**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: