Skills Checklist Adult Living Arrangements/Self-Reliant

Name	Age		Date		
These activities will help youth gain the skills to become more self-reliant and ready for their de living arrangements. Some of these activities may not apply to everyone.					
I plan on living: ☐ with my parents ☐ on my own ☐ group home ☐ other_					
INDEPENDENCE - Skills and Abilities	YES	NO	N/A	Need More Info	
Do you do your share of family chores (clean up after yourself, set the table, etc.)?					
Are you learning to do things around the house (laundry, fixing meals, etc.)?					
Do you keep home and/or room clean or clean up after meals?					
Do you use nearby stores and services (know what to buy, where to find things, and how to pay for groceries)?					
Do you help plan or fix meals or food?					
Have you spent nights away from your family (camp, sleepover with friends, school trips)?					
Are you happy with how you are able to get around (home to school or work)?					
Do you call and use community services (accessible transportation) and advocacy services (legal services) when you need them?					
Do you have a plan for your adult living arrangements?					
Do you know how to go places on your own (bus, follow directions or maps)?					
Do you have a state identification (ID) card or driver's license?					
Do you manage your own money (make change, use debit or checks, balance checkbook, follow a budget)?					
Have you explored housing that can meet your health and safety needs?					
Do you know your rights under the Americans with Disabilities Act?					
Do you know your fair housing rights under the Fair Housing Act?					
Do you have a plan for accommodations, such as housekeeping help or a personal assistant, if needed?					
Do you know how to locate disability support and counseling services?					
Do you need help making major decisions with living or health care?					
Do you have a legal guardian or power of attorney, if needed?					

Continue Checklist on Next Page



NUTRITION - Skills and Abilities	YES	NO	N/A	Need More Info
Do you eat a variety of foods (or take tube feedings well)?				
Are you able to feed yourself (or do tube feedings) once your food is set on the table?				
Can you fix a meal without help?				
Do you know about the need for good nutrition?				
Are you happy with your weight?				
PERSONAL CARE - Skills and Abilities	YES	NO	N/A	Need More Info
Do you brush and floss your own teeth?				
Do you dress yourself?				
Do you bathe yourself?				
Do you brush/fix your own hair?				
Do you have regular sleep times and feel rested?				
Do you know how much sleep you need each day?				
Do you put yourself to bed?				
Do you wake up on your own (with the alarm clock)?				
PERSONAL HYGIENE - Skills and Abilities	YES	NO	N/A	Need More Info
Can you tell when you need to go to the bathroom?				
Do you go to the bathroom on your own?				
Do you handle your clothing, wipe yourself and flush the toilet?				
Do you need a personal assistant to help you with activities of daily living?				
MOBILITY/EXERCISE - Skills and Abilities	YES	NO	N/A	Need More Info
Can you get out of the bed, tub or shower on your own?				
Do you exercise on a regular basis (walk, lift weights, stretching exercises, swim, etc.)?				

Tips for Using the Skills List

Think about the skills you want to work on. Make notes of your needs and concerns. You can then talk about the next steps with the people who are helping you prepare for your future. Notes to Myself: For each "Need More Info" item you checked, list questions you have or what you would like to know more about. **Next Steps – Goals:** List what you need to work on to help you learn how to take care of yourself in the future. You can ask the people who are helping you plan for your future to work on this with you. I want more information about: Adult living arrangements □ Transportation

□ Other

We're here to help.

To learn more about the Division of Specialized Care for Children's programs and services, check out our website at: dscc.uic.edu

