

Vermont Department of Disabilities, Aging & Independent Living HCBS Member Assessment (DAIL)

1 - DEMOGRAPHIC INFORMATION (To be completed with information provided by DAIL and/or Provider)

Member *

Last Name:

First Name:

ID Number:

Who is completing the survey?

Member
Legal Representation or Guardian
Member with Assistance

Last Name of Person Assisting:

First Name of Person Assisting:

Relationship:

Legal Representative
Guardian
Friend
Paid Staff
Communication Facilitator
Family Member
Other

Identify Relationship:

Date of Enrollment with Provider:

Provider Name and Mailing Address *

Provider or Host Agency Name:

- 7 Royce Street
- Addison County Home Health and Hospice
- Allenwood At Pillsbury Manor
- Alternatives f.k.s. Harbour House
- Arbors
- Arioli Community Care Home
- Ascutney House
- Autumn House
- Ave Maria Community Care Home
- Barbara's 1840 House, Inc.
- Barre Project Independence
- Bayada Nurse's Service, Inc.
- Bel-Aire Center
- Bennington Project Independence
- Blue Spruce Home For The Retired
- Bradford Oasis
- Brookdale At Filmore
- Brookwood
- Brownway Residence
- Canterbury Inn, Inc
- CarePartners Adult Day Center
- Cathedral Square Senior Living
- Cedar Lane Home f.k.a. Lyndon Women's Home
- Central Vermont Council on Aging
- Central Vermont Home Health and Hospice
- Champlain Community Services
- Champlain Valley Agency on Aging

Champlain Valley Agency on Aging

Choice TBI Support Services

Clara Martin Center

Converse Home

Copley House Community Care Home

Counseling Service of Addison County/Community Associates

Country Village Community Care Home

Craftsbury Community Care Center

Davis Home

Eagle Eye Farm, Inc.

East Terrace

Eastview at Middlebury

Elderly Services, Inc.

Emma's Place

Equinox Terrace

Ethan Allen Residence

Fairwinds Residential Care Home

Families First

Forest Hill Residential Care Home

Fortier's Community Care Home

Four Seasons Care Home

Frances Atkinson Residence For The Retired

Gary Home

Gatling House Group Home

Gazebo Apartments at Pillsbury Manor

Gifford Medical Center Adult Day Center

Gingras Community Care Home

Giordano Manor

Green Mountain Adult Day Services

Green Mountain Support Services

Harvey House, Ltd

Head Injury/Stroke Independence Project

Health Care and Rehabilitation Services of Southeastern Vermont

Heaton Woods

Hill Street

Historic Homes of Runnemedede - Evarts House

Historic Homes of Runnemedede - Stoughton House

Holiday House Residential Care Home

Holton Home

Homestead

Homestead at Pillsbury, LLC

Howard Center

InterAge Adult Day Program

Johnson Care Home

Kingdom Way
King's Daughters Home
Kirby House
Lakeview Community Care Home
Lamoille County Home Health and Hospice
Lamoille County Mental Health Services
Lenny Burke's Farm, Inc.
Lincoln House
Lincoln Street
Linden Residential Care
Living Well Residential Care Home
Loch Lomond
Loretto Home
Manchester Health Services
Manes House
Mansfield Place
Maple Hill Residential Care Home
Maple Lane Retirement Home
Mayo Residential Care f.k.a Mayo Manor RCH
Meadows At East Mountain
Metivier Residential Care Home
Michaud Memorial Manor
Misty Heather Morn Community Care Home
Mountain View Of Vershire
Newport Residential Care Center
Northeast Kingdom Council on Aging
Northeast Kingdom Human Services
Northeastern Family Institute
Northern Counties Health Care/Caledonia Home Health Care
Northwestern Counseling and Support Services
Orleans/Essex Visiting Nurse Association and Hospice
Our House At Park Terrace
Our House Outback
Our House Residential Care Home
Our House Too Residential Care Home
Our Lady Of Providence Residence
Our Lady Of The Meadows
Out & About
Owen House
Oxbow Senior Independence Program
Pathways to Housing
Pennington House
Pillsbury Manor North
Pillsbury Manor South

Windsor Manor South

Pine Knoll Community Care Home
Pleasant Street Home
PRIDE Supports and Services, Inc.
Residential Care At The Manor
Ringer's Home Care
Riverbend Residential Care Home
River's Edge Community Care Home
Riverside Life Enrichment Center
Riverview Life Skills Center
Roadhouse
Rutland Area Visiting Nurse Association and Hospice
Rutland Mental Health Services
Saltis Home
Scenic View Rural Edge LLC
Senior Solutions - Council on Aging
Shard Villa
Single Steps
South Bay Home
Southwestern Vermont Council on Aging
Specialized Community Services
Springfield Area Adult Day Services
St. Joseph Kervick Residence III
St. Joseph's Residential Care Home
Sterling House At Richmond
Sterling House At Rockingham
Sunset Home
The Bradley House f.k.a. Hilltop House
The Gables At East Mountain
The Gathering Place
The Meeting Place
The Residence at Otter Creek
The Residence at Otter Creek f.k.a. The Lodge At Otter Creek
The Residence at Quarry Hill
The Residence at Shelburne Bay West
The Residence at Shelburne Bay East
Thompson Residential Home
United Counseling Service/Northshire Counseling Services
Upper Valley Services
Valley Terrace
Valley View Home For The Retired
Vergennes Residential Care
Vermont Veterans' Home Domiciliary
Vernon Assisted Living Residence

Village at Cedar Hill, Inc.
Visiting Nurse Association & Hospice of Vermont and New Hampshire
Visiting Nurse Association and Hospice of Southwestern Vermont
Visiting Nurse Association of Chittenden and Grand Isle Counties
Washington County Mental Health Services
Washington Elms
Waterford Group Home
Watson House
West River Valley Assisted Living Residence
Westview Meadows At Montpelier
Willows Of Windsor
Windover House
Wintergreen Residential Care Home
Wintergreen Residential Care Home-North
Woodstock Terrace
Other

Provider Name:

Street or PO Box:

City:

State:

Zip Code:

Program and Setting *

Program: *

- Choices for Care
- Developmental Disability Services
- Traumatic Brain Injury

Setting:

- Adult Day
- Adult Family Care
- Enhanced Residential Care

Setting:

- Group Community Supports (provider settings only)
- Group Living
- Shared Living
- Staffed Living
- Supervised Living

Setting:

- Residential Care Home
- Shared Living
- Staffed Living
- Supervised Living

Provider Service Location *

Location Name:

Street or PO Box:

City:

State:

Zip Code:

Interviewer Completing Self-Assessment *

Last Name:

First Name:

Office Telephone:

Email:

2 - PHYSICAL LOCATION CHARACTERISTICS

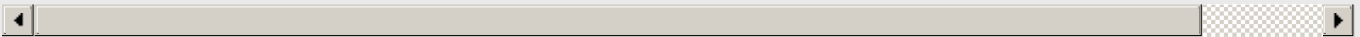
2.1

Is the residence/service setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (NF, IMD, ICF/ID or hospital)? *(To be completed by Interviewer.) **

Yes

No

Comment:



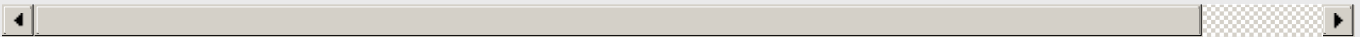
2.2

Is the residence/service setting located in a building on the grounds of, or immediately adjacent to, a public institution (e.g. prison or State-operated hospital)? *(To be completed by Interviewer.)**

Yes

No

Comment:

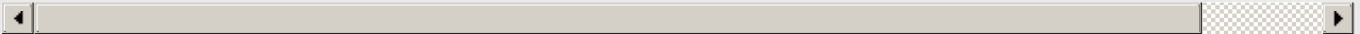


2.3

Is the residence/service setting one of multiple locations that the provider owns or operates on the same street? (Answer “no” if the residence/service setting is a duplex or multiplex and there are no others owned or operated by the provider on the street.) *(To be completed by Interviewer.) **

- Yes
- No

Comment:

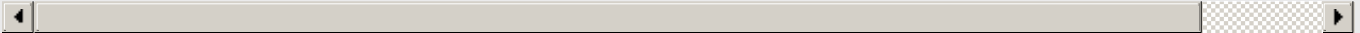


2.4

Is the residence/service setting located in a gated/secured community for persons with disabilities? *(To be completed by Interviewer.) **

- Yes
- No

Comment:



2.5

Is the residence/service setting located in a farmstead or disability-specific community? *(To be completed by Interviewer.) **

- Yes
- No

Comment:

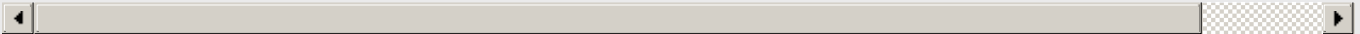


2.6

Is the residence/service setting designed specifically for persons with disabilities?
(Please note for community-based home settings developed specifically and uniquely for one or two residents based on their needs and preferences, please check "No") (To be completed by Interviewer.) *

- Yes
- No

Comment:

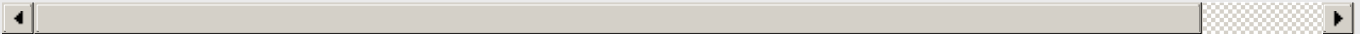


2.7

Are the individuals who reside/receive services in the setting primarily people with disabilities? *(Please note for community-based home settings developed specifically and uniquely for one or two residents based on their needs and preferences, please check "No") (To be completed by Interviewer.) **

- Yes
- No

Comment:



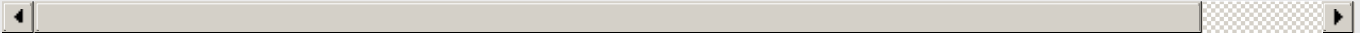
2.8

Is the service setting located in the same building as an educational program or school?
*(To be completed by Interviewer.) **

Yes

No

Comment:

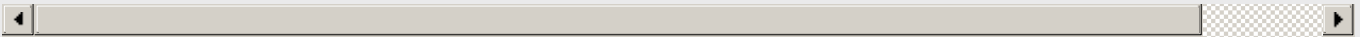


2.9

Is the setting located among other residential buildings, private businesses, retail businesses, restaurants, doctors' offices etc., so as to facilitate integration with the greater community? *(For rural communities if the setting is commensurate with other locations seen in community or neighborhood, please respond "yes") (To be completed by Interviewer.) **

- Yes
- No

Comment:



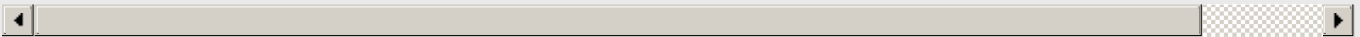
2.10

Notwithstanding DAIL approved security measures, is the setting free from gates, Velcro strips, locked doors and other barriers preventing residents from entering or exiting certain areas of the setting? *(To be completed by Interviewer.) **

Yes

No

Comment:

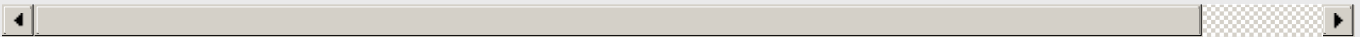


2.11

Are supports, such as grab bars, wheelchair ramps, bathroom seats and viable emergency exits, provided for individuals who need supports to move about the setting as they choose? *(To be completed by Interviewer.)**

- Yes
- No

Comment:

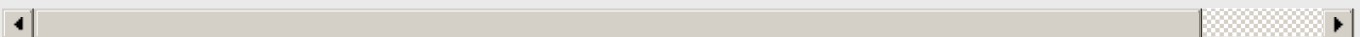


2.12

Are tables and chairs at a convenient height and location so that individuals can access and use them comfortably? *(To be completed by Interviewer.)**

- Yes
- No

Comment:

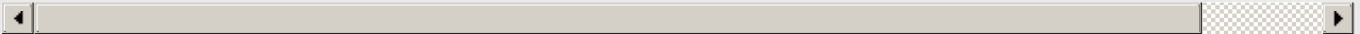


2.13

Does the physical environment support a variety of individual goals and needs (e.g., does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)? *(To be completed by Interviewer.) **

- Yes
- No

Comment:

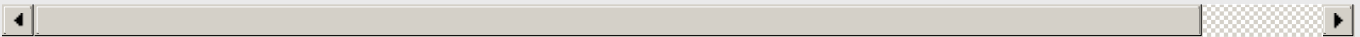


2.14

Does the dining area afford dignity to diners, including by not requiring individuals to wear bibs and by not using disposable cutlery, plates and cups? *(To be completed by Interviewer.) **

- Yes
- No

Comment:

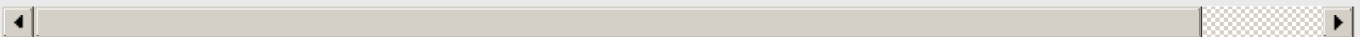


2.15

Does the setting post in a prominent location or otherwise furnish information on the provider's policies concerning individual rights? *(To be completed by Interviewer.) **

- Yes
- No

Comment:



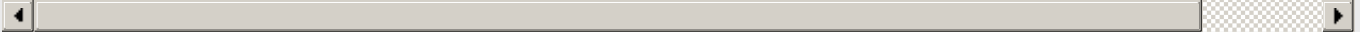
3 - INTEGRATION WITH THE COMMUNITY

3.1

If you want to, can you go out into the community during the day? (*Interview prompt: For example, are you able to visit friends, go shopping or to a movie?*) *

- Yes
- No
- D/K

Comment:

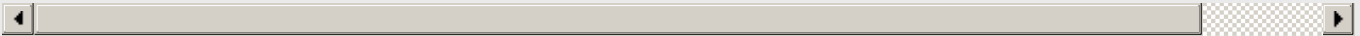


3.2

Does -PROVIDER NAME- tell you about things to do, like shopping, attending church, eating out or going to concerts, parades, movies or fairs? *

- Yes
- No
- D/K

Comment:



3.3

In the past month, have you gone shopping, to church or out to eat with family and friends? *(This does not include going to a job.)**

- Yes
- No
- D/K

Comment:

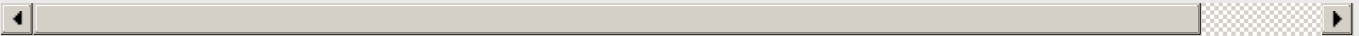


3.4

Have you been given information about available transportation? *(Interviewer prompt: For example, has anyone shown you how to use the bus or call a taxi)* *

- Yes
- No
- D/K

Comment:

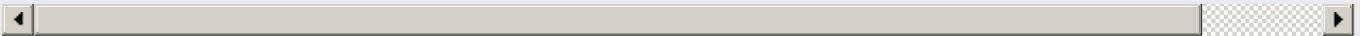


3.5

(If member uses a wheelchair, ask. Otherwise enter N/A): Have you been given information about wheelchair accessible transportation? *

- Yes
- No
- D/K
- N/A

Comment:

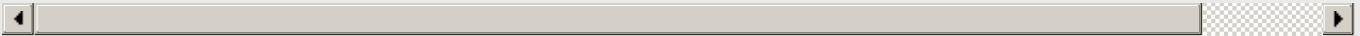


3.6

If you want to, can you have a paid job? (*Interviewer prompt: For example, is there someone to help you look for or get ready for job, if you want one?*) *

- Yes
- No
- D/K

Comment:

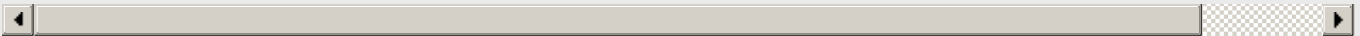


3.7

Have you told -PROVIDER NAME- that you wanted a job? *

- Yes
- No
- D/K

Comment:



3.8

Do you have a paid job? *

- Yes
- No
- D/K

Comment:

