Activity Program:** The Department of Rehabilitation (Habilitation Section) funds and monitors those programs for people who have acquired basic vocational and independent living skills and need a work-oriented setting to prepare for a vocation. In practice, these programs are usually segregated, but need not be.

**Work Crew:** A small group of people with a supervisor who go from job to job in the community.

**Work Incentives:** There have been changes in the Federal law that provide incentives to people who receive SSI and SSDI and want to work. These incentives have removed some of the fears of losing essential cash and medical benefits.

**Work Station in Industry:** Also referred to as Enclave - paid work performed in a real work setting by workers with a disability. The work is supervised by an agency-trained and agency-paid person. The industry pays the agency for work produced. The agency pays workers, typically, on a piece-rate basis. The work station may be a good opportunity for some workers with severe disabilities to eventually move into part or full-time supported work in competitive employment.



## **Binders - Sample Individual Binder Content**

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- 1 Individual's Contacts**
- 2 Emergency - Contacts**
- 3 Emergency Plan / Safety Standards**
- 4 Individual Profile and Standards**
- 5 ISP**
- 6 IPP**
- 7 Individual Vendor & Staff Evaluation**
- 8 Miscellaneous**
- 9 Individual's Rental Agreement**
- 10 Individual's Grocery & Personal Expense Log**
- 11 Daily Communication Log**
- 12 Med Sheets, Observation, Maintenance Logs**
- 13 Rental Agreement**

# Binders - Individual Binder Contact Sheet

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## Daily Communications Log

Date \_\_\_\_\_ Individual \_\_\_\_\_

Time \_\_\_\_\_ a.m. p.m. Support Person/PA \_\_\_\_\_

*Each support person / PA should fill out his/her own separate log for the day.*

<b>Activities:</b>

<b>Choices Made Today:</b>

<b>Communication:</b>

<b>Training:</b>

<b>Nutrition/Food:</b>

<b>Medication:</b>

# Binders - Individual Binder Emergency Contacts

## Contacts

Friends and Family		
Relationship	Name	Phone Number

Medical Contacts		
	Name	Phone Number
Physician		
Dentist		
Preferred Hospital		

Support Organizations		
	Name	Phone Number
Vendor		
Regional Center		
IHSS Coordinator		

## Binders - Individual Binder Emergency Contacts

### Emergency Contacts

#### Emergency Information

Date of Birth	_____
SSN:	_____
Allergies:	_____
Medications:	<i>(Medication-Dosage-Frequency)</i> _____
Medical Condition:	_____
Emergency Contact 1	_____
Emergency Contact 2	_____
Emergency Contact 3	_____
Physician Name/Number	_____
Insurance Provider 1	_____
Insurance Provider 2	_____

#### Authorization for Treatment

In the event of an accident or other emergency requiring medical treatment, including surgical care, while CONSUMER'S NAME is under the supervision of VENDOR'S NAME staff, the primary emergency phone numbers listed on this form must be contacted immediately. If the responsible party is unavailable or cannot be reached, I hereby authorize a representative of VENDOR'S NAME to make the arrangements he/she considers necessary for the above named individual to receive medical or hospital care, including necessary transportation. Furthermore, under such circumstances, I authorize any licensed physician or surgeon to provide necessary medical care and treatment to the above named individual. This notification is effective one year from the date of signature by the conservator or guardian.

_____	_____
Printed name of conservator	Date
_____	_____
Signature	Date

## **Binders - Sample of Staff Binder Contents**

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- 1 Purpose & Vision**
- 2 Individual Rights and Confidentiality Agreement**
- 3 Your Job Description**
- 4 Employee Performance Evaluation**
- 5 Memos and Notices**
- 6 Internal Grievance Procedure**
- 7 Special Incident & Mandated Reporter Procedure**
- 8 IHSS**
- 9 Miscellaneous**
- 10 Staff Expense Policies**
- 11 Staff Expense Log**
- 12 Forms**







### Suggested Training Topics

- Specific Job Description
- Philosophy, Values and Concepts of Supported Living
- INDIVIDUAL'S NAME Household Philosophy
- Individual Rights
- Emergency Procedures (medical, accidents, etc.)
- Disaster Preparedness (fire, earthquake, etc.)
- Abuse Reporting Requirements and Procedures
- Provision for CPR Training (if not currently certified)
- Roles of Paid and Unpaid Support
- Health & Safety Issues (including appropriate medical information)
- Personal Preferences & Daily Routines of INDIVIDUAL'S NAME
- Personal Care Routines specifically designed for INDIVIDUAL'S NAME
- Facilitated Communication
- Specific (non-aversive) Behavior Interventions (as appropriate)
- Communication & Interaction with Co-workers and Others
- Roles of INDIVIDUAL'S NAME family
- INDIVIDUAL'S NAME Communication with his/her family.
- Person-Centered (self-directed) Planning and IPPs
- Leisure, Recreation and Transportation Planning with INDIVIDUAL'S NAME
- Developing Circles of Support
- Accessing Community Resources
- Roles of NAME OF REGIONAL CENTER and other agencies
- Grievance Process
- Supporting INDIVIDUAL'S NAME in Making Choices and Decisions
- Handling of and Accountability for Household Monies
- Handling of and Accountability for INDIVIDUAL'S NAME Personal Money
- Assistance with Daily Household and Other Tasks
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

