COP-W QUALITY ASSURANCE: PARTICIPANT OUTCOME RESULTS TOOL

Participant Name: _____ County: _____ Date: _____ Target Group _____

Level of Outcome Achievement	What is in Place?
Achievement **N** Not Achieved /Not Addressed **NI** Not achieved/In progress **A** Achieved to Satisfaction	**Identify people or agencies and their effectiveness. Briefly describe why they are effective or not.** **Not Effective** **Effective**
Importance **0** Not Important **1** Somewhat **2** High	

I DECIDE WHERE AND WITH WHOM TO LIVE: a) Person is choosing to live in current arrangement OR chose current arrangement. *If person did not make the choice*, the participant feels satisfied with how the decision was made. b) Person is content with/pleased/satisfied with decision and feels it meets their needs and expectations. c) *If applicable*, person was provided information about available options and assisted to explore options they preferred. If not, did they want more options? d) *If applicable*, the person who made the decision regarding living situation (i.e. guardian or POA) based decisions on participant's preferences and needs.			**Effective Supports** **Non-Effective Supports**
Achievement			
Importance			
I MAKE DECISIONS REGARDING MY SUPPORTS AND SERVICES: a) Person is involved at the level desired, or extent possible, for making decisions about the services and supports that they receive. b) Person has been provided with a variety of (reasonable) options to effectively meet their needs. c) Person feels their requests and preferences about what, how, and when services are provided are honored to the extent possible. d) Person knows how to make changes regarding services, supports, and their care plan.			**Effective Supports** **Non-Effective Supports**
Achievement			
Importance			

Supports: Family, Friends, Religious Org, Care Manager, Supportive Home Care, etc.

I AM INVOLVED IN MY COMMUNITY: a) The person is involved in their community to the extent they desire. b) The person is involved in activities within the community that are important to them. c) The person is able to access their community to attend activities and go places they wish to go.			**Effective Supports** **Non-Effective Supports**
Achievement			
Importance			
I FEEL SAFE: a) Person feels they can safely live in and move about their home, neighborhood, and community. b) Person feels safe with care providers. Personal cares and services are provided in a safe manner. c) Person feels prepared for emergencies.			**Effective Supports** **Non-Effective Supports**
Achievement			
Importance			

Supports: Family, Friends, Religious Org, Care Manager, Supportive Home Care, etc.