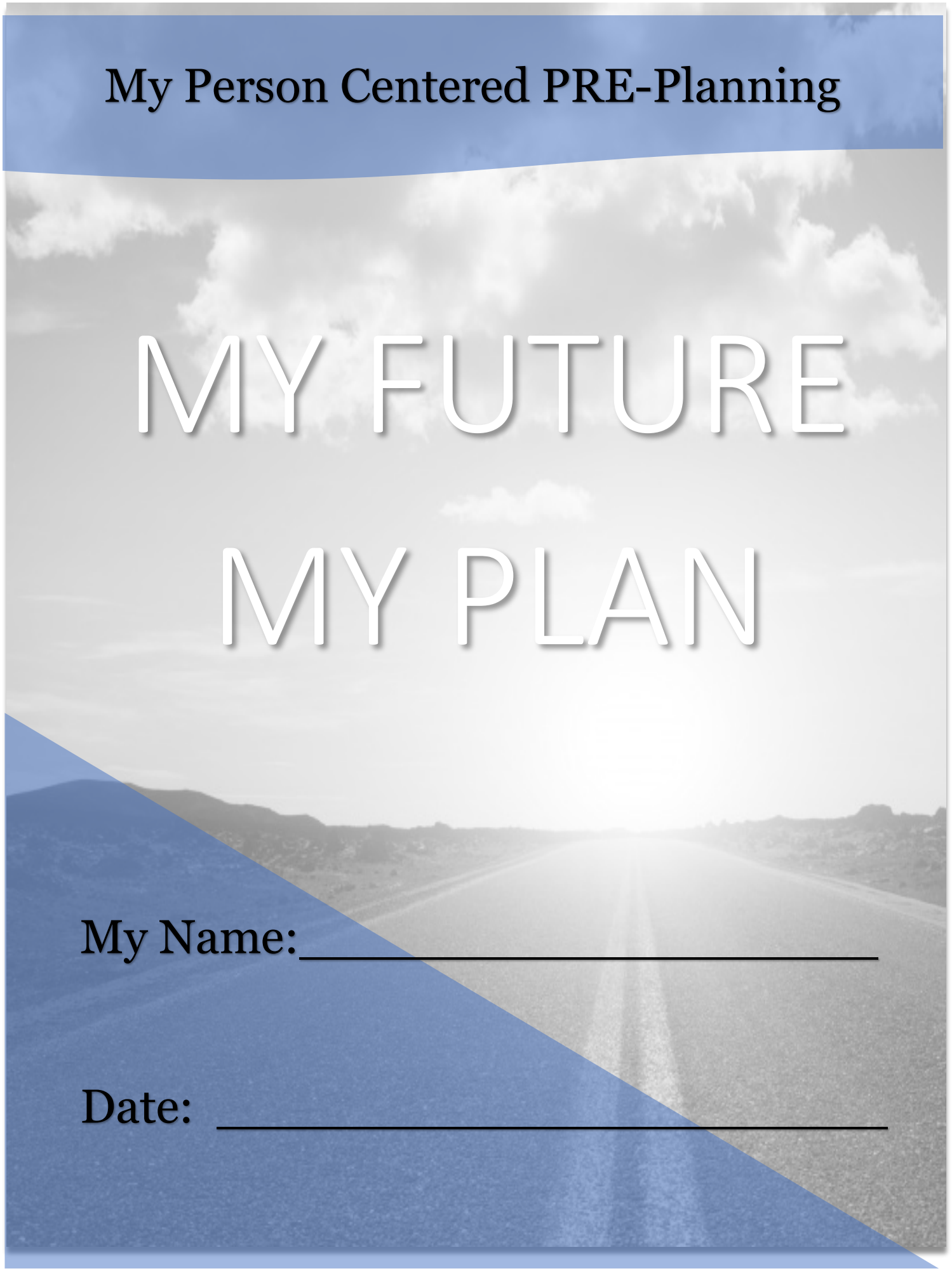
My Person Centered PRE-Planning

MY FUTURE

MY PLAN



My Name:_____

Date: _____

My Person Centered Pre Planning

I know what I want and need to make every day better!

I AM THE EXPERT ON MY LIFE! THIS PLAN IS ALL ABOUT ME.

The name I like people to call me is: _____	I want to review my Quality of Life Survey? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I want to review and update my Personal Profile- All About Me? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I make important decisions about my life? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I want to do a written record about My Life? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I know where my records are and I can access them? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**

I know how to file a complaint? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I understand Recipient Rights? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I need additional help or training for filing a complaint/grievance/appeal? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I need additional help or training for Recipient Rights? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I know who to call or talk to when I am upset, mad or scared? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I know who the Recipient Rights Officer is? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I know who the LADD Compliance Officer is? **WITHOUT** help/support?  **YES NO**	I know who will help me if I have a complaint, Rights issue, grievance or appeal? **WITHOUT** help/support?  **YES NO**

WITH help/support?  **YES**	**WITH** help/support?  **YES**

MY HOME- LET'S REVIEW MY CHOICES FOR WHERE AND HOW I LIVE.

Do I need support to live as independently as I want?  **YES NO** Notes/Comments:	Where do I want to live? *(City/Country, house, apartment, mobile home)* 
Who do I want to live with? *(Alone, with family, spouse, with 1 friend or roommate, with several roommates)* Notes/Comments:	I know who to talk to if I do not like where I live? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
If I no longer want to live with my roommates I will ask for help?  **YES NO** Notes/Comments:	I decorated my bedroom? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I am aware and agree to living with housemates that may need modifications to help best support them.  **YES NO**	I choose the people I want to help me?  **YES NO**

Notes/Comments:	Notes/Comments:
I help interview the people who will be helping me? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I can lock my bedroom door if I want to? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I have the privacy I want?  **YES NO** Notes/Comments:	I can lock the bathroom door if I want to? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
If I choose to lock my doors, I want staff to have a key? Review if there is a need for staff to have a key for safety or loss.  **YES NO** Notes/Comments:	Are there any staff that I do not want to have a key? If yes, list them here and follow up on the Authorization for Entry.  **YES NO** Review if there is a need for safety Notes/Comments:
I live in a licensed home?  **YES NO**	I have my own home/lease?  **YES NO**

Are there any specific modifications you need to have to help you in your home? IE: closet rod lowered, additional grab bars, step stool, lowered counter, wheelchair ramp, special appliances, etc.?  **YES NO** Notes/Comments:	Are there any health or safety issues that may require limited access to or modifications to sharp objects?  **YES NO** Notes/Comments:
Are there any health or safety issues that may require limited access or modifications to food?  **YES NO** Notes/Comments:	My roommates and I decorated our home? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I have been provided with a secure area for my personal belongings?  **YES NO**	Comments/Notes:

I NEED HELP WITH – LET'S REVIEW THE THINGS I MAY NEED HELP WITH.

How much help do I need/want and what does that look like?

No Assistance Needed	Some Assistance Needed	Full Assistance Needed
I can do it by myself 	I need some help 	I need you to help me with this  

Please place a check mark into the correct box for each item while reviewing how much assistance/help you may need.

Cleaning

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Cooking

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Grocery Shopping

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Clothes Shopping

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Laundry

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Household Shopping

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Budgeting

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Paying Bills

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Check Book/Banking

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

My Schedule/Appointments

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Home Repair

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

Taking Medications

No Assistance	Some Assistance	Full Assistance

Comments:_____

_____

_____

TRANSPORTATION – LET'S REVIEW HOW I CAN PARTICIPATE IN THE COMMUNITY.

I have special transportation needs?	I can use public transportation **WITHOUT** help/support?	I would like to learn about public transportation in my local community?
YES NO	**YES NO**	**YES NO**
Notes/Comments:	**WITH** help/support? **YES**	Notes/Comments:

CIRCLE ALL THAT APPLY TO ME


Drive my own car


Public Transportation


Ride with family


Ride with friends


Ride with housemates


Walk


Ride my bike

THINGS I LIKE TO DO – LET'S REVIEW THINGS I LIKE TO DO IN MY LOCAL COMMUNITY.

 Out to Eat	 Movies	 Bowling	 Golfing
 Sporting Events	 Camping	 Traveling	 Exercise
 Fishing	 Party	 Participating in Sporting Events	 Concerts
 Plays	 Skiing	 Softball/Baseball	 Joining a Club
 Taking a Class	 Volunteering	 Working	 Dancing

Other things I like to do:

_____

_____

_____

_____

_____

EMPLOYMENT/VOLUNTERING/ADVOCACY- WHAT DO I WANT TO DO IN MY LOCAL COMMUNITY?