# Binders - Staff Binder Training Attendance Form

## Training Attendance Form

Name of Person Attending Training \_\_\_\_\_

- Employee
- Consultant
- Friend (unpaid)
- Other

Title of Training/Workshop \_\_\_\_\_

Topic \_\_\_\_\_ Date of Training \_\_\_\_\_

Name of Trainer \_\_\_\_\_

Two new things I learned:

1. \_\_\_\_\_

2. \_\_\_\_\_

*Please indicate this training (1=Poor, 2=OK, 3=Very Good, 4=Great)*

Helpful to me in my position/relationship with Individual'S NAME	1	2	3	4
Good background information and or review	1	2	3	4
Relevant topic: worth my time	1	2	3	4
Materials	1	2	3	4
Presentation of information and/or materials	1	2	3	4
Organization of training/workshop	1	2	3	4
Trainer was knowledgeable about the topic	1	2	3	4
Glad I was here and would recommend to others	1	2	3	4
I would like additional info/training (specify) on this topic	1	2	3	4
Comments:				

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I attended this training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Binders - Staff Binder Wage Order 15

---

All employees in the state of California work under one of the seventeen Industrial Welfare Commission (IWC) Wage Orders, depending on the nature of their job, and or the industry in which the employee works.

As a personal attendant working for \_\_\_\_\_, you work under IWC wage order 15. As required by the provisions of wage order 15, personal attendants are not subject to the sections of the wage order that allow for the payment on overtime pay, or that require the employer to provide a duty free meal break during the employee's work shift.

Please complete, sign and date this acknowledgment.

I \_\_\_\_\_ understand that work I perform for \_\_\_\_\_ is worked under IWC wage order 15, and that as such, I am not required to take a duty free meal period, nor am I eligible to be paid overtime for hours worked in excess of 8 per day per 40 per week in accordance with the wage order. I also understand that I am able to have meals during my workday, but I will be paid for the time spent eating meals.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# Training & Evaluation - Employee Evaluation

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Employee Preparing the Review: \_\_\_\_\_ For The Period (MM/YY) \_\_\_\_\_

Rating Scale: **1 = Significant Improvement Required**

**2 = Some Improvement Required**

**3 = Meets Requirements of Position**

**4 = Exceeds Requirements**

**5 = Superior Performance**

<b>Job Knowledge</b>	<i>N/A</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Adheres to Connections for Life philosophy in promoting the individual's independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands his/her overall responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and attends to the needs of the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in acquiring additional job knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and is able to express agency's supported living philosophy/values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits agency's supported living philosophies and values in all work-related activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____						

<b>Individual Support</b>	<i>N/A</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Interacts with individual in an appropriate and respectful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes choices in the individual's daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creates opportunities to expand the individual's life experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides consistent approach supporting individual to attain goals as stated in IPP and ISP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on individual plans and commitments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates actively as requested or needed in:						
• individual's social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• individual's financial/budget plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• individual's daily chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists individual in developing meaningful relationships as requested or needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____						

Adapted from Creative Living Options

## Training & Evaluation - Employee Evaluation

<b>Time Management/Flexibility</b>	N/A	1	2	3	4	5
Reports to work on time and is prepared to do his/her job effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses willingness to work additional hours during extreme or emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps scheduled work hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests time off in advance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____						

<b>Administration</b>	N/A	1	2	3	4	5
Completes all required documentation (daily logs, medication sheets, financial binder, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides thorough, accurate, and meaningful documentation regarding activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends required staff trainings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submits neat, accurate time sheets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows through on assignments given by supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____						

<b>Initiative</b>	N/A	1	2	3	4	5
Willingly assumes additional responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and shares ideas beneficial to the individual and the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates activities that increase the individual's interest and participation levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____						

<b>Communication</b>	N/A	1	2	3	4	5
Communicates regularly with supervisor regarding the needs and progress of the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps the lines of communication open with other staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from gossip and/or sharing personal information with other individuals and other employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____						

# Training & Evaluation - Employee Evaluation

## SUMMARY

EMPLOYEE STRENGTHS

RECOMMENDATIONS FOR GREATER PERFORMANCE

EMPLOYEE COMMENTS

I have reviewed this document and discussed the contents with my Supervisor. My signature means that I have been advised of my performance status, and does not necessarily imply that I agree with the evaluation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Training & Evaluation - Individual Satisfaction

## Community Connections Phone Survey

Hello, my name is [your name] and I work for Community Connections. We recently sent you a letter that said we would be calling you. We're trying to find out we're doing and if we can do better in supporting you. As we said in the letter, we will be putting your answers together in a report and we won't use your name.

Do you have a few minutes now to answer several questions?  Yes  No

If no, is there a better time to call? \_\_\_\_\_  
Thanks, I will call back at that time.

If yes, Thanks, let's start:

I understand that [name of person or persons] is supporting you right now.

Is that right?  Yes  No

Does [he/she or they] show up on time?  Yes  No

Do they do what we say they will do?  Yes  No

In supporting you, what are we doing well?

What could we do better?

Do you need support that you are not getting from us?

Do you have anything else to tell me about the services that you get from Connections?

Thanks for your time! This information really helps us.

# **A Guide to Single Household Supported Living Services**

**Developed for  
Connections for Information and  
Resources on Community Living (CIRCL)  
4171 Starkes Grade Road  
Placerville, CA 95667-9204**

**by  
Kathleen Campbell  
Joan Schmidt**

**June, 2004**