

ADL & Mental Health Checklist

6/2022

*This guidance document does not replace or override any assessment or evaluation which is completed by a physician, other licensed health provider, or licensed mental health provider. This assessment is for informational purposes only. The Activities of Daily Living portion of this assessment has been adapted from the Katz Index of Activities of Daily Living, and the Ability to Manage Instrumental Activities of Daily Living has been modified from the Lawton-Brody Instrumental Activities of Daily Living without permission.

Part A. Activities of Daily Living	<p>Dependent</p> <p>If your client meets one or more of the following criteria, your client may not be successful in Permanent Supportive Housing.</p>
	With supervision, directions, personal assistance, or total care.
Bathing/Hygiene	<ul style="list-style-type: none"> • Needs help with getting in or out of shower, bathing one or more parts of the body, or needs total bathing. • Needs a reminder to complete any tasks related to hygiene. • Refuses to complete tasks related to hygiene.
Toileting	<ul style="list-style-type: none"> • Needs help transferring to the toilet, cleaning self or uses bedpan or toilet.
Transferring	<ul style="list-style-type: none"> • Needs help in moving from bed to chair or requires a complete transfer.
Continence	<ul style="list-style-type: none"> • Is partially or totally incontinent of bowel or bladder. Wears adult diapers and can maintain good hygiene without reminder. • Is partially or totally incontinent of bowel or bladder, and client has accidents. Client can change him/herself and put on adult diapers without reminder or assistance. Can clean up his/her garments/bedding after accidents. • Is partially or totally incontinent of bowel or bladder and either cannot or refuses to change him or herself without direction from staff.
Feeding	<ul style="list-style-type: none"> • Physically unable to stand in line to get food tray. Can get food from plate into mouth without help.

Feeding (continued)	<ul style="list-style-type: none"> • Gets food from plate into mouth without help. Can carry own food tray/stand in line for food. Preparation of food may be done by another person. • Cannot carry own food tray/stand in line for food. Needs partial or total help with feeding or requires parenteral feeding.
Dressing	<ul style="list-style-type: none"> • Needs help with dressing self or needs to be completely dressed.

Part B. Ability to Manage Instrumental Activities of Daily Living (i.e., can the client live independently)	<p>Dependent</p> <p>If your client meets one or more of the following criteria, your client may not be successful in Permanent Supportive Housing.</p>
Medication Management	<ul style="list-style-type: none"> • Takes responsibility if medication is prepared in advance in separate dosage • Is not capable of dispensing own medication • Refuses to take prescribed medications
Ability to Use Cell Phone	<ul style="list-style-type: none"> • Answers cell phone but does not dial • Does not use cell phone at all • Does not own cell phone
Housekeeping/Laundry	<ul style="list-style-type: none"> • Performs light daily tasks such as dish washing, bed making • Performs light daily tasks but cannot maintain acceptable level of cleanliness • All laundry must be done by others • Needs help with all home maintenance tasks (client needs prompts, reminders, and/or physical help with tasks) • Does not participate in any housekeeping tasks
Shopping	<ul style="list-style-type: none"> • Shops independently for small purchases • Needs to be accompanied on any shopping trip • Completely unable or unwilling to shop

Food Preparation	<ul style="list-style-type: none"> • Prepares adequate meals if supplied with ingredients • Heats, serves, and prepares meals, or prepares meals but does not maintain adequate diet • Needs to have meals prepared and served
Money Management	<ul style="list-style-type: none"> • Manages day-to-day purchases, but needs help with banking, major purchases, etc. • With help of a payee, service provider, friend/family member, the client can pay bills and pay rent. Weekly, bi-weekly, or monthly monitoring may be needed. • Incapable of handling money
Mode of Transportation	<ul style="list-style-type: none"> • Arranges own transportation via taxi/Uber/Lift/Other, but does not use public transportation • Travels by public transportation when accompanied by another person • Travel limited to taxi or car with assistance by another person Does not travel at all

Part C. Mental Health	<p>Those who may or may not succeed in Permanent Supportive Housing (PSH):</p> <ul style="list-style-type: none"> • Meet the criteria as a severely mentally ill individual, with or without a co-occurring substance abuse disorder • Show signs and symptoms that are generally unstable • Have a high level of vulnerability and may require frequent, high intensity, multi-disciplinary system of supports • Are unable or unwilling to <i>independently</i> access and sustain involvement with needed services. • Have impairments in self-care, daily living skills, social/interpersonal functioning and/or educational/occupational role are evident. • Have service needs that exceed that which would be provided by intensive case management. • Have high risk of self or other harm and suicidal or homicidal ideation and have serious recent attempts and a substantial plan of action to harm. Individual may not be appropriate for PSH until risk to self and others is reduced to low with no plan of actions to do harm.
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