

Appendix C

Job Description Development Tool

KANSAS

**Personal Assistance
Supports and Services
(K-PASS)**

Job Description Development Tool

A Needs Self-Assessment Tool for
Consumers Who Self-Direct

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Introduction

To make sure that you employ the right personal assistant (PA) for you, it is important that you know what all of your personal needs are, and how a PA can help you. We have included this self-assessment tool, the Job Description Development Tool, to assist you in identifying these needs.

Completing a self-assessment is one way to determine your needs. The information provided will give you the tools necessary to develop a job description, to screen and interview potential employees and to train your new PA. This assessment will help you address your physical needs as well as your leisure and community needs.

Remember, when completing this self-assessment, think about having all of your needs met. You may be living in a situation now that is not your ideal. You may have gotten used to it, or have learned to compensate for any lack in services. Completing this self-assessment can help put you on track when hiring a PA. Keep in mind the impact that hiring a PA will have on your life. When you think about your needs, consider all of them. Think about the things you have been living without, but could have with the help of a PA.

The self-assessment will ask about Assistive Technology (AT) in each area of daily living. We have done this to encourage you to think about having an evaluation done or to utilize AT that can help you live more independently. In Kansas, you can call 800-526-3648 to reach your local AT Access Site for help in determining your AT needs.

BANKING

If you need help with your personal banking, these questions will help you think about the kind of help you may want or need. It is very important to remember to be careful about sharing too much personal information with anyone. Be sure your PA understands and upholds your confidentiality agreement.

Consider these issues:

	<u>YES</u>	<u>NO</u>
Do you need help with your banking needs?	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

Do you need your PA to bring you to the bank?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need physical assistance while in the bank?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need physical assistance writing out your bills?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need assistance in paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you use or would you like to use AT devices to do your banking? For example:	<input type="checkbox"/>	<input type="checkbox"/>
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- CCTV for reading your bill
- Check printer
- Online access for paying bills

Other Considerations:

BATHING

Bathing is very personal and some people with disabilities are not able to complete bathing activities without help. These questions will help you think about what kind of help you may want or need. It is very important for your PA to understand what you are comfortable with and what you are not comfortable with. Your PA should respect your privacy and help you maintain a comfortable level of modesty.

Think carefully about what your needs are, then decide how you want your PA to help you. This is a very personal part of your life so consider what makes you the most comfortable. Be sure to be very specific about what you want and don't want when you explain your bathing needs to your PA

Consider these issues:

	<u>YES</u>	<u>NO</u>
Do you need help bathing?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you bathe every day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use the shower?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use the bathtub?	<input type="checkbox"/>	<input type="checkbox"/>
Do you prefer a bed bath?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help washing your body?	<input type="checkbox"/>	<input type="checkbox"/>
Some individuals use a washcloth or a towel to cover private areas when bathing Do you prefer to have private areas of your body covered with a washcloth or hand towel when you receive help bathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wash any parts of your body by yourself?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with skin care treatments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help transferring?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help washing your hair?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help drying your body?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help drying your hair?	<input type="checkbox"/>	<input type="checkbox"/>

CLEANING/HOUSEKEEPING

PA services are usually restricted to personal and physical care, but household cleanliness may also be part of the job description. Tell your PA what kind of help you need and what you expect. Also, talk with your PA about how often you would like each task done.

Consider these issues:

	<u>YES</u>	<u>NO</u>
Do you need help cleaning your house?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u> - would you like your PA to help you with:		
Dusting?	<input type="checkbox"/>	<input type="checkbox"/>
Vacuuming?	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping and mopping floors?	<input type="checkbox"/>	<input type="checkbox"/>
Washing dishes?	<input type="checkbox"/>	<input type="checkbox"/>
Drying dishes?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning counter tops?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning outside of stove?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning oven?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning inside/outside of refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning bathroom floors and walls?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning sink, tub, toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning windows?	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning ceiling fans?	<input type="checkbox"/>	<input type="checkbox"/>
Gathering and taking out trash? Note day trash is picked up.	<input type="checkbox"/>	<input type="checkbox"/>
Changing bed linens?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use or would you like to use AT devices?	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION

It is very important for there to be good communication between you and your PA. These questions will help you think about your ability to communicate and if you need help expressing yourself.

