



Applicant Name: _____ **Date:** _____

Support Inventory (K)

*(to be completed by student with assistance from a parent or guardian)
(Adapted from the Casey Life Skills Assessment)*

Please indicate what hobbies and activities you are interested in with a checkmark

A Little Bit About You

Hobbies and Interests

- Acting _____
- Baking _____
- Beach _____
- Cooking _____
- Eating at Restaurants _____
- Movies _____
- Reading _____
- Soccer _____
- Tennis _____
- Volleyball _____
- Writing _____
- Amusement Parks _____
- Baseball _____
- Board Games _____
- Dancing _____
- Gardening _____
- Museums _____
- Running/Jogging _____
- Softball _____
- Theater _____
- Watching TV _____
- Arts/Crafts _____
- Basketball _____
- Concerts _____
- Decorating _____
- Golf _____
- Musical Instrument _____
- Shopping _____
- Swimming _____
- Video Games _____
- Working out _____

List any clubs or organizations in which you currently participate.

If your applicant desires to participate in religious services, please indicate the religious preference.
(Staff will assist in making arrangements for public transportation to and from services)

Please use the answer key to the right to answer the “skills” question on this page. If asked for examples, please include that information.

Answer Key

“Y” = Yes, I already do this
 “N” = No, I cannot do this independently
 “S” = I can do with assistance

Transportation Skills

- | | |
|---|---|
| <input type="checkbox"/> Can read a map
<input type="checkbox"/> Ride the city bus
<input type="checkbox"/> Can cross the street
<input type="checkbox"/> Can cross 2 lanes with light
<input type="checkbox"/> Can cross 4+ lanes with light
<input type="checkbox"/> Can utilize a city taxi | <input type="checkbox"/> Can use a city bus schedule
<input type="checkbox"/> Ask others for directions
<input type="checkbox"/> Can cross street with crosswalk
<input type="checkbox"/> Can cross 2 lanes without light
<input type="checkbox"/> Can cross 4+ lanes without light
<input type="checkbox"/> Can utilize a shuttle service |
|---|---|

Specifics/Comments: _____

Household Chore Skills

- | | |
|---|---|
| <input type="checkbox"/> Dust
<input type="checkbox"/> Sweep
<input type="checkbox"/> Vacuum
<input type="checkbox"/> Clean Mirrors
<input type="checkbox"/> Polish
<input type="checkbox"/> Wash dishes by hand | <input type="checkbox"/> Use a dishwasher
<input type="checkbox"/> Do Laundry
<input type="checkbox"/> Iron
<input type="checkbox"/> Clean bathtubs
<input type="checkbox"/> Clean toilets
<input type="checkbox"/> Remove stains from carpets |
|---|---|

Please list any additional chores activities that you know how to do and/or require further assistance in learning.

Culinary Skills

- | | |
|--|---|
| <input type="checkbox"/> Cut Vegetables
<input type="checkbox"/> Cut Fruits
<input type="checkbox"/> Cut Meats
<input type="checkbox"/> Use a Microwave | <input type="checkbox"/> Use a toaster
<input type="checkbox"/> Use a Stove
<input type="checkbox"/> Use an Oven
<input type="checkbox"/> Use a dishwasher |
|--|---|

Please use the answer key to the right to answer the questions on the following pages. If asked for a more detailed response please include that information.

Answer Key

“Y” = Yes, I already know/do this
 “N” = No, I cannot do this independently
 “S” = I can do with assistance

Daily Living

Respond to the following statements

1. Do you know the risks of meeting someone in person that I met online? _____
2. Please list the social media accounts you use. _____

3. Would you post pictures or messages if you thought it would hurt someone's feelings? _____
4. If someone sent you a message online that made me feel bad or scared, what would you do?

5. Who is an adult, other than a CLS worker, who would take your call in the middle of the night if you had an emergency? _____
6. How do you prepare before you go to the grocery store to shop for food?

7. At the store do you compare prices and try to make a wise choice? _____
8. Do you follow a recipe when you cook? If yes, list three examples of recipes you use?

9. Do you use the oven to bake? Give examples. _____
10. Do you use the stove top to cook? List the items you cook on the stove top.

11. Do you use the microwave to warm something? List items you warm in the microwave.

12. What cold meals are you able to prepare? _____
13. What types of breakfast meals do you usually eat, and can you prepare these yourself?

14. What types of lunch and dinner meals do you usually eat? _____

15. What type of lunch meals are you able to prepare by yourself without assistance?

16. Have you ever made meals from the following semi-prepared meal boxes: Hamburger Helper, Campbell's, etc. If yes, how did it turn out? _____
17. What type of meals would you like to learn to cook? _____

18. What are your favorite types of meals and foods? _____

19. What are your favorite types of restaurants? (ex. Italian, Mexican, etc.)

20. Do you ever eat frozen foods? If so, which ones? (ex. Len Cuisines, Hot Pockets, etc.)

21. What foods do you not like? _____
22. Do you eat a healthy balance between fruits, vegetables, meats and dairy products? _____
23. Are you currently on and/or follow a diet, special diet (due to allergies/illnesses), religious preference, nutritional goals, etc.? Please explain. _____

24. Do you think about what you eat and how it impacts your health? _____
25. Do you understand how to read food product labels to see how much fat, sugar, salt, and calories the food has? _____
26. Do you know how to do your own laundry? _____
27. Do you keep your living space clean? _____
28. Do you help with cleaning the house? _____
29. Do you load / unload the dishwasher? _____
30. Do you know the products to use when cleaning the bathroom and kitchen? _____
31. Have you ever used a fire extinguisher? _____
32. Do you know how to use a fire extinguisher? _____

Self-Care

Respond to the following statements

1. Do you know how to take care of your own minor injuries and illnesses? Please list examples.

2. Do you know how to get medical and dental care when you need it? _____
3. Do you make your own medical and dental appointments? _____
4. Do you know when you should go to the emergency room instead of the doctor's office? _____
5. Do you know your family medical history? _____
6. Who is a trusted adult who would visit you if you were in the hospital? _____
7. Who is an adult you trust who would be legally allowed to make medical decisions for you and advocate for you if you were unable to speak for yourself? _____
8. Do you know how to get the benefits you are eligible for, such as Social Security, Medicaid, Community Mental Health, and Job Coaching? _____
9. How would you get yourself away from a harmful situation? _____
10. Where do you go when you feel unsafe? _____
11. Do you know how to turn down a sexual advance? _____
12. Do you know ways to protect yourself from sexually transmitted illness (STIs)? _____
13. Do you know how to prevent getting pregnant or getting someone else pregnant? _____

14. Where could you go to get information on sex or pregnancy? _____
15. Please describe your full daily hygiene route and procedures (also list the level of assistance needed for example, prompting, modeling or picture schedule). Please indicate when you prefer to take showers (am or pm) _____

16. What time do you generally go to sleep at night? _____

Stamina and Endurance

Please check the item that describes you the best

1. Strength – Lifting and Carrying:
 Poor (<10 lbs.) Fair (10-20 lbs.) Average (30-40 lbs.) Strong (>50 lbs.)
 Comments: _____
2. Endurance in completing tasks: (without breaks):
 Works < 2 hours Works 2-3 hours Works 3-4 hours
 Comments: _____
3. Orienting:
 Small room One room Several rooms
 Building Wide Building & Grounds
 Comments: _____
4. Physical Mobility (Please check all that apply):
 Sit/stand Fair ambulation Difficulty with stairs/minor obstacles Full mobility
 Comments: _____
5. Gross Motor Ability:
 Full Fair Minimal
 Comments: _____
6. Fine Motor Ability:
 Full Fair Minimal
 Comments: _____
7. Independent Work Rate (no prompts):
 Slow pace Steady/average Above average/fast pace Continual fast pace
 Comments: _____
8. Attention to task/perseverance:
 Frequent prompts with high supervision Frequent prompts with low supervision
 Some prompt with high supervision Some prompts with low supervision No prompts
 Comments: _____

9. Independent task sequencing:
 Frequent prompts with high supervision Frequent prompts with low supervision
 Some prompt with high supervision Some prompts with low supervision No prompts
 Comments: _____
10. Initiative/Motivation:
 Always seeks work Sometimes volunteers
 Waits for direction Avoids next task
 Comments: _____
11. Adapting to Change:
 Adapts to change Adapts to change with some difficulty
 Adapts to change with great difficulty Rigid routine required
 Comments: _____
12. Do you need prompting (verbally) to complete a task? If so, what kind of verbal prompting do you need and how frequently. Please list some specific tasks that require prompting _____

13. What positive reinforcements work best to keep you motivated to continue and complete tasks? (i.e., verbal praise, candy, trip to the store, etc.). _____

