

INDEPENDENT CHOICES PROGRAM SCREENING TOOL

Consumer name: _____

Date of screening: _____

1. Does the consumer meet all the requirements of eligibility for the in-home services program?
 Yes – Continue screening No – Consumer is ineligible for ICP
2. Has the consumer provided evidence of a stable living situation for the past three (3) months? (Evidence of no evictions or homelessness)
 Yes – Continue screening No – Consumer is ineligible for ICP
3. Does the consumer demonstrate the ability to manage money as evidence by timely current utility and housing payments?
 Yes – Continue screening No – Consumer is ineligible for ICP
What bills does the consumer pay? Are the bills always paid timely? (Must view the bills to verify)

4. Does the consumer have or is the consumer eligible for a checking account?
 Yes – Continue screening No – Consumer is ineligible for ICP
5. Have the consumer's accounts remained in good standing as demonstrated by not becoming overdrawn? (Must view account statements to verify)
 Yes – Continue screening No – May be a disqualifying factor **
6. Is the consumer able to manage their own money without the assistance of others?
 Yes – Continue screening No – Representative or FI must be selected
7. If a representative is selected, is the representative able to pass a criminal history check?
 Yes – Continue screening No – Consumer and Rep are ineligible for ICP
8. Is the consumer/representative capable of locating, screening, interviewing, hiring, training, paying and terminating employee provider(s), developing and following a service plan and a budget to meet their service needs?
 Yes – Potentially eligible for ICP No – May be a disqualifying factor **

** Consult with the ICP Coordinator at ICP.SPD@dhsosha.state.or.us