**ALR Community – Initial Individual Assessment Team Determination**

Individual’s Name: Date:

**Based on all assessment information, the Assessment Team has determined:**

Moving into the ALR is the individual’s choice: [ ]  Yes [ ]  No

Community meets individual’s independence/community integration needs: [ ]  Yes [ ]  No

Individual agrees to the available selection of living arrangement, Room # \_\_\_\_: [ ]  Yes [ ]  No

Individual agrees to roommate choice (if applicable): [ ]  Yes [ ]  No [ ]  N/A

Individual is capable of locking and unlocking their living quarters: [ ]  Yes [ ]  No

Community is able to meet therapeutic diet needs and/or food preferences: [ ]  Yes [ ]  No

Individual is able to safely cook and use food preparation areas/utensils: [ ]  Yes [ ]  No

Individual is able to self-manage any injectable medications: [ ]  Yes [ ]  No [ ]  N/A

(Note: answering “no” does not preclude admission to ALR if the
community has a nurse on staff to meet the need for injectable
medication administration or if Home Health will administer.)

Community can meet individual’s level of need related to continence: [ ]  Yes [ ]  No [ ]  N/A

Community can meet individual’s nighttime needs: [ ]  Yes [ ]  No [ ]  N/A

Community can meet the individual's level of need related to supervision
and protective oversight: [ ]  Yes [ ]  No

Community's physical plan/layout is able to accommodate the individual's
needs related to accessibility: [ ]  Yes [ ]  No [ ]  N/A

Community can support the individual’s overall physical, emotional, social
and spiritual needs: [ ]  Yes [ ]  No

Community’s culture is a good fit for the individual: [ ]  Yes [ ]  No

**Comments and considerations:**

Individual’s Name: Date of Determination:

**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.**

**Signatures:**

Signatures and titles of determination team members involved in completion of this form:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Name: Title:

Individual’s Signature: Date: