



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
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 / REASON INTERVIEW COULD NOT BE COMPLETED			

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).

This section is for Alternative Living only:

Overall Satisfaction	Yes	No	N/A	Comments
How often do you see your provider?				
What goals are you working on with your provider?				
Whom would you talk to if you had concerns?				
Do you have a way to contact: <ul style="list-style-type: none"> • Adult Protective Services (or Child Protective Services) • Your parent or guardian • Case manager 	<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 do you like about the provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What could the provider do better or more of?				
Respect of Individuality, Independence, Personal Choice, Dignity	Yes	No	N/A	Comments
Did you agree to the services you are receiving now? Were you able to meet the provider and agree to work with the provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Activities / Work	Comments			
What kind of things do you do for fun?				

This section is for all other provider types:

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?				



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What goals are you working on with your provider?				
Whom would you talk to if you had concerns?				
Do you feel safe here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a way to contact:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Adult Protective Services (or Child Protective Services)				
• Your parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Case manager	<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 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 plans 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? If so, did you agree to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect of Individuality, Independence, Personal Choice, Dignity	Yes	No	N/A	Comments
Did you agree to the services you are receiving now? Were you able to meet the provider and agree to work with the provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can you choose to lock your bedroom and bathroom doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can you make choices about the care and services you receive here at the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environment	Yes	No	N/A	Comments
Tell me about your room / home and how it is decorated. Did you make the choices and help?				
If you have a roommate, were you informed you would have a roommate? Did they ask if it was okay with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Could you change roommates if you wanted to?				
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"/>	
When you need help taking medications, does your provider help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food / Shopping	Yes	No	N/A	Comments
Does anyone share your food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have access to food you choose at any time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Who shops for the food?				
What do you do to help fix the food?				
Social Activities / Work	Yes	No	N/A	Comments
What kinds of things do you do for fun and relaxation?				
Do you have an opportunity to participate in community activities of your choosing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Do you get spending money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to spend your money on things you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOLLOW-UP NOTES
