

Home and Community-Based Services
Consumer Interview

Consumer Name:

UCI #:

Service Provider:

Address:

Interviewer's Name:

1. Do you go to the community to do things you like to do? Do you get to help decide what activities you get to do or restaurants you go to? **(Federal Requirement 1: Access to the Community)**
2. Do you get to choose who you go on outings or errands with? **(Federal Requirement 1: Access to the Community)**
3. When other people go out in the community to do an activity, do you have to go, even if you don't want to? **(Federal Requirement 1: Access to the Community)**
4. Are you currently attending a day/employment program? Do you like your day/employment program? **(Federal Requirement 1: Access to the Community)**
5. Do you manage your own money? If you do not, do you know how to ask for your money? **(Federal Requirement 1: Access to the Community)**
6. Do you get to help decide what dental, medical or banking services you receive? **(Federal Requirement 1: Access to the Community)**
7. Did you choose to live in this residential home/or participate at your day/employment program? were you able to visit other places to live in or participate at before you selected this one? **(Federal Requirement 2: Choice of Setting)**
8. Are you able to use the phone, open your mail or other device in private? **(Federal Requirement 3: Right to be Treated Well)**
9. Are you able to keep things that are important to you or valuable in a safe place or locked up? **(Federal Requirement 3: Right to be Treated Well)**

10. If you are unhappy or uncomfortable with your direct support professional/Provider, do you feel safe enough to tell someone? Do you know what to do or who to talk to if you have a problem? **(Federal Requirement 3: Right to be Treated Well)**

11. Do you make decisions about what daily activities you want to participate in? **(Federal Requirement 4: Independence)**

12. Do you participate in your individual service plan / IPP meeting? Does your service plan or IPP include things that are important to you? **(Federal Requirement 5: Choice of Services and Supports)**

13. If you wanted to receive different services or change some of your services, do you know what to do or who to speak with to make that request? **(Federal Requirement 5: Choice of Services and Supports)**

14. Are you able to access any common area in the home or program? (e.g. kitchen, closets, laundry room, garage, recreation room) **(Federal Requirement 10: Accessibility)**

15. Do you know your rights? Do you know where they are posted in your home/program/employment? **(Federal Requirement 3: Right to be Treated Well)**

16. Is there anything about this service that you don't like? does your direct support professionals or provider treat you with respect? Is there anything you would like to tell me?

Continue for residential services questions:

17. Do you have a Resident /Admissions Agreement you signed to live here? Do you know where it is located? Do you know who to speak with if you want to move? **(Federal Requirement 6: Residential Agreement)**

18. Do you have a roommate? Did you get to choose your roommate, and do you know who to speak with if you want to change roommates or explore the option of a private room? **(Federal Requirement 7: Privacy)**

19. Can you close and lock your bedroom door? Do you have a key to your bedroom? **(Federal Requirement 7: Privacy)**

20. Can you close and lock your bathroom door? **(Federal Requirement 7: Privacy)**

21. Are you able to eat what you want to eat and at the time that you want? **(Federal Requirement 8: Schedule and Access to Food)**

22. Are you able to eat where you want in the home? (e.g. in a place other than the dining room or kitchen)? **(Federal Requirement 8: Schedule and Access to Food)**

23. Do you have to go to bed or wake up at a certain time? **(Federal Requirement 8: Schedule and Access to Food)**

24. Do you have family or friends come visit you to the home? whenever you want? **(Federal Requirement 9: Right to Visitors)**