**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: