****

**Rights Audit**

Name:

Date:

Organization:

If completed with assistance, who helped:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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): | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

**Comments and notes:**