



**STATE OF NEW JERSEY
DEVELOPMENTAL DISABILITIES
HABILITATION ASSESSMENT FORM (HAF)**

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Prepared by DD Planning Institute
New Jersey Institute of Technology

Prepared for State of New Jersey
Division of Developmental Disabilities

Consumer Name/
MIS Number

DD Center Name/
Cottage Name

Respondent Name/
Respondent ID Number

Date Completed _____/_____/_____

PURPOSE

THIS ASSESSMENT COLLECTS FACTUAL INFORMATION ABOUT THE CONSUMER.

**YOU CAN HELP BY ANSWERING SPECIFIC QUESTIONS ABOUT THIS INDIVIDUAL
BECAUSE OF YOUR SPECIALIZED EXPERTISE AND TRAINING.**

**PLEASE COMPLETE THIS FORM ON THE BASIS OF YOUR OBSERVATION OF THE CONSUMER'S RECENT ACTUAL
FUNCTIONING OR SITUATION, NOT ON WHAT YOU THINK MIGHT BE POSSIBLE IN THE FUTURE.**

THANK YOU FOR YOUR ASSISTANCE.

- | | <u>NO</u> | <u>YES</u> |
|--|-----------|------------|
| 1. Currently , does the consumer <u>regularly leave the cottage</u> during weekdays to attend day program (e.g., greenhouse, fine arts, workshop, or supported employment)? | 0 | 1 |
| a. If yes above, does the consumer attend this day program on grounds, off grounds, or both on and off grounds? | | |
| 1. On Grounds Only | | |
| 2. Off Grounds Only | | |
| 3. Both On and Off Grounds | | |

- | | <u>NO</u> | <u>YES</u> |
|--|-----------|------------|
| 2. Has the consumer smoked cigarettes, cigars, or a pipe in the last 3 months ? | 0 | 1 |

- | | <u>NO</u> | <u>YES</u> |
|--|-----------|------------|
| 3. Has the consumer worn dentures in the last 3 months ? | 0 | 1 |

IF PRESCRIBED, BUT NOT USED BY CONSUMER IN THE LAST 3 MONTHS, ANSWER "NO."

4. Date of most recent IHP / /
 MM DD YY

5. Did **any members of the family** attend the consumer's most recent IHP meeting?
0. Not Applicable – No Known Family
1. No
2. Yes

6. Indicate whether the consumer **has done** any of the following **cognitive tasks** in the **last 4 weeks**.

<u>A. Spatial/Perceptual Abilities</u>	<u>NO</u>	<u>YES</u>
a. Knows difference between the colors of red, blue, green, and yellow?	0	1
b. Knows difference between the sizes of big and small?	0	1
c. Knows difference between the shapes of circle, square, and triangle?	0	1
d. Finds way around the home by himself/herself? (If mobility issues prevent him/her from moving from room to room by himself/herself, but he/she knows where different rooms are located, answer "yes.")	0	1
<u>B. Number Awareness</u>	<u>NO</u>	<u>YES</u>
a. Uses numbers even if inaccurately?	0	1
b. Counts to 10 without help?	0	1
c. Does simple addition?	0	1
d. Does simple subtraction?	0	1
<u>C. Writing Skills (Include Braille or Typing)</u>	<u>NO</u>	<u>YES</u>
a. Prints or writes single letters without a model or tracing?	0	1
b. Prints or writes own first name without a model or tracing?	0	1
c. Prints or writes single words (other than name) without a model or tracing?	0	1
d. Prints or writes simple sentences without a model or tracing?	0	1
<u>D. Reading and Sign Skills</u>	<u>NO</u>	<u>YES</u>
a. Recognizes his/her own first and last name when it is written?	0	1
b. Reads and comprehends simple words?	0	1
c. Reads and comprehends simple sentences?	0	1
d. Reads and comprehends a simple story?	0	1
<u>E. Associating Time with Events and Actions</u>	<u>NO</u>	<u>YES</u>
a. Associates events with time within an average day such as knowing what occurs in the morning, afternoon, and evening?	0	1
b. Associates regular events with a specific hour such as knowing that 6 pm is time for dinner?	0	1
c. Tells time to nearest five minutes such as knowing the difference between 5 minutes to 6 pm and 5 minutes after 6 pm?"	0	1
d. Associates events with time in the past, present, or future over a number of days such as knowing the difference between yesterday, today, and tomorrow?	0	1
e. Remembers events that happened a month or more ago?	0	1

7. Which **best** describes how the consumer **typically** performs each **self-care** activity in the **last 4 weeks**?

	<u>NOT ABLE</u>	<u>LOTS OF ASSISTANCE</u> Hands-on Help	<u>MAINLY SUPERVISION</u> Verbal Prompts	<u>INDEPENDENT</u> No Prompts or Help	<u>NO OPPORTUNITY TO DO</u>
a. Feeding self	0	1	2	3	4
b. Drinking from glass or cup	0	1	2	3	4
c. Chewing and/or swallowing bite-size foods	0	1	2	3	4
d. Toileting skills related to bladder	0	1	2	3	4
e. Toileting skills related to bowels	0	1	2	3	4
f. Dressing self	0	1	2	3	4
g. Moving around in familiar settings (cottage)	0	1	2	3	4

a. Washing hands	0	1	2	3	4
b. Washing face	0	1	2	3	4
c. Brushing or combing hair	0	1	2	3	4
d. Wiping or blowing nose with tissue	0	1	2	3	4
e. Adjusting water temperature for washing hands or bathing	0	1	2	3	4
f. Tying or fastening velcro on own shoes	0	1	2	3	4
g. Drying entire body after bathing	0	1	2	3	4

a. Making bed	0	1	2	3	4
b. Cleaning room	0	1	2	3	4
c. Doing laundry	0	1	2	3	4
d. Caring for own clothes such as folding or putting them away	0	1	2	3	4
e. Using money	0	1	2	3	4
f. Making or counting change	0	1	2	3	4

a. Using public transportation for a direct trip	0	1	2	3	4
b. Choosing food when shopping for simple meal	0	1	2	3	4
c. Preparing foods that do not require cooking	0	1	2	3	4
d. Using stove or microwave	0	1	2	3	4
e. Washing dishes or loading/unloading dishwasher	0	1	2	3	4
f. Choosing items want to buy	0	1	2	3	4
g. Making minor purchases	0	1	2	3	4
h. Ordering food in public	0	1	2	3	4

8. Which **best** describes the consumer's actions with **social-emotional tasks** during the **last 4 weeks**?

	<u>NEVER</u>	<u>OCCASIONALLY</u>	<u>OFTEN</u>
a. Initiates interaction with or responds to a caregiver or staff person by using eye contact, sound, or gesture	0	1	2
b. Initiates interaction with or responds to a peer by using eye contact, sound, or gesture	0	1	2
c. Uses socially acceptable behaviors with others	0	1	2
d. Participates in group games or activities	0	1	2
e. Offers help to other persons	0	1	2
f. Shows respect for others' belongings	0	1	2
g. Shows consideration for others' feelings	0	1	2
h. Gives direction or leadership to others when needed	0	1	2
i. Understands and is able to wait and take turns	0	1	2
j. Maintains proper caution with strangers	0	1	2

9. Please indicate whether the consumer has participated in the **last 3 months** in any formal or informal activities or training aimed at improving his/her skills in the following areas. **If he/she has NOT participated for ANY reason**, please indicate whether you believe that the consumer could benefit from such activities or training in these areas if they were available.

	PARTICIPATED IN ACTIVITIES AIMED AT...?		IF NO, COULD CONSUMER BENEFIT FROM THEM?	
	NO	YES	NO	YES
<u>Interpersonal Relationships</u>				
a. Improving Social Skills with Peers	0	1	0	1
b. Improving Relationships with Family	0	1	0	1
<u>Money Skills</u>				
c. Recognizing Value of Money	0	1	0	1
d. Making Purchases with Money	0	1	0	1
<u>Recreation</u>				
e. Developing Personal Recreational Interests	0	1	0	1
f. Getting Along with Others in Recreation Activities	0	1	0	1
<u>Personal</u>				
g. Understanding Concept of Privacy	0	1	0	1
h. Learning about Personal Boundaries/Space	0	1	0	1
i. Learning to Make Own Decisions or Choices	0	1	0	1
j. Taking Medications Independently	0	1	0	1
k. Understanding Appropriate Sexual Behavior	0	1	0	1
l. Using Proper Personal Hygiene	0	1	0	1
m. Using Appropriate Anger Management Skills	0	1	0	1

10. First, please indicate whether the consumer used the following **COMMUNITY** resources in the **last 3 months**. **If he/she has NOT gone for ANY reason**, please indicate whether it would be beneficial for these resources to be readily accessible to the consumer if he/she moved to **ANY** residence (a community residence or to another DD Center).

	USED IN THE COMMUNITY IN LAST 3 MONTHS?		IF <u>NO</u> , WOULD CONSUMER BENEFIT FROM EASY ACCESS IF MOVED?	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
a. Grocery or Department Store	0	1	0	1
b. Restaurant	0	1	0	1
c. Place of Worship (Church/Synagogue)	0	1	0	1
d. Park	0	1	0	1
e. Public Transportation	0	1	0	1

11. Which of the following special environmental supports will be necessary, if any, for this consumer to live comfortably in **ANY** residence (a community residence or to another DD Center) if he/she moved?

	<u>NO</u>	<u>YES</u>
a. Smoke-free environment	0	1
b. Pet-free environment	0	1
c. Own room	0	1
d. Calm and quiet living environment	0	1
e. Busy and active living environment	0	1
f. Living with people his/her own age	0	1
g. Living with people of his/her own gender (same sex)	0	1
h. Having a day program outside the home or living environment	0	1