

Self-Assessment and Checklist of Supports Needed or Desired for Housing Transition

Note: Use the tables below to identify Housing Support options or prompts for individuals or families to consider.

Self-Care

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Bathing		
☐ Dressing		
☐ Grooming/hygiene		
☐ Toileting		
Other: ☐ ☐ ☐		

Health

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Managing medications		
☐ Getting medicine from the pharmacy		
☐ Keeping track of doctor's appointments		
☐ Going to doctor's appointments		
Other: ☐ ☐ ☐		

Home Management

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Keeping up with chores		
☐ Checking, organizing and responding to mail		
☐ Maintenance, such as changing lightbulbs, fixing things that are broken		
☐ Communicating with my landlord or maintenance person		
Other: ☐ ☐ ☐		

Budgeting

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Making sure my bills are paid on time		
☐ Setting up a budget		
☐ Following a budget		
☐ Finding a place to keep my money safe		
Other: ☐ ☐ ☐		

Meal Preparation and Grocery Shopping

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Planning meals for myself		
☐ Grocery shopping		
☐ Cooking meals and/or learning how to cook		
☐ Finding low-cost places to buy foods		
Other: ☐ ☐ ☐		

Transportation

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Finding affordable transportation		
☐ Learning public transit routes near my home		
☐ Getting a driver's license		
☐ Getting access to accessible transit		
Other: ☐ ☐ ☐		

Safety

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Figuring out what I need to make my home safe		
☐ Finding donated or purchasing supplies to make my home safe		
☐ Learning how to use the lock/fob/code system to access my building or home		
☐ Learning strategies to keep myself safe at home		
Other: ☐ ☐ ☐		

Social, Fun, Relaxation

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐ Communicating with my neighbors and people in my neighborhood		
☐ Getting a phone		
☐ Learning to use a phone		
☐ Getting things for my home that I enjoy doing		
☐ Finding places that I can spend my time		
Other: ☐ ☐ ☐		

Other Supports Needed

I Would Like Support With:	What Kind of Help?	How Often (If Applicable)?
☐		
☐		
☐		
☐		
☐		
☐		