

DIVISION OF DEVELOPMENTAL DISABILITIES
FUNCTIONAL INFORMATION DOCUMENT

***If over 21, please complete as to abilities at age 21**

Please note the following:
None = no assistance needed, independent with task
Prompting = verbal reminders to initiate or for thoroughness
Direct = physical assistance or constant presence needed

Name: _____ DOB: _____

Person Assisting: _____

Phone: _____ Today's Date: _____

I. LEARNING

In school did you have an IEP? Yes No

Are you able to read a newspaper? Yes No

What books or magazines do you read? _____

Are you able to tell time? Yes No . If yes, with an analog (clock with a face and hands) or digital (numbers only, like 3:47 PM) clock? _____

II. SELF CARE (DRESSING, EATING, GROOMING, HYGIENE)

Describe the help you need to do the following:

	None	Prompting	Direct Assistance
Bathing:	a <input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
Tooth brushing:	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
Hair washing:	h <input type="checkbox"/>	h <input type="checkbox"/>	h <input type="checkbox"/>
Toileting:	d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>
Dressing:	e <input type="checkbox"/>	e <input type="checkbox"/>	e <input type="checkbox"/>
Eating:	g <input type="checkbox"/>	g <input type="checkbox"/>	g <input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance:

III. EXPRESSIVE/RECEPTIVE LANGUAGE (TALKING TO OTHER PEOPLE / UNDERSTANDING WHAT THEY SAY TO YOU)

Do you need any special help to communicate with people who don't know you well? (for example, sign language, communication device, pictures, or someone who does know you "interpret" what you mean... Yes No if yes, please describe:

What is the primary language spoken in your home? _____

Are you able to understand other people when they talk to you? Yes No

IV. MOBILITY (WALKING / GETTING AROUND)

Do you need any special equipment to help you get around? Yes No
Are you able to independently go up and down stairs? Yes No
Are you able to fasten buttons? Yes No zippers? Yes No
use a pencil or pen? Yes No

V. SELF-DIRECTION (MAKING YOUR OWN DECISIONS)

Do you have a representative payee for SSI/SSDI checks? Yes No
What bills do you pay on your own? _____
How do you pay these bills (check, credit card, pay at site)? _____
Who helps you with your goals and big decisions (moving, new job, etc.)? _____
Does anyone help you with day to day planning/activities? Yes No
If so how? _____
List clubs or organizations you belong to: _____
Are you able to keep in touch with friends on your own (phone them or otherwise contact to make plans to get together)? Yes No
Do you need help to get out of your home in case of emergency? Yes No If yes, please describe: _____
How long are you comfortable being home alone? _____
List two reasons to call 911. _____
Do others sometimes take advantage of you (borrow money and not pay you back or take your belongings)? Yes No
If yes, what do you do? _____
What would you do if a stranger is bothering you? _____

VI. INDEPENDENT LIVING (LIVING ON YOUR OWN)

Describe the help you would need to use the following kitchen appliances:

	None	Prompting	Direct Assistance
Stove	a <input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
Microwave	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
Dishwasher	h <input type="checkbox"/>	h <input type="checkbox"/>	h <input type="checkbox"/>
Hand wash dishes	d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>

Please explain the areas where you need prompting or direct assistance: _____

Are you able to make a grocery list? Yes No
Are you able to read and follow a recipe? Yes No
Describe food items that would make a healthy meal: _____

Describe the help you would need to prepare this meal: _____

Describe the help you would need to do the following household chores:

	None	Prompting	Direct Assistance
Vacuuming	a <input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
Laundry	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
Changing bedding	h <input type="checkbox"/>	h <input type="checkbox"/>	h <input type="checkbox"/>
Sweeping and mopping	d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>
Cleaning a bathroom	e <input type="checkbox"/>	e <input type="checkbox"/>	e <input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

Describe the help you would need in the following areas:

	None	Prompting	Direct Assistance
Riding the RIPTA bus	a <input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
Shopping (food, clothes)	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
Setting appointments	h <input type="checkbox"/>	h <input type="checkbox"/>	h <input type="checkbox"/>
Getting to appointments	d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>
Following Doctor's Orders	e <input type="checkbox"/>	e <input type="checkbox"/>	e <input type="checkbox"/>
Taking medication	g <input type="checkbox"/>	g <input type="checkbox"/>	g <input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

What are your current medications? _____

If you buy something in a store, do you count your change? Yes No Can you tell if the change is the correct amount? Yes No

If you go to the store with \$14.00 and spend \$5.00, how much will you have left? _____

How many quarters are in \$1.75? _____

VII. ECONOMIC SELF-SUFFICIENCY

Are you on SSI or SSDI? Yes No Involved with ORS? Yes No

Describe the help you need in the following work areas:

	None	Prompting	Direct Assistance
Locate a job & complete application	a <input type="checkbox"/>	a <input type="checkbox"/>	a <input type="checkbox"/>
Participate in basic job interview	b <input type="checkbox"/>	b <input type="checkbox"/>	b <input type="checkbox"/>
Learn the job	h <input type="checkbox"/>	h <input type="checkbox"/>	h <input type="checkbox"/>
Return from break on time	d <input type="checkbox"/>	d <input type="checkbox"/>	d <input type="checkbox"/>
Accept correction	e <input type="checkbox"/>	e <input type="checkbox"/>	e <input type="checkbox"/>
Working with others	g <input type="checkbox"/>	g <input type="checkbox"/>	g <input type="checkbox"/>

Please explain the areas where you would need prompting or direct assistance:

List any paid jobs you have held (past or present)?

List any volunteer jobs you have held (past or present)?
