

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Residential Certification Evaluation
Client Interview

PROVIDER/ CONTRACTOR NAME		EVALUATOR NAME		
EVALUATION DATES				INTERVIEW DATE
CLIENT NAME	COMMUNICATION METHOD	CLIENT ABLE TO PARTICIPATE <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSENT GIVEN TO SHARE RESPONSES <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT ATTEMPTS				
<p>The questions below are meant to capture if individuals are satisfied with the provider's instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer. Some questions may not be applicable, depending on the type of program the client is in (i.e. finances).</p>				
Overall Satisfaction	Yes	No	N/A	Comments
Do you like living here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there anything you do not like about living here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often do you see your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What goals are you working on with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whom would you talk to if you had concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel safe here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a way to contact Adult Protective Services, your guardian, and case manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does anything make you feel uncomfortable here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you get the help that you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What things is the staff / provider teaching you to do?				
What do you like about the staff / provider?				
What could the staff / provider do better or more of?				
Support of Personal Relationships	Yes	No	N/A	Comments
Do you have friends or family in the community that you visit with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the staff / provider help you make arrangements to see them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions	Yes	No	N/A	Comments
Are there any rules in your house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Respect of Individuality, Independence, Personal Choice, Dignity				Yes	No	N/A	Comments
Do you feel you get a choice of provider?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tell me how the staff / provider treat you and talk to you.							
Can you make your own choices?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What kinds of things do you make choices about?							
Environment				Yes	No	N/A	Comments
Tell me about your room / home and how it is decorated.							
Did you make the choices and help?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tell me about how you get along with your housemates (if applicable).							
Health and Safety				Yes	No	N/A	Comments
Do you see a doctor or dentist when you need to?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food / Shopping				Yes	No	N/A	Comments
Who chooses the food that you eat?							
Who shops for the food?							
What do you do to help fix the food?							
Does anyone share your food?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Activities / Work				Yes	No	N/A	Comments
What kinds of things do you do for fun and relaxation?							
Are there activities you would like to do that you are not doing?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Finances (if applicable)	Yes	No	N/A	Comments	
Do you handle your own finances or does someone help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
How do staff / provider help you to pay your bills and buy the things you want and need?					
Do you get spending money? If so, how often and who gives it to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does anyone tell you how you can spend it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NOTES					