

Mini Planning Assessment

Name _____ Date _____

Things I have done already for my relative with a disability:

- Established respite on regular basis.
- Accessed vocational services for job training/employment.
- Made a residential placement.
- Placed my relative's name on residential waiting list.
- Decided that my relative does not need guardianship at this time.
- Established partial or full guardianship.
- Applied for and are receiving appropriate government financial benefits.
- Made funeral arrangements for myself, spouse and relative with a disability.
- Identified a caregiver to succeed me.
- Discussed future plans with my relative with a disability.
- Discussed plans with other relative or friend.
- Have health care proxy for my relative in place.
- Created a letter of intent Designated a representative payee.
- Created a will Created a special needs trust.
- Other (specify) _____

The Big Step

Why are you here?

What are some barriers to planning for the future?

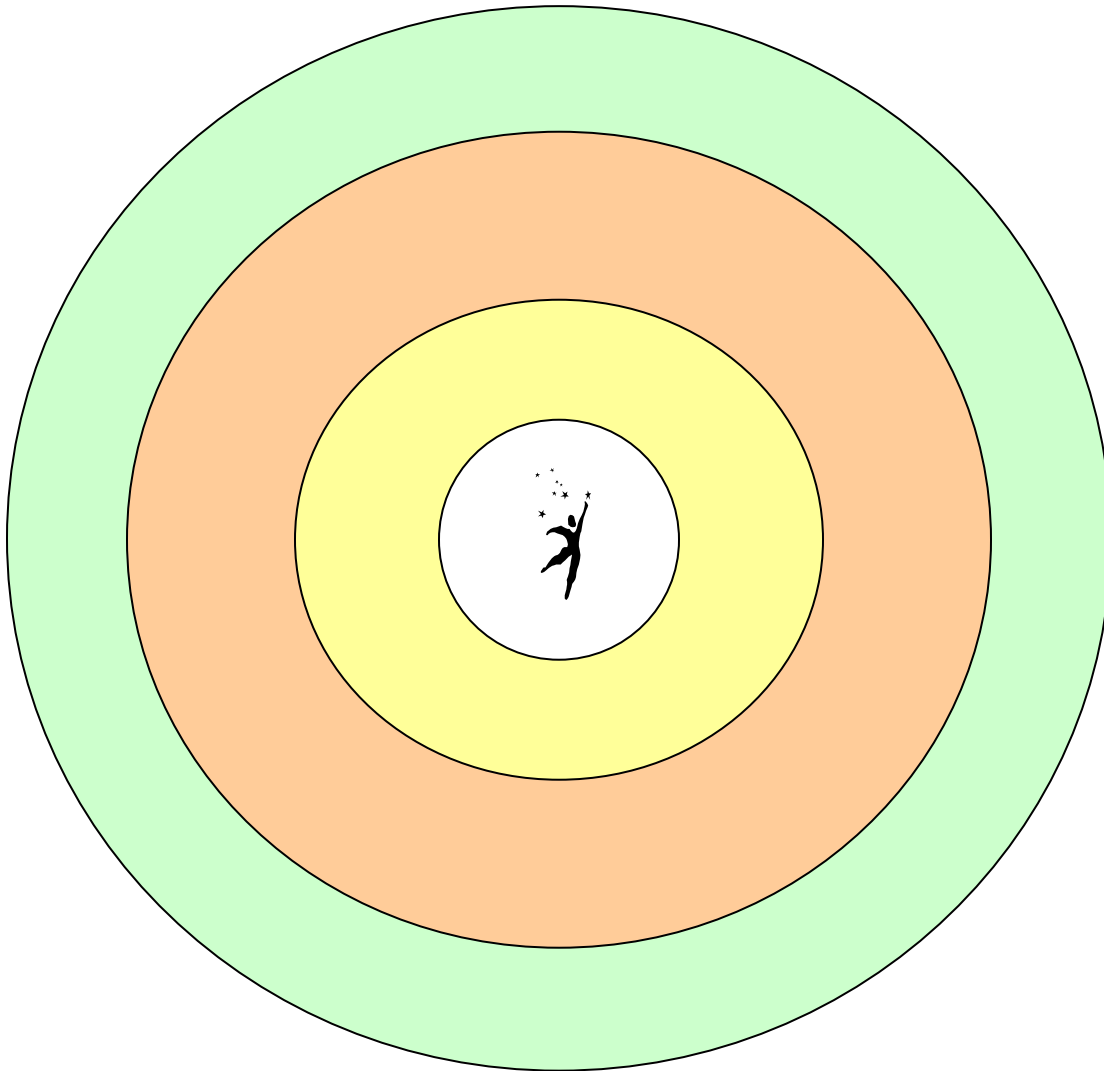
- 1.
- 2.
- 3.
- 4.

What information do you want to share with future caregivers?

- 1.
- 2.
- 3.
- 4.

What does your relative with developmental disabilities want for the future?