Consider these issues:

	<u>YES</u>	<u>NO</u>
Are you able to express yourself verbally and be clearly understood by others?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand what people are saying to you?	<input type="checkbox"/>	<input type="checkbox"/>
If no, Do you use sign language?	<input type="checkbox"/>	<input type="checkbox"/>
Do you read sign language?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use gestures with some speech?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need things explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a communication device?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need a communication device?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help maintaining and programming a communication device?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need someone to clean and check the batteries of your hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an adapted telephone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need someone to reprogram your adapted telephone periodically?	<input type="checkbox"/>	<input type="checkbox"/>
Can you have a PA who is deaf?	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

COMMUNITY ACCESS

If you need help in the community, these questions will help you think about the kind of help you may want or need. Your PA could help you maneuver into or out of a building, get through doors, turn corners or sit at a table. Think about anything special you may want or need that will help you access your community.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help scheduling or canceling appointments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need physical help getting into a building?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Do you need help once you are inside a building?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a service dog?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need your PA to give you verbal cues?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any kind of help you need in order to access your community:

Other Considerations:

DRESSING

Getting dressed is a very important part of your day. These questions will help you think about what kind of help you may want or need. If you need help getting dressed, think about how a PA can help you. Is there any type of equipment you use to help you get dressed? Are you modest?

The way you look is important to you. Depending on how much help you may want or need, a PA may be the person responsible for how you look when you leave your house. Therefore, you will want to be sure any potential employees will respect your desires and share in your feelings.

Consider these issues:

	<u>YES</u>	<u>NO</u>
Do you need help getting dressed?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you need help picking out your clothes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on undergarments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on pants/skirts?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on a necktie or a scarf?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on socks?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on stockings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on shoes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on a watch or jewelry?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help putting on make-up?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use or would you like to use AT devices or dressing aids such as:	<input type="checkbox"/>	<input type="checkbox"/>
• Zipper pull		
• Button hook		
• Extended handle to pull button hook		
• Sock aid		
• Elastic shoelaces or Velcro shoes		

Other Considerations:

EATING

If you need help feeding yourself, the following questions will help you think about your eating needs. When you train your PA, remember to talk about what you like and do not like. Think about utensils, meal times, bite sizes and any other issues that may be involved in helping you to eat.

Issues to consider:

Do you need help with eating?	<u>YES</u>	<u>NO</u>
	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

Do you need help cutting your food?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to feed you?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to position your glass, plate and utensils?	<input type="checkbox"/>	<input type="checkbox"/>
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Are you on a special diet?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you use an assistive device to feed yourself?	<input type="checkbox"/>	<input type="checkbox"/>
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For example,

- Utensil with an adapted handle
- Weighted utensil
- Rocker knife
- Rimmed plate
- Flexible straw
- Electronic feeding machine

Other Considerations:

GROCERY SHOPPING

You may be able to enjoy grocery shopping on your own. If not, a PA will be able to help you. These questions will help you think about what kind of help you may want or need when you are grocery shopping.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help grocery shopping?	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

Do you need your PA to write the grocery list?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to keep an inventory list of food and supplies you need?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to go with you to the grocery store?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you want your PA to do your grocery shopping for you?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to clip coupons?	<input type="checkbox"/>	<input type="checkbox"/>
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Will you need help to pay at the register?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you use or would you like to use AT devices to help you shop? For example,	<input type="checkbox"/>	<input type="checkbox"/>
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- Bill reader
- Electronic picture grocery list
- Calculator to track your purchases

Other Considerations:

HOME MAINTENANCE

Home is where we all feel most comfortable. Part of being comfortable means that everything is taken care of. Of course, we want our homes to be clean and for the yard to look nice, but we also want to be safe. These questions will help you think about what kind and how much help you may want or need to take care of the things around your home.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help with your home maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you need your PA to mow the yard?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help raking your leaves?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help shoveling your walk or driveway?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with flower gardens?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with potted plants?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help maintaining your water softener?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need your PA to replace the batteries in smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need your PA to replace light bulbs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need your PA to clean/replace A/C or furnace filters?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an emergency generator?	<input type="checkbox"/>	<input type="checkbox"/>
Will your PA need to operate it if necessary?	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

LAUNDRY

If you need help doing your laundry talk with your PA about how to care for each item and type of clothing you have. Which items do you like dried in the dryer and which ones do you like to hang dry? Tell your PA the wash cycles you use for different types of laundry. Show your PA how you would like them to sort your clothes so colors will not run.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help doing your laundry?	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

Do you need your PA to do the laundry for you?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help sorting your laundry?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help washing/drying your laundry?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help cleaning your lint filter?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help folding your laundry?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help putting your laundry away?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help with ironing?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need any items hand washed?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need any clothes taken to the dry cleaner?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help having clothes sewn or mended?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you use or would you like to use AT devices or strategies?	<input type="checkbox"/>	<input type="checkbox"/>
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For example:

- Color coded setting
- Picture symbols

Other Considerations:

LEISURE ACTIVITIES

If you need your PA to help you participate in leisure activities, talk with them during the interview about the things they like to do. It may be important for you to hire a PA who has similar interests. That way, both of you will enjoy all the activities you wish to do.

