

Applicant Name _____

Referring Organization _____

New Direction Services - Independent Living Skills Survey

(For each skill below, put an X on the line that applies)

*** Kitchen**

I am able

I need assistance

Use appliances (stove, microwave, toaster)

Use common kitchen utensils

Plan and fix meals

Go grocery shopping

Put away leftovers

Do the dishes

Understand food package labels

***Laundry**

Use washer and dryer

Fold clothes

Put clothes away

***Housekeeping**

Clean room

Make and change the bed linens

Minor repairs (change light bulb, batteries)

Take out the trash

Throw away expired food

***Personal skills**

Remember codes and passwords

Go shopping

Have privacy in the bathroom

Personal Hygiene (wash/comb hair, take a shower)

Signature _____

Date _____