

PCR My Life Individual Interview

My Service Life	My Home Life
<p>Note: Term service provider includes all providers including Waiver Support Coordinator.</p>	
<ul style="list-style-type: none"> ✓ I chose my goals/outcomes. ✓ I define how my goals/outcomes will be accomplished. ✓ My service providers talk to me about my hopes and dreams. ✓ My service providers talk to me about my progress towards my goals. ✓ I understand my service options. ✓ I choose my services. ✓ I understand my options and I choose my service providers. ✓ I have the services I need to achieve my goals/outcomes. ✓ I am receiving the services and supports I desire and need. ✓ I select the time of my services. ✓ I select the location of my services. ✓ I receive on-going education from my service providers to help me perform better. ✓ I receive periodic evaluations/ progress reports as a measurement of my skills and abilities. ✓ I am happy with my service providers. ✓ I can change my service providers if I am not happy. ✓ I am in control of my services and I make changes as I want. ✓ I feel respected. ✓ My service providers listen to me. ✓ My service providers respect my privacy. ✓ My service providers show up as expected. ✓ My service providers do the job for which they are hired. ✓ I experienced little to no changes with my approved services. ✓ I feel in control of the services I receive. ✓ I experienced little to no changes with my WSC service. ✓ I feel in control of who my WSC is. 	<ul style="list-style-type: none"> ✓ I am happy in my home. ✓ I am happy with the people who live with me. ✓ People are checking in with me and I can make changes if things are not what I want. ✓ I am satisfied with the services and supports I am receiving in my home. ✓ I chose where I live. ✓ I chose who lives in my home. ✓ I chose the staff assisting me in my home. ✓ I can make changes to my home life. ✓ I have access to all areas of my home. ✓ I have keys to my home and/or bedroom door. ✓ I can come and go from my home when I want. ✓ My friends and family are able to visit when I want. ✓ My privacy is respected. ✓ People respect me. ✓ I am involved in the decisions about what goes on in my home. ✓ I feel secure and safe where I live. ✓ I feel in control of decisions about where I live.

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<ul style="list-style-type: none"> ✓ I experienced little to no changes with service providers/direct care staff. ✓ I feel in control of service provider changes. 	
My Work/Daily Life	My Social Life
<p><i>Note: Work is whatever a person considers to be their job. It could be community based employment, an onsite or offsite day program, volunteer work etc.</i></p>	<ul style="list-style-type: none"> ✓ I choose what I do and where I go in the community. ✓ I choose who goes into the community with me. ✓ I can change my schedule when I want. ✓ I have the community roles I desire. ✓ I feel I am a valued member of my community. ✓ I feel my participation is valued and respected by others. ✓ I have friends I am able to do things with when I want. ✓ I am able to meet and make friends. ✓ I have met people in my community, who I rely on and trust. ✓ I have friends who do not provide services to me. ✓ I am able to choose the friends I want to see. ✓ I have someone with whom I can share my secrets. ✓ I have the close friendships/relationships I desire in my life. ✓ I have people in my life I can trust to share news of my successes or concerns. ✓ I have a supportive family. ✓ I have supportive friends.
<ul style="list-style-type: none"> ✓ I am happy with my job. ✓ My service providers are checking in with me and I can make changes if things are not what I want. ✓ The things I do during the day are what I want to do for my activities. ✓ I have co-workers/ friends at work who help me if I need it. ✓ I have chosen my job/career. ✓ I am provided with options related to my job/career. ✓ People I work with treat me with respect. ✓ I am involved with making decisions about my job/career/day activity. ✓ I understand options for work and I choose to be where I am today. ✓ I am reaching my education/career goals. ✓ There is room for advancement/promotions where I work. ✓ I receive periodic education at work to help me perform better. ✓ I receive periodic evaluation/progress reports as a measurement of my skills and abilities. ✓ I feel secure and safe with my work/daily activity. ✓ I feel in control of decisions about where I work and what I do during the day. 	
My Health	My Safety
<ul style="list-style-type: none"> ✓ I feel my health is good. ✓ My life is not limited by my health. ✓ I get routine health checkups if I want. 	<ul style="list-style-type: none"> ✓ I am provided the support and information I need to protect myself. ✓ I understand abuse, neglect and exploitation. ✓ I know how to report abuse, neglect and exploitation.

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<ul style="list-style-type: none"> ✓ I understand why I take my medications. ✓ I understand concerns about my health. ✓ I understand the importance of preventive care. ✓ I feel my health strategies are working and I can make changes to these as desired. ✓ I am in control of my healthcare. ✓ If I feel sad or lonely, I know who can help me. ✓ I know how to keep myself healthy. ✓ I have supports to ensure my health. ✓ I have access to information and organizations to ensure my health. 	<ul style="list-style-type: none"> ✓ I feel safe while out with my friends and in the neighborhood where I live. ✓ I have the supports I need to be and feel safe while in the community. ✓ I feel safe in my home. ✓ I know how to keep myself safe. ✓ I have supports to ensure my safety. ✓ My home is a safe place. ✓ I have access to information and organizations to ensure my safety. ✓ I have an emergency plan in place for all potential disasters. ✓ I have the equipment and supplies I need to keep me safe.
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My Service Life		
Focused Outcome Area/ Expectations	Not Present Reasons for Outcomes	Not Present Reasons for Support
1. Choice and Self Direction - I am an active participant in Support Planning.	<ol style="list-style-type: none"> 1. I was not involved in all aspects of planning the Support Plan meeting (when, where, who). 2. I did not participate in development of my Support Plan. 3. I was not involved in choosing my goals/outcomes. 	<ol style="list-style-type: none"> 1. I was not assisted to help in planning my Support Plan meeting (when, where, who). 2. I am not supported to drive the development and planning process of Support Plan. 3. I am not assisted to choose my goals/outcomes. 4. I requested changes to my Support Plan and changes have not been made. 5. Copies of my Support Plan is not provided to me.
2. Choice and Self Direction - I am an active participant in development of service documentation.	<ol style="list-style-type: none"> 1. I did not participate in the development of my Implementation Plan, if applicable. 2. I did not participate in the development of my Behavior Analysis Services Plan, if applicable. 	<ol style="list-style-type: none"> 1. I requested changes to service documentation and changes have not been made. 2. I am not supported to drive the development and planning process of my Implementation Plan, if applicable.

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		<ul style="list-style-type: none"> 3. I am not supported to drive the development and planning process of my Behavior Analysis Service Plan, if applicable. 4. Copies of service documentation is not provided to me.
<p>3. Choice and Self Direction - I am working toward goals/outcomes important me.</p>	<ul style="list-style-type: none"> 1. I did not choose my goals/outcomes. 2. I do not know what goals/outcomes are on my Support Plan. 3. I am not working on goals/outcomes important to me. 4. I am not able to identify accomplishments I have made in past 6-12 months. 	<ul style="list-style-type: none"> 1. All my desired goals/outcomes are not included on my Support Plan. 2. My goals/outcomes are determined only by supports. 3. I do not have the support and services I need to achieve my goals/outcomes.
<p>4. Choice and Self Direction - I choose and manage my services.</p>	<ul style="list-style-type: none"> 1. I do not know what services are available to me. 2. I did not choose what services I receive. 3. I did not choose when my services are rendered. 4. I did not choose where my services are rendered. 5. My service providers do not call me if they will be late. 6. I requested a change to services and the change has not been addressed. 	<ul style="list-style-type: none"> 1. I have been given little to no information about all the services available to me. 2. I am not included in decisions about where services are rendered prior to service delivery. 3. I am not included in decisions about when services are rendered prior to service delivery. 4. My service providers do not always show up on time. 5. My service providers are not rendering service as desired.
<p>5. Choice and Self Direction - I choose and manage my service providers.</p>	<ul style="list-style-type: none"> 1. I do not know how to change my WSC and/or WSC Agency. 2. I do not know how to change service providers. 3. I did not choose my WSC. 4. I did not choose my service providers. 	<ul style="list-style-type: none"> 1. I am not included in decisions about who will work with me. 2. I am not offered information on how to change my WSC. 3. I am not offered information on how to

