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**Rights Audit**

Name:

Date:

Organization:

If completed with assistance, who helped:

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| **Decision Making:**  | Yes | Sometimes | No | Unsure | N/A |
| I make all of my own decisions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have a legal Substitute Decision Maker (SDM) to help me with decisions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know who my SDM is | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am consulted on all decisions about me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff make some decisions for me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My family makes some decisions for me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Health:**  | Yes | Sometimes | No | Unsure | N/A |
| I see a doctor, dentist, etc. for regular checkups | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me to understand the doctor’s recommendations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know what my medications are for | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My medications make me feel better | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I administer my own medications | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am on medications to change my behavior | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have a diagnosis for my medications | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My medications are locked and staff have a key | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My medications are locked and I have a key | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can change my doctors/dentist if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff take me seriously if I say I am not feeling well | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am on a special diet plan | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I chose the special diet plan  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me to self-manage my healthcare |  |  |  |  |  |
| I know what abuse and neglect is | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I experience abuse and neglect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have received information about healthy relationships and safe sex | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I want information on relationships and safe sex | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have received information about mental health | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I want information about mental health | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have tools to help me cope when I am stressed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have someone to talk to when I am feeling sad | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Privacy and Access:**  | Yes | Sometimes | No | Unsure | N/A |
| Staff knock before coming into my home | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff knock before coming into my bedroom | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have access to all rooms in my home (including the basement) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| There are no locked rooms in my home | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have access to all areas in my home | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can get around my home independently | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| There are no locked areas/cabinets in my home | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| There are no alarms/buzzers at the front door | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| There are no alarms/buzzers at my bedroom door | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can be alone when I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can visit with my friends and family in private | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have access to WIFI in my home | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I open my own mail | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff ask permission before reading my mail | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I speak on the phone in private | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff tell me what information they write about me (journals, incident reports) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know where information about me is kept | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff ask permission before sharing information about me with others, including new staff | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Choices:**  | Yes | Sometimes | No | Unsure | N/A |
| I choose my meals | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can have a snack or drink when I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can go to bed when I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can watch TV when I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I use the TV remote | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can have a bath or shower when I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can choose not to bath/shower if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can change my plans and be spontaneous, if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I choose which staff to hire | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am part of the staff interview | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I choose to fire my staff, if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can do laundry and help clean, if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I help cook, if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I choose who I live with | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Money:**  | Yes | Sometimes | No | Unsure | N/A |
| I can have my money when I want  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can spend my money on what I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I keep money in my room | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I carry my own money | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have a bankcard | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My money is locked and staff have a key | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| My money is locked and I have a key | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have a co-signer on my bank account  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know what my financial plan or budget is | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I helped to create my financial plan and agreed to it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know who my financial SDM is | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know my options for work/volunteering/education | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I decide where I want to work/volunteer or go to school | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I get paid for the work that I do | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I decide to retire | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I decide which courses I take in school  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Communication:**  | Yes | Sometimes | No | Unsure | N/A |
| I feel like staff listen to what I say | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am involved in planning how staff support me | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff ask for my opinions when decisions are made | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can answer the phone in my home if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff will help me use the phone if I need help | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me stay in contact with my friends and family, if I need help | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have social media | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have a cell phone | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| If I have a complaint/problem staff help me fix it | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Relationships:**  | Yes | Sometimes | No | Unsure | N/A |
| I choose who I spend time with | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have contact with my friend and family when I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me to see my family and friends | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me to initiate plans to see my friends and family | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me to make new friends, if I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have romantic partner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I see my partner when I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Staff help me to initiate plans with my partner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Community:**  | Yes | Sometimes | No | Unsure | N/A |
| Staff ask me what activities I want to participate in | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I attend activities that I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I go out when I want and when I can afford to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I stay home, if I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can go on vacations if I save money | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can go out with friends when I want to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can go out independently | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Voting:**  | Yes | Sometimes | No | Unsure | N/A |
| I know what it means to vote | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I am registered to vote | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have voted before | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have the opportunity to learn more about the political candidates before voting, if I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I know that I can vote but choose not to | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Spirituality:**  | Yes | Sometimes | No | Unsure | N/A |
| I go to the place of worship of my choice (e.g. church, synagogue, temple) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I go to worship as often as I want | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I can choose not to go to a place of worship | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I want to explore my spirituality | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Rights Restrictions:**  | Yes | Sometimes | No | Unsure | N/A |
| Some of my rights are restricted for my own safety | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| There is a plan to reduce or limit the rights restrictions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Rights restrictions are regularly reviewed (minimum once per year) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| I have been involved in decisions about any restrictions with my rights | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Due process was complete for any rights restrictions | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| List rights restrictions (if applicable):  |
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**Comments and notes:**