Issues to consider:

What kind of things do you like to do for fun?

Describe the kind of help you may want or need in order to do the things you enjoy.

- Is one of your favorite activities watching TV?
- Do you need help operating your TV?
- Do you like going to the movies, restaurants, etc.?
- Do you prefer to go fishing, horseback riding, bowling or bird watching?

Do you use or would you like to use AT devices for leisure activities? For example:

- Adapted fishing rod
- Switch on a camera
- Preprogrammed TV schedule to record
- Controller mounted on your chair for video games
- Adapted saddle

Describe how a PA could help you with any part of the activities you want to do.

MEAL PREPARATION

If you want your PA to prepare meals, talk about the kinds of food you like, and the way you like them fixed. If you will be sharing food with a live-in PA, be sure to talk about whether they should share in the cost or if you plan to include it as part of their compensation. You may also want to talk about preparing meals together, special diets and any possible limits on use of the kitchen.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help preparing meals?	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

Will you plan your meals?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you want help planning your meals?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help preparing your meals?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to prepare all your meals for you?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you want your PA to prepare meals and put them in the refrigerator or freezer for later use?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you use or would you like to use AT devices to prepare meals?	<input type="checkbox"/>	<input type="checkbox"/>
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For example:

- Rocker knife
- Mini-food processor/chopper
- Adapted spatula
- Color coded burners and knobs
- Digital timer
- Lightweight unbreakable bowls
- Lower work surface

Other Considerations:

MEDICATION

If you need help taking your medicine, be clear about how much help and what kind of help you need. For example, if your medicine is in a cabinet, do you need it taken out for you? Do you need help organizing your medicines? Do you need help remembering when to take them? Do you need someone to pick up your medicines from the pharmacy? Be sure to tell your PA if you are allergic to any medicines or if there is anything to watch out for.

Consider these issues:

	<u>YES</u>	<u>NO</u>
Do you need help with your medicine?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you take medicine every day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help taking your medicine? For example, put your medicine in your hand or have help with a drink.	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help organizing your medicine in a pillbox?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help remembering when to take them?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need someone to pick up your medicine from the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything to watch out for that your PA should know? For example, are you allergic to any medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use or would you like to use AT to maintain your medicine schedule?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you need help programming or filling your device?	<input type="checkbox"/>	<input type="checkbox"/>
If not, have you considered:		
• a memory reminder to take your medicine on time	<input type="checkbox"/>	<input type="checkbox"/>
• an automatic pill dispenser that gives you the right amount of medicine	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

GENERAL THERAPY

If you go to PT, OT or other therapists, you may want to think about having your PA help you with the exercises recommended by your therapist(s). You may want to use your PA to help you strengthen your body and stay in good physical health.

PHYSICAL THERAPY or OCCUPATIONAL THERAPY

	<u>YES</u>	<u>NO</u>
Do you go to therapy?	<input type="checkbox"/>	<input type="checkbox"/>
Number of times per week _____		
Do you want your PA to be trained to help with exercise/stretching?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the exercises/stretching.

You may want to make a videotape with your therapist or other trained PA in how to do the stretches or exercises.

You may want to have a new PA go with you to a therapy appointment to learn the exercises or stretches.

