



*For people with intellectual  
and developmental disabilities*

*Achieve with us.®*



## 's Future Plan

**Part 1: About Me**

**Part 2: Where I Live**

**Part 3: My Daily Activities & Social Connections**

**Part 4: Supporting My Daily & Major Life Decisions**

**Part 5: Financing My Future**

# PART 1: ABOUT ME

## General information



Full name: \_\_\_\_\_

Nicknames, other names used? \_\_\_\_\_

Current Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

### *My Family Members*

List two people who play primary support roles. They may include:

- Your parents, step-parents
- You and your other siblings, step-siblings
- Your aunts/uncles, cousins
- Other family members

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

# PART 1: ABOUT ME

## General information, About My Family



### **Where I've Lived:**

*In the space provided, list previous places your son or daughter has lived. Make sure to indicate the amount of time your son or daughter lived there and what type of home it was (e.g. family home, apartment).*

Past addresses: \_\_\_\_\_

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### **Where I've Studied:**

Schools attended: \_\_\_\_\_

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## **ABOUT MY FAMILY:**

### **Who We Are**

My family identifies ourselves as this race/ethnicity: \_\_\_\_\_

My family belongs to this religion/belief: \_\_\_\_\_

Here are our important traditions/holidays/pastimes:

Sometimes, we have struggles. Here are some of our family's strengths and challenges:

# PART 1: ABOUT ME

## Professional Contacts



### Professional Contacts

For the following people:

- Trusted clergy or spiritual advisory
- Case worker and/or support staff
- Teacher or former teachers
- Your family's attorney (if you have one)
- Primary care doctor, specialists, therapists, pharmacists, and mental health professionals
- Trustee, representative payee, financial planner, and/or insurance agent

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## PART 2: WHERE I LIVE



I live...

with Family Members

in a Home I Own

in a Home I Rent

in someone else's home (often called "shared living")

in housing owned by a service provided (like a group home)

somewhere else (describe): \_\_\_\_\_

### *Complete below only if "I own my home":*

Value of Property: \_\_\_\_\_

Who should be contacted if I need spare keys? \_\_\_\_\_

Phone number for contact: \_\_\_\_\_

Mortgage information:

Bank Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Automatic withdrawals?    Yes    No

Home owner's insurance:

Insurer: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Automatic withdrawals?    Yes    No

Security Information:

Security system in home?    Yes    No

Company Name: \_\_\_\_\_ Code: \_\_\_\_\_



### *Complete below only if “I rent a home”:*

Landlord or Rental Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

On-Site Property Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should be contacted if I need spare keys? \_\_\_\_\_

Phone number for contact: \_\_\_\_\_

Rental Agreement: How long is the rental period?

Month-to-Month

12 Months

24 Months

Other (describe): \_\_\_\_\_

### *Complete below only if “I live in shared living” or “I live in a home owned by service provider”:*

Agency/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should be contacted if I need spare keys? \_\_\_\_\_

Phone number for contact: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Automatic withdrawals?      Yes      No

Security Information:

Security system in home?      Yes      No

Company Name: \_\_\_\_\_ Code: \_\_\_\_\_

### *Complete only if I live with family members...*

Family Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should be contacted if I need spare keys (if not family contact)? \_\_\_\_\_

Phone number for contact: \_\_\_\_\_

# PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

## Likes & Dislikes



*I like:*

*I dislike:*

*Daily Activities:*

<b>Day</b>	<b>What I Like to Do</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

# PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

## Guidelines for Supporting My Independence



Describe any help needed below. Make sure to include time(s) of day and amount of time needed for help.

### **Dressing**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Grooming and other personal care**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Eating and nutrition**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Household Chores**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Money management and budgeting**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Transportation**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Mobility/Ambulation**

I can: \_\_\_\_\_

I can use some help to: \_\_\_\_\_

### **Assistive Devices/Technology**

List Item & Purpose \_\_\_\_\_



# PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

## Where I Work/Volunteer



Place of Employment/Volunteering: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Supervisor/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long I have known supervisor \_\_\_\_\_

Receiving Vocational Rehabilitation (DVR) services?      Yes      No

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other employment services?      Yes      No

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do I have a job coach?      Yes      No

Job Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other comments: \_\_\_\_\_

# PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

## What I Like to Do Each Day



Attend a day program? Yes No

Day Program: \_\_\_\_\_ Phone: \_\_\_\_\_

Part of a recreation group? Yes No

Group contact: \_\_\_\_\_ Phone: \_\_\_\_\_

City where this happens: \_\_\_\_\_ Activity: \_\_\_\_\_

Participate in fitness or athletic program? Yes No

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Places I like to go/visit in the community: \_\_\_\_\_

People I like to spend time with: \_\_\_\_\_

Special events that are important to me: \_\_\_\_\_

What I like to do for fun: \_\_\_\_\_

Things I want to do in the future: \_\_\_\_\_

Things I like to do...

In the spring: \_\_\_\_\_

In the summer: \_\_\_\_\_

In the fall: \_\_\_\_\_

In the winter: \_\_\_\_\_



- I...
- am responsible for making my own legal decisions
  - have someone help me with decisions
  - have a guardian or conservator to make decisions for me
  - am under 18

### Contact information as needed:

Full guardian?                      Yes                      No

Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

Partial legal guardian?                      Yes                      No

For what issues? \_\_\_\_\_

Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

General power of attorney?                      Yes                      No

Power of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any other legal arrangement to know about?                      Yes                      No

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Where can these documents be found? \_\_\_\_\_

# PART 4: SUPPORTING MY DAILY & MAJOR LIFE DECISIONS

## About My Health Care



Diagnosis(es): \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### *Who is responsible for making decisions about health care?*

I am (with or without help)

Health Care Agent/Power of Attorney

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian

*Do I have a patient advocate?*                      Yes                      No

Patient Advocate name: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

### *Medical wishes in place:*

Plan of care

Advanced directive

Living will

Do not resuscitate order

Other (describe): \_\_\_\_\_

Where can these documents be found? \_\_\_\_\_

# PART 5: FINANCING MY FUTURE

## About Me



### Who is responsible for my finances?

I am responsible for handling my money and finances

I am responsible for handling my money and finances, but may need advice from others

I am responsible for handling some of my finances, but need help to manage them

I need someone to handle my finances

Financial Resource Name: \_\_\_\_\_

Type of Account:

Bank Account

Life Insurance Policy

Stock/Bond

Other (describe): \_\_\_\_\_

Person helping managing resource: \_\_\_\_\_ Phone: \_\_\_\_\_

Government Resources Received:

Supplementary Security Insurance      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

Social Security Disabled Adult Child      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

Social Security Disability Insurance      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

State Disability Benefits      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

Veteran's Benefits      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

Medicaid

Medicare

EBT Cash/Food Benefits      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

Employment Benefits      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

Other (describe): \_\_\_\_\_      Amount: \_\_\_\_\_      Frequency: \_\_\_\_\_

# PART 5: FINANCING MY FUTURE

## About My Disability Services



### Services Used:

Medicaid Waiver Services      Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School-Provided Services      Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Private Services      Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other services (describe): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Am I on waiting list for services?      Yes      No

What is the status of the application? \_\_\_\_\_

# PART 5: FINANCING MY FUTURE

## About My Finances



*I have...*

A trust      Yes                  No

What type of trust is it?

1st Party – *Funded with my money*

3rd Party – *Funded with someone else's money*

Pooled trust account

Other (describe): \_\_\_\_\_

Trustee/Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

A representative payee?      Yes                  No

Representative payee: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

A financial power of attorney?      Yes                  No

Power of Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Back-up name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_