

**NC DHHS Transitions to Community Living Initiative (TCLI)
Fidelity IPS-Supported Employment (IPS-SE) Participant
ACH In/At Risk Checklist**

If Section I, option B is selected, Section IV MUST be completed.

IV. Functional Impairments

If the individual has been identified as having a functional impairment, you must identify the area(s) and describe what the specific functional impairments are. Any checked boxes require an explanation.

- A. **Understanding, remembering, or applying information** (does the individual have issues with memory, following instructions, solving problems, etc.)

- B. **Interacting with others** (how does the individual get along with others, manage their anger, etc.)

- C. **Concentration, persistence, maintaining pace** (how is the individual's ability to complete a task impacted by their concentration, persistence, and ability to maintain pace)

- D. **Adapt or manage oneself** (what is the individual's personal hygiene like, how do they respond to change in their routine or environment, can they set realistic goals, etc.)