Relationships and Communication

Respond to the following statements

1. Please check-off the given answer(s) that best describe your personality:
- | | |
|--|---|
| <input type="checkbox"/> I am very talkative | <input type="checkbox"/> I am happy most of the time |
| <input type="checkbox"/> I am quiet | <input type="checkbox"/> I sometimes get depressed or anxious |
| <input type="checkbox"/> I take some time to open up to people | <input type="checkbox"/> I can be moody sometimes |
| <input type="checkbox"/> I like being around a lot of friends | <input type="checkbox"/> I get angry a lot |
| <input type="checkbox"/> I like to be by myself sometimes | <input type="checkbox"/> I know how to entertain myself |
| <input type="checkbox"/> I get nervous when I am in large crowds | <input type="checkbox"/> I prefer quiet environments |
| <input type="checkbox"/> I find it easy to make friends | <input type="checkbox"/> I am not afraid to try new things |
| <input type="checkbox"/> I like to go to parties | <input type="checkbox"/> I would rather stay home and read |
| <input type="checkbox"/> I am always able to see the bright side of everything | |
2. Handling Criticism/Stress: (Please indicate how you react)
- | | |
|--|--|
| <input type="checkbox"/> Resistive/argumentative | <input type="checkbox"/> Accept criticism/do not change behavior |
| <input type="checkbox"/> Withdraw into silence | <input type="checkbox"/> Accept criticism/change behavior |
- Specifics/Comments: _____

3. What event/activities make you feel upset? _____

4. What is the best way for you to cope when you are upset? _____

5. Do you have any fears or phobias? Do these fears or phobias interfere with daily activities in your life? _____

6. How well do you generally get along with others?

7. If you have mood swings, what is the best way to help you?

8. Please provide additional insight into your personality and the way you interact with others that would be helpful for in assisting you with socialization skills training activities and facilitating friendships:

9. Do you speak up for yourself? _____
10. Do you know how to act in social situations with family and friends? _____
11. Do you know how to act in a professional situation? _____
12. Do you know how to act in the classroom? _____
13. Do you know how to act in a public place-- on the bus, in the store, walking down the street?

14. Do you know how to show respect to people with different beliefs, opinions, and cultures?

15. Can you describe your racial and ethnic identity? _____
16. Can you explain the difference between sexual orientation and gender identity? _____
17. Who are some friends you like to be with who help you feel valued and worthwhile?

18. How do you get in touch with family member when you want to? _____

19. Are your relationships free from hitting, slapping, shoving, being made fun of, or name calling?

20. Do you know the signs of an abusive relationship? _____

21. How do you think about how your choices impact others? _____

22. How do you deal with anger without hurting others or damaging things? _____

23. How do you show others that you care about them? _____

Housing & Money Management

Respond to the following statements

1. Do you have a checking account that you can access? _____

2. How do you pay for things? _____

3. Do you have a savings account that you can access? _____

4. Do you understand how interest rates work on loans or credit purchases? _____

5. Do you understand the disadvantages of making purchases with my credit card? _____

6. Do you know the importance of a good credit score? _____

7. Do you know how to balance your bank account? Do you balance your bank account online?

8. Do you have a savings plan? _____

9. Who helps you with your finances? _____

10. Can you use an ATM? _____

11. Do you make online purchases? Where do you make online purchases?

12. Do you use online banking to keep track of my money? _____

13. Do you know how to find safe and affordable housing? _____

14. Can you figure out the costs to move to a new place, such as deposits, rents, utilities, and furniture? _____

15. Do you know how to fill out an apartment rental application? _____

16. Do you know how to get emergency help to pay for water, electricity, and gas bills? _____

17. Do you know what can happen if you break my rental lease? _____

18. Why do people need renter's or homeowner's insurance? _____

19. Do you plan for the expenses that you must pay each month? _____

20. Do you use a budget? _____

21. Do you have an income? _____

22. Do you have a state ID, driver's license or permit? _____

23. Where do you go to get or renew a driver's license or state ID card? _____



- 24. How do you follow your weekly schedule? Do you use a calendar, planner, your phone?

- 25. How do you keep records of the money you receive or spend? _____

- 26. Can you figure out all the costs of car ownership, such as registration, repairs, insurance, and gas?

Career and Education Planning

Respond to the following statements

- 1. Where can you find information about jobs? _____
- 2. Are you connected with Michigan Rehabilitation Services or another agency to help with job placement and coaching? _____
- 3. What are the benefits of doing volunteer work? _____
- 4. What type of job would you like to do? _____

Looking Forward

Respond to the following statements

- 1. Do you believe you can influence how your life will turn out? _____
- 2. What is your vision for yourself as a successful adult? _____
- 3. _____
- 4. Who are people you have a good relationship that you trust and respect? _____

- 5. Would you like to use our experience to advocate for others? _____
- 6. Do you believe your relationships with others will help you succeed? _____

- 7. Do you feel you are ready for the next phase of my life? _____
- 8. Most days, are you proud of the way you are living your life? _____
- 9. Most days, do you feel you have control of how your life will turn out. _____
- 10. Who have you shared your future plans with? _____
- 11. Who is an adult who will help you after RFLA ends? _____

Completed by: _____
Relationship to Student: _____
Date: _____

Please return completed form to:
Ready for Life
3250 28th St SE, Ste 102
Grand Rapids, MI 49512