

## OT FUNCTIONAL HOUSING ASSESSMENT

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

### Assessments Administered

### Current Living Situation

### Daily Routine

## MHA OT FUNCTIONAL HOUSING ASSESSMENT

Name:

PARIS ID:

### Mental Status

### Health And Safety

### Personal Care

### Work/Leisure/Educational Involvement

## MHA OT FUNCTIONAL HOUSING ASSESSMENT

Name:

PARIS ID:

### Social Functioning and Supports

### Managing Money

### Managing Home

### Managing Transportation

## MHA OT FUNCTIONAL HOUSING ASSESSMENT

Name:

PARIS ID:

### Medication Management

### Substance Use

### Summary And Recommendations

### Other People Involved

### Copies To Be Sent To:

## MHA OT FUNCTIONAL HOUSING ASSESSMENT

Name:

PARIS ID:

### Other Authorizers

Other Authorizer:

Date:

Other Authorizer:

Date:

### Authorization Details

Carried Out By:

Date:

Closing Authorizer:

Date:

Notes:

**Note:** Once downtime information from this form has been entered in PARIS, shred this working sheet.

-----End of Report -----