



**STATE OF NEW JERSEY
DEVELOPMENTAL DISABILITIES
SOCIAL WORK ASSESSMENT FORM (SWAF)**

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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
SITUATION, NOT ON WHAT YOU THINK MIGHT BE POSSIBLE IN THE FUTURE.**

THANK YOU FOR YOUR ASSISTANCE.

	<u>NO</u>	<u>YES</u>
1. Is the consumer currently on a status of probation, county or state parole, or commitment relating to a criminal type of offense?	0	1
2. Is the consumer currently considered to be his/her own guardian for <u>medical and legal decisions</u> ?	0	1

If yes, which best describes his/her status?

1. Consumer has been determined as capable of being his/her own guardian.
2. Consumer is of legal age and no change in guardianship is being considered at this time.
3. Guardianship is in process of being determined (paperwork being processed).

If guardianship is in process, who is likely to be appointed the consumer's guardian?

1. Bureau of Guardianship Services (BGS)
2. Relative(s) of the Consumer
3. Other (Specify: _____)

If no, who is his/her guardian?

1. Guardian is the Bureau of Guardianship Services (BGS).
2. Guardian is relative of the consumer.
3. Guardian is someone other than BGS or relative.
(Specify: _____)

	<u>NO</u>	<u>YES</u>
3. If there was a medical or any other type of emergency, does the consumer have family members (including those who may be his/her guardian) who would need to be notified?	0	1

4. Please indicate whether the consumer has had contact by letter, phone, or visits within the **last 3 months** with **any** known family members. Indicate “no” for each question if there are no known family members.

	<u>NO</u>	<u>YES</u>
a. In the last 3 months , has the family <u>written or e-mailed</u> the consumer or the staff that work in his/her residential setting? Include contacts from all family members.	0	1
b. In the last 3 months , has the family talked on the <u>phone</u> with the consumer or the staff that work in his/her residential setting? Include contacts from all family members.	0	1
c. In the last 3 months , has the family seen or <u>visited</u> the consumer? Include contacts from all family members.	0	1
d. In the last 3 months , has the consumer <u>visited overnight</u> with the family? Include overnight visits at any family member’s home.	0	1

5. In which of the following counties in New Jersey, does the consumer’s **PRIMARY** family contact live?
(Indicate place of residence of family member who serves as guardian, if applicable, if more than one family member is very active.)

- | | | |
|-----------------|---------------|---------------------|
| 0. Out of State | 8. Gloucester | 16. Passaic |
| 1. Atlantic | 9. Hudson | 17. Salem |
| 2. Bergen | 10. Hunterdon | 18. Somerset |
| 3. Burlington | 11. Mercer | 19. Sussex |
| 4. Cape May | 12. Middlesex | 20. Union |
| 5. Camden | 13. Monmouth | 21. Warren |
| 6. Cumberland | 14. Morris | 22. No Known Family |
| 7. Essex | 15. Ocean | |

Write in name of town here if you are unsure of the county location:

6. Is community placement **currently** recommended in the consumer's most recent IHP by the interdisciplinary team (IDT) comprised of DD Center professionals?

ANSWER THIS QUESTION SOLELY BASED ON THE JUDGMENTS OF THE DD CENTER PROFESSIONALS.

- 0. No
- 1. Yes
- 2. Not Sure

7. **To the best of your knowledge**, has the consumer visited a community residence (e.g., a group home) in the **last 5 years**?

- 0. No
- 1. Yes

8. If the **CONSUMER** were given a **CHOICE**, would he/she want to move out of this DD Center **within the next year**? DO not assess whether you or others feel that the consumer's preference is appropriate or realistic. Simply indicate the consumer's choice below.

- 0. CONSUMER HAS NO KNOWN PREFERENCE OR IS UNABLE TO EXPRESS
- 1. YES – CONSUMER DOES WANT TO MOVE

If yes, to where would the consumer **MOST** want to move?

- a. Home with family
- b. To a community residence
- c. To another DD Center
- d. To some other residence (Specify: _____)

- 2. NO – CONSUMER DOES NOT WANT TO MOVE

9. If he/she moved to a community residence or to another DD Center, **WOULD THIS CONSUMER HAVE PREFERENCES** in any of the following areas of choice? Do not consider whether you or others feel that these consumer preferences are appropriate or consider family wishes when answering these questions. Simply indicate the extent to which you believe that the **CONSUMER** would have preferences in these areas.

		<u>NO PREFERENCE</u>	<u>SLIGHT PREFERENCE</u>	<u>STRONG PREFERENCE</u>
a. 2	Geographic area (county/town) where to live	0	1	
b. 2	Who to live with	0	1	
c. 2	Who to live near	0	1	
d. 2	Room alone or with others	0	1	
e. 2	Number of persons in residence	0	1	
f. 2	Type of atmosphere in residence (busy, quiet, active)	0	1	
g. 2	Type of community services which were readily available (stores, church, park, etc.)	0	1	
h. 2	Whether the residence is smoking or non-smoking	0	1	
i. 2	Type of day program that would attend or work		0	1

10. Would the **FAMILY** be in favor of the consumer moving out of this DD Center **within the next year?**

- 0. NOT APPLICABLE – NO KNOWN FAMILY
- 1. FAMILY HAS NO KNOWN PREFERENCE
- 2. YES – FAMILY DOES WANT CONSUMER TO MOVE

If yes, to where would the family **MOST** want the consumer to move?

- a. Home with family
- b. To a community residence
- c. To another DD Center
- d. To some other residence (Specify: _____)

- 3. NO – FAMILY DOES NOT WANT CONSUMER TO MOVE

Thank you for your assistance!