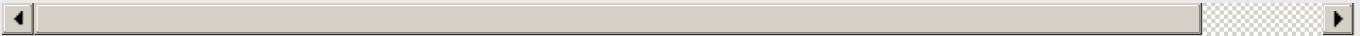


3.9

If you want to, can you volunteer in the community? (*Interviewer Prompt: For example, is there someone to help you look for volunteer work, if you asked?*) *

- Yes
- No
- D/K

Comment:



3.10

Have you told -PROVIDER NAME- that you wanted to volunteer somewhere? *

- Yes
- No
- D/K

Comment:

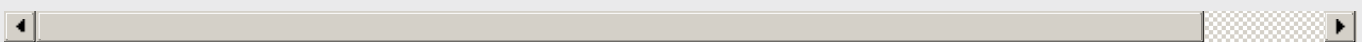


3.11

Are you volunteering somewhere? *

- Yes
- No
- D/K

Comment:

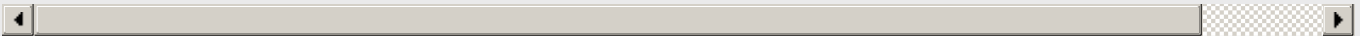


3.12

Can you go anywhere you want inside and outside this house? *

- Yes
- No
- D/K

Comment:



3.13

Can people come and visit you anytime? *

- Yes
- No
- D/K

Comment:

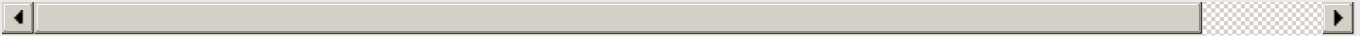


3.14

Are you allowed to have guests stay overnight? *

- Yes
- No
- D/K

Comment:

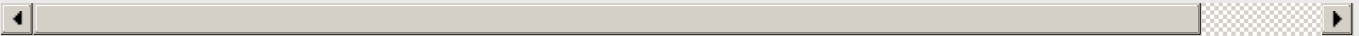


3.15

Do you have access to your money? *(Interviewer prompt: For example, can you buy things you need and make choices about how to spend your money?)* *

- Yes
- No
- D/K

Comment:

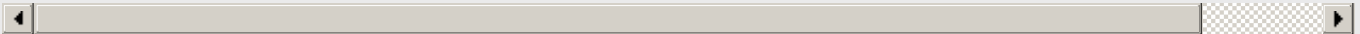


3.16

Were you offered help setting up a savings or checking account that you control?
(Interviewer prompt: For example, has anyone ever helped you open a bank account?)*

- Yes
- No
- D/K

Comment:

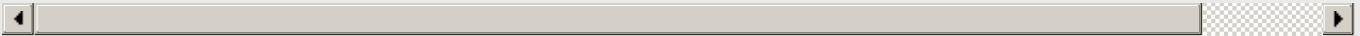


3.17

Do you have a savings or checking account that you control? *(Interviewer prompt: For example, does anyone else have to sign your bank slips?)* *

- Yes
- No
- D/K

Comment:

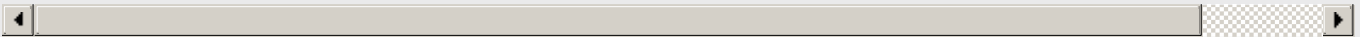


3.18

Do you have a choice in what services and supports you receive? (*Interviewer Prompt: For example, if you wanted more time out of the house or wanted to talk to a counselor, can you ask for that support?*) *

- Yes
- No
- D/K

Comment:



3.19

Do you have a choice in who provides your services and supports? *(Interviewer Prompt: For example, if you wanted different helper or wanted another place to live, do people listen to you?)* *

- Yes
- No
- D/K

Comment:



4 - PRIVACY, DIGNITY & RESPECT

4.1

Can you be alone if you want to be during the day? (*Interviewer prompt: For example, can you have a conversation with a friend in private? Do you have time without staff listening or watching?*) *

- Yes
- No
- D/K

Comment:

