

Apartment Ready Checklist

This checklist is to be used when a client/team feels an apartment setting would be an option for a client. Any area that is checked under "Training required" should have a plan developed to accommodate the individual.

Client Name: _____ Date of Assessment: _____

	Apartment Ready	Training Required
Activities of Daily Living		
Personal Hygiene (Showering, Toileting, Teeth Brushing)		
Maintains Personal Appearance		
Goes to bed and gets up at a decent time		
General Housekeeping		
Completing Daily Chores		
Maintaining Cleanliness		
Laundry		
Emergency Procedures		
Can Identify an Emergency Situation		
Knows that to do when there is an emergency		
Understanding Basic First Aid Procedures		
Transportation		
Knows how to use the bus routes/understands how to pay for this		
Knows how to call cab or other services to line up a ride/understands how to pay for this		
Has Driver's license and vehicle and follows all laws/requirements		
Medication Administration and Doctor's Appointments		
Schedules and attends All Doctor's Appointments		
Takes Medications as Prescribed		
Fills Prescriptions as needed		
Follows all Doctor's Orders		
Work/Vocational		
Attends work as scheduled		
Meal Planning		
Knows how to safely use appliances		
Has tools to meal plan		
Can follow a recipe or prepare meals / correctly uses measuring tools		
Knows how to and can complete Grocery Shopping		
Finances		
Pays Bills on Time		
Follows a weekly budget		
Maintains a Checkbook Register		
Balances Checkbook		
Has a Rep Payee		
Has a clear financial credit history		
Intrapersonal Relationships		
Maintains Healthy Relationships with others		
Can identify signs of maltreatment/abuse		
Understands safe sex and practices safe sex		
Abuse/Maltreatment		
Understands signs of abuse		
Recognizes signs of people taking advantage of them		
Community Resources		
Ability to access and coordinate outside community resources <i>i.e. Special Olympics</i>		

List out each area identified as "Training Required" and develop an accommodation to be made for the client:

1.) _____

Accommodation: _____

2.) _____

Accommodation: _____

3.) _____

Accommodation: _____

4.) _____

Accommodation: _____

5.) _____

Accommodation: _____

6.) _____

Accommodation: _____

7.) _____

Accommodation: _____

8.) _____

Accommodation: _____