**ALR COMMUNITY – COOKING ASSESSMENT**

The Cooking Assessment determines an individual’s ability to independently utilize varied cooking methods. Complete this assessment by speaking directly with the individual, family or care givers, and/or direct observation of individual’s safety skills, as possible.

Department of Health Care Policy and Financing rules require all Medicaid-funded individuals to complete a cooking assessment prior to admission. Signatures of both the person completing the assessment and the person being assessed are required.

**Individual’s Name:**   **Date:**

**Stove:**

Wants to use stove independently.  Yes  No

Turns burners on and off.  Yes  No

Adjusts temperature of stove burners.  Yes  No

Puts appropriate items on the burners.  Yes  No

Does not leave food unattended on stove.  Yes  No

Keeps stove-top free of flammable items.  Yes  No

Uses pot holders when removing hot items from stove.  Yes  No

**Oven:**

Wants to use oven independently.  Yes  No

Sets temperature independently.  Yes  No

Remembers to turn off oven when done.  Yes  No

Puts only appropriate items in the oven.  Yes  No

Uses pot holders when removing hot items from oven.  Yes  No

**Toaster:**

Wants to use toaster independently.  Yes  No

Adjusts toaster settings independently.  Yes  No

Knows how to safely remove food items from toaster.  Yes  No

**Microwave:**

Wants to use microwave independently.  Yes  No

Sets microwave settings appropriately.  Yes  No

Puts appropriate items in the microwave.  Yes  No

Does not leave food unattended in microwave.  Yes  No

Uses pot holders when removing hot items from microwave.  Yes  No

Cleans up as needed.  Yes  No

**Miscellaneous:**

Knows what to do if a food item burns/catches on fire.  Yes  No

Does not wear loose clothing while cooking on stove.  Yes  No

Uses knives or other sharp utensils safely.  Yes  No

Determines if foods are spoiled.  Yes  No

Individual’s Name: Date of Assessment:

**Other:**

Any other information related to individual’s ability to safely cook:

**Use of this document does not constitute nor imply compliance with Federal or State rules and regulations. All facilities must follow their own internal guidelines and policies for admission. All facilities are responsible for gathering the appropriate information required to ensure the facility is able to meet the needs of each individual admitted.**

Signature of person completing Assessment:

Individual’s signature: Date: