

Am I Ready to Live On My Own ?

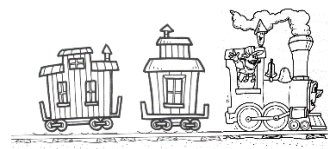
A list of things for young adults to consider*

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do I brush my teeth at least once a day? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I bathe at least every two days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I use soap and shampoo during my bath/shower? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I pick the clothes I wear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I use deodorant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I shave? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever asked for a haircut? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever cleaned my room? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I cleaned up a mess without being asked/told? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I vacuumed a room? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I done laundry? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I cleaned a house? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I get my own snacks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever cooked a meal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I use a Microwave? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever followed a recipe? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever bought groceries for a meal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever made a shopping list? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever cleaned a kitchen after a meal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever washed dishes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever initiated the cooking of a meal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever planned a meal with all four-food groups? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever heard of 911? Have I called 911? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I put a bandage on a cut? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I keep it a secret that I am home alone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever ignored a stranger that was bothering me? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I report strangers who bother me? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I lock the doors to my house? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I take medicine without help? |

YES

NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know what I want to do in the future? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I understand my <i>disAbility</i> ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I solve problems myself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I feel good about myself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I prioritized tasks to do? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have my appointments written down? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever scheduled an appointment with someone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I use crosswalks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I use street light signals to walk across the street? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever ridden a bus by myself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever called the bus station to find a bus route? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever used a bus schedule? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone somewhere unfamiliar on the bus? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever used a bus stop sign to find a bus stop? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone to a park? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever ordered food at a restaurant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone to a movie by myself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone to a mall by myself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have a sport I like to play? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever planned an outing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have 5 friends? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have one close friend, other than a boy/girl friend? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone out with a friend? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I ever ask friends to go somewhere with me? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone on a date? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever asked someone out on a date? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how babies are made? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I answered the phone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever called someone on the phone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I keep a personal address book? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever looked up a phone number? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how to use a cell phone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how to Text? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I know how to Email? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I use a Computer? |



YES

NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever gone shopping alone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever waited for change? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever looked for a cheaper price at the store? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever shopped for more than 20 items? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever tried on my clothes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever planned a shopping list? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever used a money order? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have a savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever deposited money in a savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever written a check? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have a Debit Card? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever paid a bill? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I budget my money for a month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I want a job or to earn money? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever looked for a job online? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever interviewed for a job? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I been hired for a job I applied for? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever stayed on a job for more than six months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever accepted criticism from an employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever done work I liked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can I give my full name, address, and my phone number? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have four character references from people I am not related to? (Include address and phone numbers) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have my complete medical history? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever asked for a job application? |
| <input type="checkbox"/> | <input type="checkbox"/> | If I can't fill out a form, do I know how to get help? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do I have information about my education?
(Dates and addresses of schools I have attended) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have I ever filled out an application asking for my Social Security Number, Birth Date, and Previous Employers?
(Time employed, addresses, and phone numbers) |

*** If you cannot do these alone, can you do these things with the help of your aide, roommate, or friend?**