Other Considerations:

ORAL HYGIENE

Gum disease and poor dental care can lead to serious health problems. If you need help brushing and flossing your teeth or caring for your dentures, be clear about all of your dental care needs. Think about any oral health problems you may have and the care you require. If you have sensitive teeth, or have areas in your mouth that need more care or attention, explain all of this to your PA.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help brushing your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you brush your teeth 1x, 2x or 3x a day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an electric toothbrush?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your electric toothbrush?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a water pick?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your water pick?	<input type="checkbox"/>	<input type="checkbox"/>
Do you floss your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with flossing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use mouthwash?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with mouthwash?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have removable dentures or other removable dental device?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help removing dentures or other dental device?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help cleaning dentures or other dental device?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have gum disease?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain care needed:

Other Considerations:

PET CARE

If you have a pet(s), you must tell the person you are interviewing. Some people are afraid of certain animals, may be allergic or just do not like them. It is important to find this out at the interview, especially if you need your PA to help you care for your pet.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you have any pets?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, do you need your PA to:

Feed your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Water your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Walk your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Clean birdcage?	<input type="checkbox"/>	<input type="checkbox"/>
Clean fish tank?	<input type="checkbox"/>	<input type="checkbox"/>
Clean the kitty litter box or dog pen?	<input type="checkbox"/>	<input type="checkbox"/>
Bathe your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Take your pet to be groomed?	<input type="checkbox"/>	<input type="checkbox"/>
Give your pet medicine?	<input type="checkbox"/>	<input type="checkbox"/>
Take your pet to vet appointments?	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

RELIGIOUS ACTIVITIES

If you belong to a religious group or church, or like being part of a local fellowship, think about your level of involvement when you answer these questions. You may be able to start or increase your involvement, if you want to, with the help of a PA.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you belong to a religious group or church or faith-sponsored social group?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to join a religious group, church or faith-sponsored social group?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to attend services, meetings or social events?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need assistance to be able to attend services/meetings/events?	<input type="checkbox"/>	<input type="checkbox"/>
Are services and meeting information presented verbally and visually, dramatically and musically?	<input type="checkbox"/>	<input type="checkbox"/>
Are materials available in large print, Braille, or videotape?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an amplifying sound system?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a sign language interpreter available?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>
Are the parking lot and walkways accessible?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Curb cuts? • Walkways at least 48 inches wide? • Close accessible parking? • Are ramps and stairs accessible? • Doors and doorways? • Is the worship or meeting space accessible? • Is there an accessible bathroom? • Water fountain? • Elevator or chair lift? 		

Other Considerations:

SHAVING

If shaving is part of your routine, these questions will help you think about what kind of help you may want or need. Shaving equipment such as razors and supplies such as shaving lotion or foam come in many shapes, sizes, and dispensers that may make this task more convenient for you. Remember, the kind of help you want or need is up to you and should be discussed with any potential employees and of course, the PA you decide to hire.

Consider these issues:

	<u>YES</u>	<u>NO</u>
Do you need help shaving?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you shave every day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an electric razor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a safety razor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you shave under your arms?	<input type="checkbox"/>	<input type="checkbox"/>
Do you shave your legs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you shave your face?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with aftershave or lotion?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help trimming a beard or mustache?	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

SLEEP SCHEDULE

These questions will help you think about the kind of help you may want or need with regard to your sleeping habits or schedule. Your PA should know if you need to be turned during the night, when to wake you up and how you like to wake up. Also, talk with your PA about what you like when you are going to sleep. For example, do you like to listen to music while falling asleep or do you need total silence? Do you prefer heavy or light covers; do you keep a dim light on?

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you need help with any part of your bedtime routine?	<input type="checkbox"/>	<input type="checkbox"/>
<u>If yes,</u>		
Do you use an alarm clock?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help using the alarm clock?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help transferring in and out of bed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to be turned during the night?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help using the restroom during the night?	<input type="checkbox"/>	<input type="checkbox"/>
Will you need your PA to stay overnight?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use an oxygen machine while sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a catheter drainage bag while sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear any type of orthopedic equipment while sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with any limb or muscle stretching before going to sleep?	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

TOILETING

If you need help with toileting, it is important to hire someone who can handle your toileting needs with sensitivity to your body and to your dignity. Some of the people you will interview may not have much experience in helping people with toileting needs. Be sure to discuss it in the interview. You will have to be specific and be certain that they can manage your individual needs. Be upfront when talking about your needs. Let people you interview tell you what their experience is and whether or not they are comfortable with the issue.

If you only need help getting to the restroom, make sure you PA will respect your privacy.

Issues to consider:

Do you need help with toileting?	<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>
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If yes, Are you on a bladder care program?	<input type="checkbox"/>	<input type="checkbox"/>
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Give as much detail as possible, for example, transfer help, anything invasive, help with cleaning.

Are you on a bowel care program?	<input type="checkbox"/>	<input type="checkbox"/>
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Give as much detail as possible, for example, transfer help, anything invasive, help with cleaning.