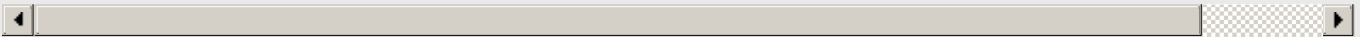


4.2

Do the staff members who support you while you are working or participating in an activity treat you the way you want to be treated? (*Interviewer prompt: For example, do helpers and staff listen to you?*) *

- Yes
- No
- D/K

Comment:

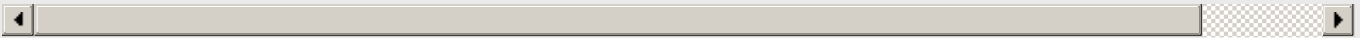


4.3

Do you need help getting dressed? *

- Yes
- No
- D/K

Comment:

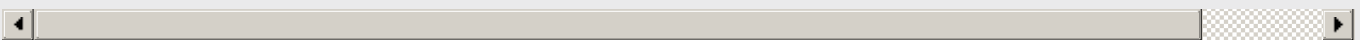


4.4

Do you pick out your own clothes? *

- Yes
- No
- D/K

Comment:



4.5

Does -PROVIDER NAME- give you a safe place to store your personal belongings?
(Interviewer Prompt: Do you have a safe place to keep your stuff at home?)*

- Yes
- No
- D/K

Comment:

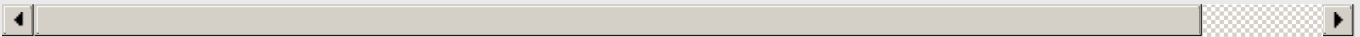
5 - INDIVIDUAL INITIATIVE, AUTONOMY & INDEPENDENCE

5.1

Does -PROVIDER NAME- give you the opportunity to choose with whom you do activities, both here and in the community? *(Interviewer Prompt: For example, do you get to pick who you hang out with?)* *

- Yes
- No
- D/K

Comment:

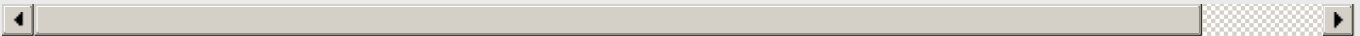


5.2

Can you have your meals or snacks where and when you like? *

- Yes
- No
- D/K

Comment:



5.3

If you don't like what's for breakfast, lunch or dinner can you have something else? *

- Yes
- No
- D/K

Comment:

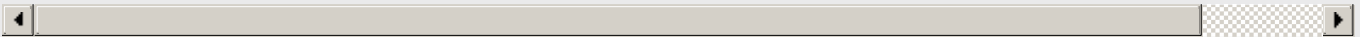


5.4

Is the dining area set up in a way that makes it easy for you to sit and talk with others during meal or break times? (*Interviewer Prompt: For example, is there a table to sit at with others?*) *

- Yes
- No
- D/K

Comment:



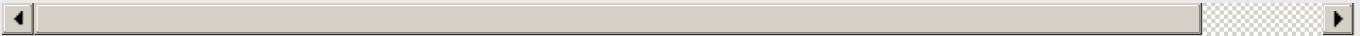
6 - RESIDENT RIGHTS (applies to provider-owned or controlled residential settings)

6.1

Did you choose where you live? (*Interviewer Prompt: For example, did you pick this location after seeing other options?*) *

- Yes
- No
- D/K

Comment:



6.2

Did you choose which agency to work with? (*Interviewer Prompt: For example, did you have a list or know about other options?*) *

- Yes
- No
- D/K

Comment:

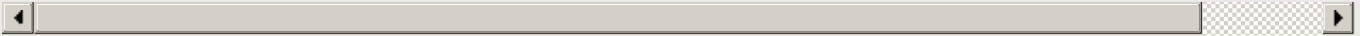


6.3

Did you visit other places before choosing where you live now? *

- Yes
- No
- D/K

Comment:

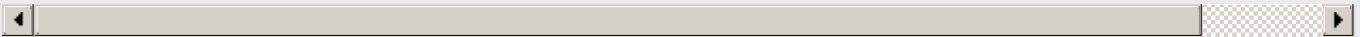


6.4

Do you have a lease or something similar that explains your rights as a tenant?
*(Interviewer Prompt: For example, did you sign any papers that told you the rules and your rights?) **