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	5. I do not know how to contact my WSC.	change my service providers.
6. Rights - I know and exercise my rights.	<ol style="list-style-type: none"> 1. I do not understand what my rights are. 2. I am aware of, but I am not able to exercise my rights. 3. My preferences concerning the handling of my private information are not respected. 4. My preferences for privacy are not respected. 5. I am not respected and treated with dignity by my service providers. 6. I do not know how to report a complaint or grievance. 7. My rights are being restricted. 	<ol style="list-style-type: none"> 1. I am not offered training or support to understand my rights. 2. Training on rights is provided but it is not tailored to my communication and learning style. 3. My service providers are not advocating for my rights. 4. My preferences for privacy are not solicited. 5. I am not offered training or support to understand how to report complaints or grievances.
7. Satisfaction - I am satisfied with approved services.	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A	
9. Satisfaction - I am satisfied with Waiver my Support Coordinator (WSC).	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A	
10. Stability - Within the past 12 months, I experienced changes in my WSC.	Number of changes: ___ Why?	
11. Stability - Within the past 12 months, I experienced changes in my WSC agency.	Number of changes: ___ Why?	
My Home Life		
Focused Outcome Area/ Expectations	Not Present Reasons for Outcomes	Not Present Reasons for Support
1. Satisfaction - I am satisfied with services received in my home.	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A	
2. Satisfaction - I am happy with where I live.	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A	
3. Choice and Self Determination - I chose	1. I did not decide where to live.	1. I have not had assistance with choosing where

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where I live.	<ol style="list-style-type: none"> 2. I was not provided information about the variety of living options/settings available. 3. I have not explored other living options/settings. 	<p>to live.</p> <ol style="list-style-type: none"> 2. I am not offered any information about living options/settings available to me. 3. My service providers are not advocating for me to make choices in where I live.
4. Rights - My preferences for living arrangements are respected and valued where I live.	<ol style="list-style-type: none"> 1. I did not choose my roommate/housemate. 2. I do not have a choice of staff who assists me in my home. 3. I cannot secure my personal property at home. 4. I have little to no input into my daily schedule. 5. I am not allowed to have visitors when I want. 6. I am not able to access the kitchen for food and beverage as I want. 7. I am not able to decorate my space as I desire. 8. I do not have full access to my home. 	<ol style="list-style-type: none"> 1. My service providers do not solicit my preferences concerning roommates or housemates. 2. My service providers do not solicit my preferences concerning staff who assist me. 3. My service providers do not support me with creating my own daily schedule.
6. Stability - Within the past 12 months, I have moved.	Number of changes: ____ Why?	
7. Stability - Within the past 12 months, service providers in my home have changed.	Number of changes: ____ Why?	

My Work/Daily Life

Focused Outcome Area/ Expectations	Not Present Reasons for Outcomes	Not Present Reasons for Support
1. Satisfaction - I am satisfied with service providers who support me in my desired day activity.	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A	
2. Satisfaction - My day activity is meaningful to me.	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A	

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<p>3. Choice and Self Direction - I chose where I work/day activity.</p>	<ol style="list-style-type: none"> 1. I did not choose my work/day activity. 2. I am not provided information about various work options/day activities available to me. 3. I have not explored various work options/day activity settings. 4. I would like to change employment. 5. I would like a different day activity. 6. I have limited to no options available in my geographic area. 	<ol style="list-style-type: none"> 1. I have not had assistance with choosing my work/day activity. 2. I am not offered any information about work/day activity options available to me. 3. I am not involved in decisions about my work/day activities. 4. My preference to change work/day activities has not been supported. 5. My service providers are not advocating for me to make choices in my work/day activity.
<p>4. Rights - My preferences are respected and valued at my work/day activity.</p>	<ol style="list-style-type: none"> 1. I do not decide who assists me in my work/day activity. 2. My preferences concerning my work/day activity schedule have not been addressed. 	<ol style="list-style-type: none"> 1. My service providers do not solicit my preferences regarding staff who assist me in my work/day activity. 2. My preferences for privacy including PHI/PII have not been solicited. 3. My preferences concerning my work/day activity schedule have not been addressed
<p>6. Stability - Within the past 12 months, I have changed employment.</p>	<p>Number of changes: ___ Why?</p>	
<p>7. Stability - Within the past 12 months, I have experienced changes to my work/day activity service providers.</p>	<p>Number of changes: ___ Why?</p>	