- Do you need help removing clothing?
- Do you need help cleaning after toileting?
- Do you need help transferring?
- Do you use adult diapers?

Please explain care needed: (for example, removing briefs, cleaning, replacing briefs)

- Do you use the toilet?
- Do you use grab bars?
- Do you use a bedside commode?
- Do you use a bedpan?

Other Considerations:

TRANSFERRING

If you need help transferring, your PA should be strong enough to help you. Make sure the people you interview have the physical strength to transfer you safely.

One more thing to think about is that your transferring needs may change in the future. Changes in your transferring needs might be from an injury or a surgery. These changes could be short-term, or possibly become permanent. Discussing these possibilities with your new PA can prepare you both for a job description change if needed.

Issues to consider:

Do you need help with transferring?

YES **NO**

Describe the level of help you need. (i.e., do you need minimum, moderate or maximum help, contact guard or other?)

Do you use any special equipment to transfer? (transfer board, hydraulic or electric lift) You may want to make a videotape showing how you want to be transferred.

Describe the equipment and how it works. (For example, I use a hydraulic sling lift and need assistance getting in the sling, then someone must operate the lift to move me to my chair.)

Please mark the areas you need help in transferring:

- Bed Toilet Chair Car Bath/Shower

Other, please explain:

Please explain the method you like for transferring. Do your transfer needs change across the day or when you are tired?

Other Considerations:

TRANSPORTATION

If you will be using your own car or van, but want or need your PA to drive, be sure your insurance coverage includes other drivers. If you will be riding in your PA's car or van, you will want to see their proof of insurance and a valid driver's license. Mileage to medical appointments can be reimbursed in Kansas.

Do you use public transportation? YES
 NO

Will you need transportation for any of the following:

Work

Leisure Activities

Church

Dates

Shopping (grocery, clothing, etc.)

Doctor and therapist appointments

If you have an adapted vehicle, does it have:

- a lift
- hand controls
- foot controls
- adapted steering wheel

Will you need someone to drive your vehicle to appointments?

Other Considerations:

TRAVEL

If you travel for vacation or work, you may need a PA to travel with you. These questions will help you think about all the needs that you may have in order to take a trip.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you ever travel away from your home?	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

Do you drive?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you fly?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help planning your trip?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help planning what to pack?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need help packing your suitcase?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Do you need help making hotel or other sleeping arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
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Does the room need to be accessible?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you want your PA to pack any AT devices you use?	<input type="checkbox"/>	<input type="checkbox"/>
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Do you need your PA to travel with you?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

If yes,

Do you need your PA to stay with you on your trip?	<input type="checkbox"/>	<input type="checkbox"/>
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Will you need your PA to give you the same type of help as you get at home?	<input type="checkbox"/>	<input type="checkbox"/>
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Other Considerations:

WRAP-UP WITH ASSISTIVE TECHNOLOGY (AT)

In each section, you have been asked if you are using any assistive technology (AT) devices or want to use an AT device during activities of your daily routine. If you identified devices you would like, you should think about an AT evaluation. You can contact your payroll agent, case manager or talk to a trusted friend about resources in your area. In Kansas, you can call 800-526-3648 to reach your local AT Access Site. They can help you determine what AT needs you have and how to get this equipment.

If you already have AT devices, it is important to take care of them. Complete the AT Device Maintenance pages that follow.

AT DEVICE MAINTENANCE

When using any type of equipment, it is important to keep it in good working order. This section will help you think about the kind of equipment you use and how it works. Do you need your PA to help you keep things clean and in working order? Let your PA know how your equipment works and how you will want them to help you with it.

Issues to consider:

	<u>YES</u>	<u>NO</u>
Do you use equipment for any of the following?		
Mobility	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>
Transportation Equipment/Community Access	<input type="checkbox"/>	<input type="checkbox"/>
Medical Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>
Banking	<input type="checkbox"/>	<input type="checkbox"/>

Other Considerations:

AT DEVICE MAINTENANCE

Below, list the AT device or equipment you use and what type of help you want or need to keep them maintained.

For example:

If you use a power wheelchair, do you:

- Need help changing or replacing the battery?
- Need wheelchair tires inflated for you?

If you use a pneumatic or electric lift:

- What kind of maintenance does it need?
- Do you need it cleaned for you?

Your PA should understand how the equipment you use works.

Type of Device/Equipment You Use	Maintenance Help Needed

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