



# RIGHTS AUDIT

Name



Name:

Date:

Age:

Where do you live:

Who helped you with this audit (if applicable):

Have you taken any rights training:  Yes  No

If yes, please explain (what and when):

Do you have a Substitute Decision Maker:  Yes  No



# INTRODUCTION

If yes, what decisions do they have the authority to make on your behalf:

The Rights Audit will help you learn how you are exercising your rights. Your support team will use the results to understand which rights are most important to you and the areas where you may need or want more support to fully exercise your rights. You may want to answer the questions on your own, or you may want support. If you want support, your family, friends, or staff can assist by reading or rephrasing the questions. You can decide if you need help and who you want to involve. Before you start, it may be helpful to know what a rights restriction is. A rights restriction is when someone or something limits or controls your ability to exercise your rights and freedoms. Rights restrictions may seem big (for example, someone or something limiting your freedom of movement) or small (for example, someone or something controlling how many cups of coffee you drink in a day). A rights restriction may be there for a short

period of time or a long time. If there are limits or controls in place that stop you from enjoying the same freedoms other citizens do, then your rights are being restricted.

People with disabilities may require support in many areas of life. People may need help to get dressed, use the bathroom, or cross the street. The support is supposed to help people stay safe and live a good life. Sometimes, it might be hard to decide if the help supports or restricts you. A good rule to follow is to ask yourself these questions:

- How do I feel about the support activity? Does it feel helpful and respectful to me?
- Do I agree with the support activity and how, when, where, and by whom it is being provided?
- If I feel like my rights are being restricted, are everyone else's rights restricted in a similar way?

All people may experience rights restrictions. Sometimes rights restrictions are necessary to keep everyone safe. The pandemic is a good example – everyone was expected to follow the rules made by Public Health officials to try and prevent the spread of COVID. Rights restrictions are supposed to protect you and others from serious injury or harm. However, rights should not be restricted just because of "house rules," staff convenience, or because it's always been done that way. Before restricting someone's right, we need to complete what's called due process. Due process is a set of steps to make sure other people still respect you, even though you have a rights restriction. You have the right to be included in this process.

If you feel like your rights are being restricted, it's important (and helpful) that you tell the person helping you complete this. This audit will help you and your St.Amant support team to:

- Identify any restrictions you are experiencing.
- Work together on solutions that enable you to exercise your rights and freedoms to the greatest extent possible.



- Determine if it is safe to reduce or eliminate any restrictions.
- Complete due process to make sure any rights restrictions are in place for the right reason.

To learn more about rights restrictions, please check out these resources by Abilities Manitoba ([www.abilitiesmanitoba.org](http://www.abilitiesmanitoba.org)) and Open Future Learning ([www.openfuturelearning.org](http://www.openfuturelearning.org)):

- [Rights Restrictions 101 \(Video\)](#)
- [Supporting Choice and Control \(Video\)](#)
- [Common Rights Restrictions and How We Restrict Them \(Document\)](#)
- [My Rights \(Side by Side Learning Module\)](#)



	Yes	Sometimes	No	Unsure	N/A

I choose who I spend time with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have contact with my friends and family when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff help me to see my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff help me to initiate plans to see my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can visit with my friends and family in private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff help me to make new friends, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my options for intimacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received information about healthy relationships, sexuality, and safe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to find information about healthy relationships, sexuality, and safe sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a sweetheart, I can spend time with them when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a sweetheart, I can spend time with them in private when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a sweetheart, I can have sleepovers with them, if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where information about me is kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what information is kept about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Unsure</b>	<b>N/A</b>

I can see this information about me when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff ask permission before sharing information about me with others, including with family and new staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff tell me what information they write about me (journals, incident reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I open and read my own mail, if I need help to do this, I can get it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff ask permission before reading my mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I answer the phone in my house. If I need help to do this, I can get it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can speak on the phone in private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have full access to WIFI in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to see changes on how you are supported with your relationships?

No       Yes, please explain:

**Team Leader Recommendations/Comments:**

	Yes	Somewhat	No
Does the person need more education, experience, or exposure with the rights described in this section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel these rights are understood by the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel some of these rights are restricted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these rights are understood by the staff team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and offer any ideas you may have on how this may be improved:

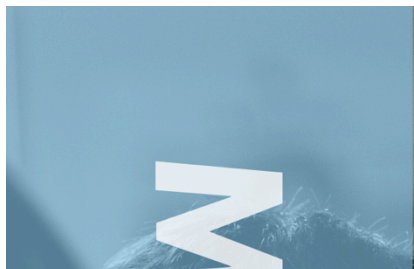
**Coordinator Recommendations/Comments:** (please review all answers and identify which ones require a follow up review):

Yes	Sometimes	No	Unsure	N/A



Staff ask me what activities I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I attend activities in the community that I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go out when I want and when I can afford to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can go out with friends when I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can go out in the community independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I want to stay home I can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have social media, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can go on vacations if I save money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can take days off work if I want to and my boss agrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to the place of worship of my choice, if I want (e.g. church, synagogue, temple)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to worship as often as I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can choose not to go to a place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received information about spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go if I want more information about spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to see changes on how you are supported with your community?