My Social Life

<p>Focused Outcome Area/ Expectations</p>	<p>Not Present Reasons for Outcomes</p>	<p>Not Present Reasons for Support</p>
<p>1. Satisfaction - I am happy with how much involvement I have in my community.</p>	<p>Select One: Strongly Disagree/Disagree/Agree/Strongly Agree N/A</p>	
<p>2. Choice and Self-Direction - I am part of and</p>	<p>1. I am not involved in my community.</p>	<p>1. My preferences regarding community</p>

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<p>participate in my community.</p>	<ol style="list-style-type: none"> 2. I am not participating in community activities that are of interest to me. 3. I participate in community activities but would like to do more. 4. I would like my community activities to be more individualized instead of group based. 	<p>activities are not supported.</p> <ol style="list-style-type: none"> 2. I am not supported to choose my community activities. 3. I am not supported to access community activities in natural settings (e.g., medical providers, religious services, shopping, banking are done in the living setting or are completed by supports). 4. I do not have access to the transportation I need to access my community.
<p>3. Choice and Self Direction – I am an active and contributing member of my community.</p>	<ol style="list-style-type: none"> 1. I am not a member of any groups or organizations in my community and I want to be. 2. I do not understand how to develop and maintain social roles. 3. I do not understand all the different community groups or organizations available in my community. 4. I participate in community activities but I would like to develop more meaningful connections. 5. I would like to volunteer, but have not had assistance to do so. 	<ol style="list-style-type: none"> 1. My preferences regarding social connections are not supported. 2. I am not provided information about community groups and organizations that are of interest to me. 3. I am not provided information about social roles including what they are or why they may be important to me. 4. I am not supported to determine what social roles I want to develop.
<p>4. Choice and Self Direction - I have meaningful friendships and relationships.</p>	<ol style="list-style-type: none"> 1. I have little to no meaningful friendships and relationships in my life. 2. The only friends and relationships I have are with paid staff. 3. I do not get to spend enough time with my friends. 4. I do not get to spend enough time with my family. 5. I would like more opportunities to make friends. 6. I do not have people I can count on and trust in my life. 	<ol style="list-style-type: none"> 1. I am not supported to stay connected with my friends. 2. I am not supported to stay connected with my family. 3. I am not supported to meet new people and develop friendships. 4. My preferences about dating and intimacy are not supported.

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	7. I would like to date, but I am not able to date.	
5. Rights - My preferred communication method/styles are known and respected.	<ol style="list-style-type: none"> 1. My preferred communication is not known by service providers. 2. My preferred communication is known but not respected. 3. I do not have access to assistive technology, or other tools such as picture boards, to help me communicate. 4. I have a communication device/assistive technology but I am not given the opportunity to use it. 5. I have a communication device/assistive technology but it is not working. 	<ol style="list-style-type: none"> 1. My service providers do not know my preferred method of communication. 2. My preferred method of communication is not solicited. 3. I am not supported to obtain assistive technology to help me communicate. 4. My service providers have made little to no effort to find a functional means of communication for me. 5. My service providers are not supporting me to use the communication device/assistive technology I have. 6. My service providers are not supporting me to get needed repairs to my communication device/assistive technology.

My Health

Focused Outcome Area/ Expectations	Not Present Reasons for Outcomes	Not Present Reasons for Support
1. Satisfaction - I am in good health.	Select One: Strongly Disagree/Disagree/Agree/Strongly Agree	N/A
2. Satisfaction - I am satisfied with physician/dentist.	<ol style="list-style-type: none"> 1. I am not satisfied with my current physician. 2. I am not satisfied with my current dentist. 3. I do not currently have a physician. 4. I do not currently have a dentist. 	<ol style="list-style-type: none"> 1. My service providers have not assisted me to choose my physician. 2. My service providers have not assisted me to choose my dentist.
3. Satisfaction - I am satisfied with other health care providers/specialists.	1. I am not satisfied with my other health care providers/specialists, if applicable.	1. My service providers have not assisted me to choose new health care providers/specialists, if applicable.
4. Rights - My health needs are being	1. I do not feel well and no one is helping me	1. My service providers have not asked me