- Yes
- No
- D/K

Comment:

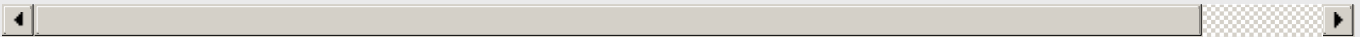


6.5

Do you know your rights and protection from being evicted? (*Interviewer Prompt: For example, do you know what to do or who to call if someone says you need to leave this place?*) *

- Yes
- No
- D/K

Comment:

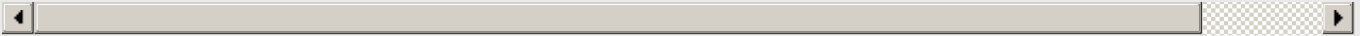


6.6

Were you given the option of a private room, if you could afford it? *

- Yes
- No
- D/K

Comment:

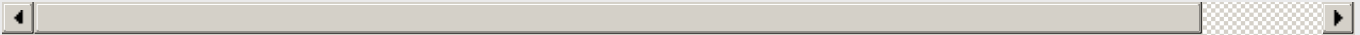


6.7

If you have a roommate, did you get to choose your roommate? *(Interviewer Prompt: For example, did someone ask you about a new roommate or housemate before they moved in?)**

- Yes
- No
- D/K
- N/A

Comment:

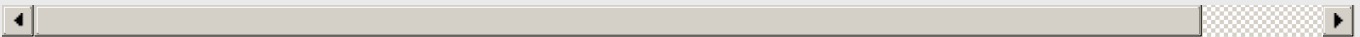


6.8

Do you know how to request a new roommate, if you want to make a change? *

- Yes
- No
- D/K
- N/A

Comment:

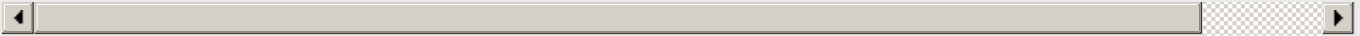


6.9

Do you know who to talk to if you want to move? *

- Yes
- No
- D/K

Comment:



6.10

Are you comfortable with the privacy you have in this residence? (*Interviewer Prompts: For example, can you close and lock your front door? Do you have a key to your house? Are you comfortable with the other people who have a key? **)

- Yes
- No
- D/K

Comment:

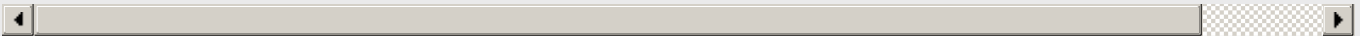


6.11

Can you close and lock your bedroom door? *

- Yes
- No
- D/K

Comment:



6.12

Can you close and lock your bathroom door? *

- Yes
- No
- D/K

Comment:



6.13

Are you comfortable with the privacy you have in your room? (*Interviewer Prompts: For example, can you say no if someone wants to come in your room?*) *

- Yes
- No
- D/K

Comment:

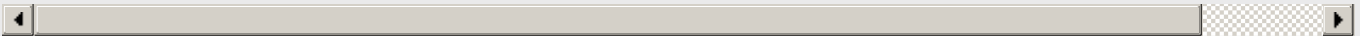


6.14

Do staff or other people knock before they come into your home/room? *

- Yes
- No
- D/K

Comment:

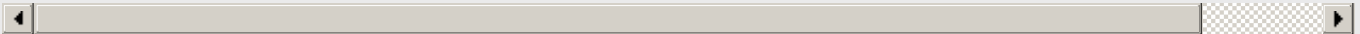


6.15

Did you decorate your home/room to your liking? (*Interviewer Prompt: For example, can you hang up whatever you want or pick out your curtains and sheets?*) *

- Yes
- No
- D/K

Comment:



6.16

Do you have full access to common areas, such as the kitchen dining area, laundry and shared living areas? *(Interviewer Prompt: For example, Can you go to common areas any time you want to?)* *

- Yes
- No
- D/K

Comment:



6.17

Do you decide when to go to bed? *

- Yes
- No
- D/K

Comment:

