



# Arizona Bridge to Independent Living (ABIL) Personal Assistance Services

## PCA 5 Day Skills Evaluation

**Client Specific**

**General**

**PCA Name:**

**Date:**

*(Use Last name, First name Format)*

**Consumer Name:**

*(Use Last name, First name Format)*

**Competent**

YES	NO	<b>HUMAN RELATIONS SKILLS:</b>	
		1.	Knowledge of a variety disabilities or specific disability as applicable. <b>What is the disability of the person you are working with?</b>
<b>Comments:</b>			
		2.	Advanced directive/health care directive: <b>Does the consumer have a DNR and do you know where it is located?</b>
<b>Comments:</b>			

YES	NO	<b>HOME MANAGEMENT SKILLS:</b>	
		1.	Safe environment: (Rugs, cords, spills, etc) <b>Have you checked the consumer's area to avoid injury?</b>
<b>Comments:</b>			
		2.	Nutrition: Capable of monitoring special dietary requirements? <b>Do you know what type of diet your consumer is on?</b>
<b>Comments:</b>			

YES	NO		<b>PERSONAL CARE SKILLS:</b>
		1.	Knowledge in the prevention and recognition of pressure ulcers. <b>Can you explain how to prevent and recognize?</b>
<b>Comments:</b>			
		2.	Capable of providing safe transfers. <b>Can you explain how you transfer your consumer?</b>
<b>Comments:</b>			
		3.	Capable of providing safe transfers using a Mechanical lift. <b>Can you explain how you transfer using a mechanical lift?</b>
<b>Comments:</b>			
		4.	Capable of providing assistance with walking (ambulation). <b>Can you explain how to assist a person walk safely?</b>
<b>Comments:</b>			
		5.	Providing quality personal care i.e.:
			a. bathing
			b. dressing
			c. oral hygiene
			d. feminine hygiene
			e. skin care
			f. toileting
			g. keeping consumer dry
<b>Comments:</b>			
		6.	Can you explain ABIL's policies and procedures regarding bowel and bladder management?
<b>Comments:</b>			

YES	NO	<b>PERSONAL CARE SKILLS:</b>	
		7.	Can you explain ABIL's policies and procedures regarding medications?
<b>Comments:</b>			
		8.	Does your consumer use any assistive devices? If yes, explain.
<b>Comments:</b>			
		9.	Do you have the consumer's emergency contact and necessary information?
<b>Comments:</b>			
		10.	Do you know who to report changes to in consumer's health condition, hospitalizations, and changes in schedule and why it is important?
<b>Comments:</b>			

**Comments:**

**Consumer Signature, PCA 5 Day Skills Evaluation**

**PCA Signature, PCA 5 Day Skills Evaluation**

**Form Completed by:  
PCA Supervisor**