

ALR COMMUNITY – COOKING ASSESSMENT

The Cooking Assessment determines an individual's ability to independently utilize varied cooking methods. Complete this assessment by speaking directly with the individual, family or care givers, and/or direct observation of individual's safety skills, as possible.

Department of Health Care Policy and Financing rules require all Medicaid-funded individuals to complete a cooking assessment prior to admission. Signatures of both the person completing the assessment and the person being assessed are required.

Individual's Name: _____

Date: _____

Stove:

- | | | |
|--|------------------------------|-----------------------------|
| Wants to use stove independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turns burners on and off. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adjusts temperature of stove burners. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Puts appropriate items on the burners. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does not leave food unattended on stove. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Keeps stove-top free of flammable items. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses pot holders when removing hot items from stove. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Oven:

- | | | |
|---|------------------------------|-----------------------------|
| Wants to use oven independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sets temperature independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Remembers to turn off oven when done. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Puts only appropriate items in the oven. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses pot holders when removing hot items from oven. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Toaster:

- | | | |
|---|------------------------------|-----------------------------|
| Wants to use toaster independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adjusts toaster settings independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Knows how to safely remove food items from toaster. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Microwave:

- | | | |
|--|------------------------------|-----------------------------|
| Wants to use microwave independently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sets microwave settings appropriately. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Puts appropriate items in the microwave. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does not leave food unattended in microwave. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses pot holders when removing hot items from microwave. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleans up as needed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Miscellaneous:

- | | | |
|--|------------------------------|-----------------------------|
| Knows what to do if a food item burns/catches on fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does not wear loose clothing while cooking on stove. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses knives or other sharp utensils safely. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Determines if foods are spoiled. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Individual's Name: _____ Date of Assessment: _____

Other:

Any other information related to individual's ability to safely cook:

Use of this document does not constitute nor imply compliance with Federal or State rules and regulations. All facilities must follow their own internal guidelines and policies for admission. All facilities are responsible for gathering the appropriate information required to ensure the facility is able to meet the needs of each individual admitted.

Signature of person completing Assessment: _____

Individual's signature: _____ Date: _____

INSTRUCTIONS

Cooking Assessment

The Cooking Assessment gauges an individual's ability to independently utilize varied cooking methods. Answer the questions by speaking with the individual directly, speaking to family or care givers, and/or direct observation of individual's safety skills, as possible.

**Per Department of Health Care Policy and Financing rules, Medicaid funded individuals must have a cooking assessment completed prior to admission.

Instructions:

- Enter the individual's full name.
- Enter the date of the Cooking Assessment.
- Enter the name of the individual and date of assessment in the document's header, starting on page 2.
- For each cooking method (i.e., stove, oven, etc.), enter a YES or NO for each question.
- For each miscellaneous question, enter a YES or NO.
- If there is any other information about the individual's ability to cook safely, document in the "Other" section.

Signatures

Signatures are required by:

1. The individual who completed the Cooking Assessment.
2. The individual being assessed.

Date the document.