No       Yes, please explain:

**Team Leader Recommendations/Comments:**

	Yes	Somewhat	No
Does the person need more education, experience, or exposure with the rights described in this section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these rights are understood by the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel some of these rights are restricted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these rights are understood by the staff team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and offer any ideas you may have on how this may be improved:

**Coordinator Recommendations/Comments:** (please review all answers and identify which ones require a follow up review):





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Yes	Sometimes	No	Unsure	N/A
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I choose my meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a snack or drink when I want and without asking anybody for permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cook meals, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use the stove, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go to bed when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I watch TV when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use the TV remote and choose channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a bath or shower when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can choose not to bath/shower on certain days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do laundry and clean, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I decorate my room as I wish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose who I live with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like who I live with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my options for work/volunteering/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I decide where I work/volunteer or go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Unsure</b>	<b>N/A</b>

I get paid for the work I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I decide what courses I take in school (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am retired because I want to be (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose the services I need and I know my options (for example: salon, bank, grocery store, St.Amant as a service provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff help me decide on services, if I need and want help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose which support staff to hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am part of new staff interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I need help with personal hygiene, I can decide who helps me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose if I no longer want a staff to support me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to see changes on how you are supported with your choices?

No       Yes, please explain:

**Team Leader Recommendations/Comments:**

	Yes	Somewhat	No
_____			

Does the person need more education, experience, or exposure with the rights described in this section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these rights are understood by the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel some of these rights are restricted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these rights are understood by the staff team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and offer any ideas you may have on how this may be improved:

**Coordinator Recommendations/Comments:** (please review all answers and identify which ones require a follow up review):

Yes	Sometimes	No	Unsure	N/A





I see a doctor, dentist, etc. for regular checkups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can change my doctor/dentist, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff help me to understand the doctor's recommendations, if I want and need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff listen when I say I am not feeling well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what my medications are for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a diagnosis for my medications (not for behaviour management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medications help me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can choose not to take my medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can take my medications by myself, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can choose not to follow recommendations by my doctor (diet plan, smoking, drinking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I feel sad or stressed, I can do things that help me feel better (self-care strategies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I feel sad or stressed, I have someone I trust that I can talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received information about mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get information about mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Unsure</b>	<b>N/A</b>

I have a place to be alone when I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a key to my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff knock before coming into my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff knock before coming into my bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep my things where I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People (staff, roommates, family) ask permission before touching my things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to all rooms in my home (there are no areas just for staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are any locked cabinets, I have a key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My money is locked up but I have a key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can have my money when I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can spend my money on what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can keep money in my room, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can carry my own money, if I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what my financial plan or budget is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I helped to create my financial plan and agreed to it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Unsure</b>	<b>N/A</b>



I am the only person with signing authority on my bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what it means to vote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can vote if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can choose not to vote if I don't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received information about voting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get information about voting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like staff listen to what I say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am involved in planning how staff support me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff ask for my opinion when decisions are made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can answer the phone in my home, if I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff will help me use the phone, if I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what abuse and neglect is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a concern about abuse or neglect, I know who to talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a complaint/problem staff help me fix it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do if I have a problem or complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Unsure</b>	<b>N/A</b>

# MY HUMAN SECURITY

I know what to do if I have a problem or complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about the Grievance Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things change after I complain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*My arms or legs are sometimes held down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If I use a wheelchair, sometimes my brakes are put on when I don't want them to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*There are bells, alarms or devices on doors that alert others when I move around.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I take medication that controls my behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I sometimes wear restrictive clothing or a helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I use a belt or strap that keeps me from moving around (not including seatbelt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to see changes on how you are supported with your human security?

No       Yes, please explain:

## Team Leader Recommendations/Comments:

	Yes	Somewhat	No
Does the person need more education, experience, or exposure with the rights described in this section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel these rights are understood by the person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel some of these rights are restricted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel these rights are understood by staff team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and offer any ideas you may have on how this may be improved:

**Coordinator Recommendations/Comments:** (please review all answers and identify which ones require a follow up review):

	Yes	Sometimes	No	Unsure	N/A
I make all of my own decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am consulted on all decisions about me (even if I have a Substitute Decision Maker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I have a legal Substitute Decision Maker to help me with decisions (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I know who my Substitute Decision Maker is (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



*I know my options if I no longer think I need a Substitute Decision maker (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Staff make all the decisions for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*My family makes all the decisions for me but is not my legal decision maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I am interested in rights training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After completing the audit, do you want to see any changes in how you are supported to exercise your rights?

No       Yes, please explain:

**Team Leader Recommendations/Comments:**

	Yes	Somewhat	No
Does the person need more education, experience, or exposure with rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the person has a fulsome understanding of their rights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel some of rights are restricted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the person's rights are understood by the staff team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain and offer any ideas you may have on how this may be improved:

**Coordinator Recommendations/Comments:** (please review all answers and identify which ones require follow up review in each table):

Is the Rights Restriction Review Form required for any identified rights restrictions?

- No       Yes