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addressed.	<p>address my health concerns.</p> <ol style="list-style-type: none"> I have not seen a physician/other healthcare specialist in over a year. I have not seen a dentist in over a year. I am not seeing the medical specialists I need. 	<p>questions and gathered information about my health.</p> <ol style="list-style-type: none"> My service providers are not helping me address concerns I have with my health. My service providers are not supporting me to attend routine/annual medical appointments. My service providers are not supporting me to attend routine dental visits. My service providers are not supporting me to see medical specialists.
5. Choice and Self Direction - I am an active participant in all aspects of healthcare choices.	<ol style="list-style-type: none"> I did not actively participate in selection of current health care providers. I did not actively participate in medical appointments. I do not know who to go to when I am lonely or sad. 	<ol style="list-style-type: none"> I am not supported to direct my own healthcare. I am not provided with opportunities to learn more about health. I am not provided with opportunities to learn more about my emotional health.
6. Rights - I understand my medications.	<ol style="list-style-type: none"> I am not aware of the medications I take. I am not aware of why my medications are prescribed. I am not aware of potential side effects of my medications. 	<ol style="list-style-type: none"> I am not offered opportunities to learn more about medications I am taking. I am not supported to understand why I am taking my medications. I am not supported to understand the possible side effects of my medication.
My Safety		
Focused Outcome Area/ Expectations	Not Present Reasons for Outcomes	Not Present Reasons for Support
1. My safety needs are addressed.	<ol style="list-style-type: none"> I do not feel safe at home. I do not feel safe at my work/day activity. 	1. My service providers have not asked me questions or gathered information about

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	<ol style="list-style-type: none"> 3. I do not feel safe in my community. 4. I do not know what to do in the event of a fire. 5. I do not know what to do in the event of a weather related emergency (e.g., Hurricane, Tornado) 6. I do not know how or when to call 911. 7. I do not know how to keep myself safe when out in my community (e.g. incapacitated staff, pedestrian safety, and strangers). 8. I do not have a personal disaster plan. 	<p>how best to keep me safe.</p> <ol style="list-style-type: none"> 2. My service providers are not addressing my safety concerns at home. 3. My service providers are not addressing my safety concerns at work/day activity. 4. My service providers are not addressing my safety concerns in my community. 5. I have not been provided with information and resources to prepare for safety issues (including but not limited to fire, severe weather, need for 911, incapacitated staff). 6. I have not been supported to develop a personal disaster plan.
<p>2. I have the adaptive equipment I need.</p>	<ol style="list-style-type: none"> 1. I do not have the adaptive equipment I need. 2. I have adaptive equipment, but it is not in good working condition. 	<ol style="list-style-type: none"> 1. I am not given information about available adaptive equipment, based on my needs. 2. My service providers are not helping me get the adaptive equipment I need. 3. My service providers are not helping me repair or replace my adaptive equipment that is not working.
<p>3. I understand what abuse, neglect and exploitation (ANE) mean.</p>	<ol style="list-style-type: none"> 1. I do not understand what abuse means. 2. I do not understand all the different types of abuse (i.e. physical, emotional, verbal, sexual) 3. I do not understand what neglect means. 4. I do not understand what exploitation means. 	<ol style="list-style-type: none"> 1. I am not supported to understand physical abuse. 2. I am not supported to understand emotional abuse. 3. I am not supported to understand verbal abuse. 4. I am not supported to understand sexual abuse. 5. I am not supported to understand neglect.

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		<ul style="list-style-type: none"> 6. I am not supported to understand exploitation. 7. Training on ANE is provided but it is not tailored to my communication and learning style.
<p>4. I know what to do if abuse, neglect, or exploitation (ANE) occurs.</p>	<ul style="list-style-type: none"> 1. I am not aware of what to do if ANE occurs. 2. I am not aware of who to go to if ANE occurs. 3. I do not know what the Abuse Hotline is. 4. I do not know where to find the Abuse Hotline number. 	<ul style="list-style-type: none"> 1. I am not supported to know steps to take in the event of ANE. 2. I am not supported to report concerns with ANE. 3. I have not been given any training on when and how to call the Abuse Hotline.