



# Rights Assessment

*Ray Graham Association for People with Disabilities*

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Completed By: Click or tap here to enter text.

Service: Click or tap here to enter text.

Completed With (list all): Click or tap here to enter text.

The rights assessment should be completed in an interview format with the person. Input from their family, team members, and others that know them best should be included. Answers should be based on what rights are present at the time of the interview. Consider if there are any formal restrictive procedures in place for the person. If there are informal practices that limit a person's right, please make sure to take steps to address them as well as documenting them. Add any comments in the designated areas.

Right	Is the Right Currently Present in your Life?	If the Right is not Present or Limited, who is the Right limited by?	If Right is Limited or Not Present, how do you feel about the limitation?	Additional info on this right based on Team Member knowledge of the person	Prioritizing and Comments	If Right is a priority, plan to provide education or supports
<b>Right to voice your opinion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to vote</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to move about the community</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	

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<b>Right to associate with others</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to practice their religion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to privacy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to access your possessions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to make and receive phone calls and Use other means of communication</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	

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Right to send and receive mail	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
Right to access food/refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
Right to have visitors at any time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
Right to access your money	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	

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<b>Right for personal decision-making</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to fair wages</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to non-discrimination at work</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to dignity and respect</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Right to freedom from coercion and restraint</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	

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<b>Right to file complaints about services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	
<b>Other rights that are important to you : list</b> <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited	<input type="checkbox"/> Legal Rep / Family <input type="checkbox"/> Peer <input type="checkbox"/> Provider <input type="checkbox"/> Other (Explain) <hr/>			How big of a priority is this for you? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A: Right is present	

	This Assessment	*Last Assessment
Number of Rights PRESENT at This Time	/19	/19
Number of Rights NOT Present at This Time	/19	/19
Number of Rights LIMITED at This Time	/19	/19
Number of Rights that are a high priority at this time	/19	/19
Number of Rights that education or support will be provided about at this time	/19	/19

Evaluation: Reasons for increases or decreases

**\*Note:** The Rights Assessment form was updated in January 2020. “Last Assessment” information will not be included until the second review for each person to maintain consistency (after January 2021).

Based upon the assessment, the following rights have been identified as the top priority areas.

<b>Top 1 – 3 Priority Areas (Next steps for each area are listed above)</b>	<b>Where will progress be documented? (Ex. IS4R, Implementation Strategies, All About Me, Monthly Summary) *Submit to HRC if warranted</b>
1.	
2.	
3.	

<p><b>List Rights that are present for the person, but has been identified as a high priority to maintain. (Fill in as many as apply)</b></p> <p><b>1.</b> <b>2.</b> <b>3.</b></p> <p>*Document in All About Me</p>
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