I want to work?	I want to volunteer?	I want to join an advocacy group?
 **YES NO**	 **YES NO**	 **YES NO**
Notes/Comments:	Notes/Comments:	Notes/Comments:

I want to work/volunteer with other people **who have** a disability?  **YES NO** Notes/Comments:	I want to work/volunteer with people who **do not** have a disability?  **YES NO** Notes/Comments:	I want to go to school?  **YES NO** Notes/Comments:

MY SCHEDULE- HOW DO I PLAN MY DAYS?

I need someone with me when I am in the community?  **YES NO** Notes/Comments:	I get to do as much as I want in the community?  **YES NO** Notes/Comments:	It is important to me to go in the community by myself?  **YES NO** Notes/Comments:
If my roommates are going somewhere and I don't want to go, I don't have to?  **YES NO** Notes/Comments:	If I need someone with me, is there a plan to help me be more independent?  **YES NO** Notes/Comments:	I want to shop for my food and household supplies?  **YES NO** Notes/Comments:
I want to shop for my clothing and personal items?  **YES NO** Notes/Comments:	I want to go to church?  **YES NO** Notes/Comments:	I have spiritual beliefs or religious/faith beliefs that I want other to know about?  **YES NO** Notes/Comments:

I want to go out to eat with family/friends/roommates?  **YES NO** Notes/Comments:	I have cultural information that I want others to be aware of?  **YES NO** Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including ASL interpretation, are also recognized, valued and accommodated.	Cultural Information:
I want to vote?  **YES NO** Notes/Comments:	I need assistance in completing my voter registration?  **YES NO** Responsible person:	I need assistance in obtaining an absentee ballot?  **YES NO** Responsible person:

PEOPLE I WANT TO SPEND TIME WITH- LET'S TALK ABOUT THE PEOPLE IN MY LIFE.

I spend time with the people I want to?  **YES NO** Notes/Comments:	I help choose the staff who support me?  **YES NO** Notes/Comments:
I can have visitors I choose at any time?  **YES NO** Notes/Comments:	People in my life treat me with respect?  **YES NO** Notes/Comments:
I would like natural supports to help me achieve my goals?  **YES NO** Notes/Comments:	Who will provide the natural supports? **List/Name people here and include them on my Natural Supports Authorization**

MY CLOTHING- LET'S TALK ABOUT THE CLOTHES I LIKE TO WEAR.

I decide what I want to wear? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I pick the colors and types of clothing I like? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I may choose to wear clothing that does not reflect the weather or the activity of the day? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**

MY MONEY- LET'S TALK ABOUT MY MONEY.

I would like help with a budget?  **YES NO** Notes/Comments:	I would like help with my finances?  **YES NO** Notes/Comments:	I would like help with my benefits?  **YES NO** Notes/Comments:
I decide how I want to spend my money? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I understand how to pay my bills?  **YES NO** Notes/Comments:	I want cash on hand to be locked in the cabinet so that it is available to me at all times, unless I hold my own money.  **YES NO** Review Fiduciary/Benefits/Budget Authorization

MY MEALS- LET'S TALK ABOUT HOW I PLAN MY MEALS.

I choose what I want to eat? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I choose when I want to eat?  **YES NO** Notes/Comments:	If I live with roommates, we decide together what we are having for meals?  **YES NO** Notes/Comments:
I choose where I want to sit and eat?  **YES NO** Notes/Comments:	I have access to food at all times?  **YES NO** Notes/Comments:	I talk about making healthy choices for meals and snacks with my staff and house/roommates?  **YES NO** Notes/Comments:
My favorite foods, snacks and beverages are part of my meal and snack plan?  **YES NO** Notes/Comments:	We menu plan for meals and snacks?  **YES NO** Notes/Comments:	We shop for groceries?  **YES NO** Notes/Comments:

MY WELLNESS AND WELLBEING- LET'S TALK ABOUT HEALTH, SAFETY, INFECTION CONTROL, AND RISK.

I know why I go to the doctor?  **Doctor**  **YES NO**	I know why I go to the dentist?  **Dentist**  **YES NO**	I belong to a gym or health club? (If not, would I like too?)  **Join gym/health club**  **YES NO**

Notes/Comments:	Notes/Comments:	Notes/Comments:
I know what to do when I am sick?  **YES NO** Notes/Comments:	I understand why I take my medication?  **YES NO** Notes/Comments:	I need someone with me at my medical appointments?  **YES NO** Notes/Comments:
I need additional help with understanding safety?  **YES NO** Notes/Comments:	I need additional help with understanding risk?  **YES NO** Notes/Comments:	I am able to be in the community alone?  **YES NO** Notes/Comments:
I need help taking my medications?  **YES NO** Notes/Comments:	I need help ordering my medications?  **YES NO** Notes/Comments:	I understand infection control? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
Are there any infection control issues we should talk about?  **YES NO** Notes/Comments:	Is there a need for medical assistive devices?  **YES NO** Notes/Comments:	I cover my mouth when I cough?  **YES NO** Elbows have shown to be the best way to cover your mouth and prevent the spread of germs. Notes/Comments:

I understand life safety skills, such as crossing the street? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I understand life safety skills, such as using the stove? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I understand fire safety and can exit my home? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**
I need assistive technology or devices?  **YES NO** Notes/Comments:	I have an Advanced Directives?  **YES NO** **Manager will notify Director**	My doctor, family, legal guardian and I agree on my Advanced Directives?  **YES NO** **Manager will notify Director**
I know how to properly wash my hands? **WITHOUT** help/support?  **YES NO** **WITH** help/support?  **YES**	I know what to do or who to tell if I am bleeding or if someone else is bleeding?  **YES NO** Notes/Comments:	I have other hopes & dreams I want to talk about?  **YES NO** If yes document here:
I smoke?  **YES NO**	I agree to smoke in designated areas?  **YES NO**	Are there any risks, health, or safety issues associated with your smoking?  **YES NO**

I drink alcohol?  **YES NO**	Are there any risks, health, legal, or safety issues associated with your use or possession of alcohol?  **YES NO**	I need treatment for Substance Abuse or other Co-Occurring Disorders?  **YES NO**

MY SERVICES- LET'S TALK ABOUT SERVICES RECEIVING

I choose what services I receive, and where I get them from?  **YES NO**	Are there any additional services being requested at this time?  **YES NO**	Who will provide the services requested?
Overall comments of assistance required in completing the above questions, noting who assisted with completing in this section (i.e. Program manager, staff, guardian):		

Wellness and Well-Being. Issues of wellness, well-being, health and primary care coordination support needed for me to live the way I want to live are discussed and plans to address them are developed. I am allowed the dignity of risk to make health choices just like anyone else in the community (such as, but not limited to, smoking, drinking soda pop, eating candy or other sweets). If I choose, issues of wellness and well-being can be addressed outside of the PCP meeting. PCP highlights personal responsibility including taking appropriate risks. The plan must identify risks, risk factors, and measures in place to minimize them, while considering my right to assume some degree of personal risk. The plan must assure my health and safety. When necessary, an emergency and/or back-up plan must be documented and encompass a range of circumstances (e.g. weather, housing, support staff).

I understand My Wellness and Wellbeing as it was reviewed with me?  **YES NO**

MY AUTHORIZATIONS- LET'S REVIEW WHAT I HAVE AGREED TO.

The following are reviewed ongoing and annually during the Person Centered Pre-Planning

My Quality of Life Survey	Personal Profile- All About Me!	My Life Story	Accessibility Checklist- Barrier Removal & Modification Review

The following are reviewed and updated to reflect choices made during the Person Centered Pre-Planning. Updated Authorizations are turned into Regional Director for review. RD submits to QA Dept. Located in R: 009 Authorizations

List of Authorizations/Acknowledgements

- ☐ Welcome Letter
- ☐ Roommate Agreement
- ☐ Authorization. General
- ☐ Authorization for Emergency Treatment
- ☐ Authorization for DHS
- ☐ Authorization Request for Food Stamps
- ☐ Authorization for Entry. SIL
- ☐ Authorization for Entry. Licensed
- ☐ Authorization. Electronic. Media. Training
- ☐ Summary of Resident Rights, Discharge and Complaints
- ☐ Authorization. Assistive devices
- ☐ Volunteer Authorization
- ☐ Authorization. Fiduciary. Benefit. Budget
- ☐ HIPAA Release of Confidential
- ☐ Authorization for Natural Supports
- ☐ DCH 3927- Consent to share health information
- ☐ Acknowledgment of Recipient Rights and Privacy Practice

If requested during My Person Centered Pre Planning contact the QA Department for forms

- ☐ Request for Representative Payee
- ☐ Personal Budget and Income Review forms (24.B. Personal Budget.Fiduciary.Income)

* If I do not have a current Person Centered Plan/Individual Plan of Service My Person Centered Pre-Planning & My Personal Profile- All About Me will be used to support me until receipt of formal PCP/IPOS from the Contract Agency.

_____ My Signature

_____ My Legal Guardian's Signature

_____ Management Signature

_____ My parent/family Signature and Relationship