



## RIGHTS ASSESSMENT

*Directions: Answer the following questions on the appropriate line. Be honest and feel free to voice any concerns you may have following this assessment.*

### FREE MOVEMENT

1. Do you have the proper means to transportation readily available to you for things such as going to work, leisure activities, grocery shopping, etc.?  
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2. Are you restricted from certain areas of your home and/or community?  
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3. Are there any restrictions placed on you concerning where you are allowed to go that frustrate you?  
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### MANAGEMENT OF MONEY

1. Do you receive help in managing your money? If so, who is it that helps you?  
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2. Are there any restrictions placed on you concerning how you spend your money?  
\_\_\_\_\_

3. Are you able to access your finances whenever you like?  
\_\_\_\_\_

4. Has anyone ever asked you for money? If so, who was it?  
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## SENDING AND RECEIVING MAIL

1. Do you open mail that is received with YOUR name on it?

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2. Are you restricted from looking through mail that comes to your home?

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3. Are there any restrictions places on you concerning sending out mail, and are you able to do so privately?

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## COMMUNICATION

1. Are you able to make your own phone calls to whomever you want, whenever you want?  
How do you accomplish this?

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2. Do you own a personal phone, and if so, do you have access to it at all times?

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3. Are you allowed to have your own private conversations without any oversight?

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## VISITS WITH FRIENDS AND FAMILY

1. Who are the important people in your life?

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2. Are you satisfied with your level of contact with friends and family? If no, why?

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3. Do you need support to maintain contact with certain friends and family? Do you receive this support?

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4. Is there anyone you do not have contact with that you would like to?

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## ACCESSING PERSONAL INFORMATION

1. Are you able to freely and easily access your personal possessions? If not, what are those things you cannot access?

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2. Has anyone ever taken any of your things? If so, who was it and what did they take? Was it returned to you?

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3. Are you allowed/able to enjoy your personal possessions on your own time?

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## VOTING

1. Are you registered to vote? If not, would you like to be?

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2. Do you have adequate support in planning and accessing proper voting procedures?

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## RIGHTS AGAINST ABUSE, NEGLECT, MISTREATMENT, AND EXPLOITATION

1. It Is your right to be free from any and all kinds of abuse, neglect or exploitation. Do you have an understanding on what abuse, neglect, mistreatment, and exploitation is?

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2. Have you ever been hurt by anyone?

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3. Does anyone ever yell at you?

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4. If you have ever been hurt or yelled at, whom did you tell? Who would you tell should an incident arise?

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5. Has anyone ever tried to take your money or things away, or force you to give those things away? If so, who?

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6. Who would you reach out to in the event you are being abused, neglected, mistreated or exploited?

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7. Have you ever been abused, neglected or exploited?

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8. Do you feel you need any support not to help you with what happened before?

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## EDUCATION

1. Would you like to meet a First Responder such as a Police officer, Fire fighter, or EMS professional from a local hospital?

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2. Would you like to receive educational materials on your rights?

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## PRIVACY

1. What rules do you have in your home?

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2. Do you have a key or passcode to your residence?

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3. Are you able to lock your bathroom and bedroom door?

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**Individual Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date (MM/DD/YYYY):** \_\_\_\_\_