DSAMH Community Living Questionnaire

The community provider will complete and maintain this assessment in the client's record as per DSAMH006 Housing Policy.

Client Name:		Date:	
Community Provider:			

These questions are about things you would like considered when you think about moving to your own place. We will talk about the neighborhood where you might live, the kind of housing you would like best, whether or not you want housemates, what kind of help you want and anything else that is important to you about where you live.

1. What are your feelings about moving to your own place, either on your own or with another person?			
1 I'm eager to get my own place ☐	2 I have mixed feelings about getting my own place ☐	3 I have some worries about living in my own place ☐	4 I haven't given much thought to living in my own place ☐

If you have some worries about moving into your own place, what are your concerns?	
How might we make things easier for you?	
Where were you living before you came here?	
When was the last time you lived in your own place?	

As we fill out this form together, let's be sure that to think about where you'd like to live and how we can take care of anything that you may be worried about.

2. How much choice would you like to have over the place you live?		
1 No choice at all ☐	2 Some Choice ☐	3 A great deal of choice ☐

3. How much choice would you like to have over the neighborhood where you live?		
1 No choice at all ☐	2 Some Choice ☐	3 A great deal of choice ☐

4. Please rate your community living choice, rating 3 as your top pick:			
1. 2. 3.			
How much would you like to live… ?	Not at all	Somewhat	A lot
By yourself in your own apartment or house	☐	☐	☐
In a house or apartment with another person	☐	☐	☐
Something different from either one of these	☐	☐	☐
If you have something different in mind, what would it be:			
If you'd like to live with another person, do you have anyone in mind who you'd like as a housemate?	☐ Yes ☐ No		
Name:		How do you know this person?	

5. How important is each of the following in making a choice about where you live?	1 Not important at all	2 Somewhat important	3 Very important
Location is near your old neighborhood?	☐	☐	☐
Where is your old neighborhood?			
Location is near or with people you like?	☐	☐	☐
Who are some of these people?	How do you know them?	Where do they live?	

6. Importance of amenities:	1 Not important	2 Somewhat important	3 Very important
Location is near services, recreation, and transportation?	☐	☐	☐
Safety of the neighborhood?	☐	☐	☐
You can move into this place right away—it's available now?	☐	☐	☐
Decorating and furnishing your home yourself	☐	☐	☐
Having a pet	☐	☐	☐
Having someone else to take care of repairs and maintenance	☐	☐	☐
Having a yard or garden	☐	☐	☐
Having children around the place you live	☐	☐	☐
Being able to have a car and parking	☐	☐	☐
What floor your place is on	☐	☐	☐
Having privacy	☐	☐	☐
Having people around that you can talk to	☐	☐	☐
Other things that are important to you:			

7. Do you need anything special to help you get around your house or apartment? ☐ Yes ☐ No	
If yes, what kind of things do you need:	☐ No steps ☐ Wheelchair ramp ☐ Elevator ☐ Things to help you with visual impairments ☐ Things to help you with auditory impairments ☐ Other:

Print Name of Case/Care Manager

Date of Signature

Signature of Case/Care Manager