CIRCLE OF SUPPORT



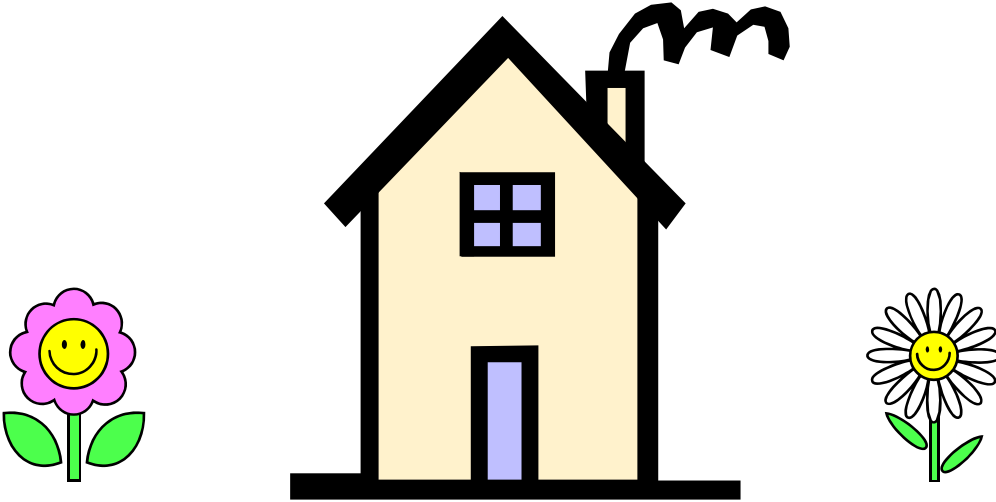
Circle one – very close relationships

Circle two – friendships

Circle three – clubs and membership

Circle four – minimal support or paid relationships

Our Relative's Dream House



Individuals with developmental disabilities in our project expressed the following dreams about their future housing:

- Phone in every room.
- House painted purple.
- Hire and fire own staff.
- Rugs, clocks, mirrors.
- Security system and fence.
- Walk in closet.
- Air conditioner.
- Fireplace.
- Indoor and outdoor pool.
- Maid service.
- Refrigerator.
- Piano in living room.
- Live with only 1 or 2 people.
- Van and two cars.
- Two bathrooms: one with tub and one with shower.
- Basement with TV/VCR, satellite cable and dance floor.
- Pets: dog, cat, bird, fish, monkey with his own room.
- Computer room with email, fax, scanner, copy machine.
- Outdoors: BBQ, picnic table, swings, duck pond.
- Mansion with two washing machines and dryers, one on each floor.
- Ranch house with attic and basement because one of the participants uses a wheelchair.
- Also want a hot tub, study room, mailbox, attached garage, landscapers, ramp, garden.

Dream Job



What type, where, hours, tasks, daily routine?

Examples of Dream Jobs Reported by Individuals with Developmental Disabilities in Our Future Planning Project:

- Movie critic
- Clean rooms and make beds at a hotel
- Do dishes / work in a restaurant
- Nurse (I like helping people)
- Like to talk to people (especially on the phone)
- AT & T Cable Company
- (Run the projector and video, when people order movies, and office work)
- Filing at an office or library
- Photographer (travel and take pictures)
- Acting (plays and musicals)
- Hospital (aide, laundry or washing dishes)
- Work with kids
- White Castle
- Mc Donald's
- Burger King
- Hotel (making beds or cleaning)
- Advocate (travel, speak out and help people)
- ACE Hardware
- Advocate for people with disabilities
- Retired or work part time
- Computer programmer
- Security guard / little bank job
- Learn about computers
- Schedule of work is important
- Location is important (close to my house)
- Like doing factory work but would like to work in a real factory and make money
- Work in a store or shop or be a professional shopper

Questions to ask adult employment service providers:

1. What is your agency philosophy?
2. What types of occupations are past clients working in besides cleaning, fast food, and retail?
3. What percent of clients receive health benefits?
4. How many people have you placed in the last year?
5. What is the average salary of past clients?
6. Tell me about your employment support strategies (general verses individualized).
7. Tell me about how your program develops natural supports.
8. What other supports are offered?

Questions to ask training programs and colleges:

1. What is your school's philosophy?
2. How is diversity important at your school?
3. What services are available on campus for people with disabilities? Resource Center available?
4. What is the estimated percentage of people with disabilities on campus?
5. What is the future of the person's major? Are skills marketable?
6. Does your school have job placement assistance?
7. What is the placement rate overall and for a given major?
8. What are the major social activities?
9. Are your buildings accessible?
10. What types of tutoring services are available?

Family Future Planning Goals



Examples of Family Caregivers' Hopes for Their Relatives with Developmental Disabilities:

- Have a full and active life to the best of her capabilities and to be happy in her environment.
- Adjust and be happy with the future whatever it may bring
- Have security, happiness, and contentment.
- Have the ability to get along without me and be satisfied in new surroundings.
- Die one day after my son or daughter dies.
- Live happy healthy successful lives.
- Live a happy life full of love and God.
- Have contentment.
- Have a happy life and healthy thirst for knowledge, God fearing, honest.
- Keep his a great imagination.
- Be well taken care of after my death, safe place to live, with caring people and loving people.
- Have good health, training and care.
- Have a normal life and to be married with about 5-6 kids
- Live independently.
- Have a happy life and success in his personal business.
- Do better in his life and to make progress.
- Continue to improve and hope she will always stay in the family circle and be happy.
- Live a life as normal as possible with supports with job caring people
- Be safe, happy, active, working, loved.
- Continue to inspire and encourage me to continue my work for those at my agency. (Son died at age five).
- Have the best care for my daughter after I am gone. Someone to handle her finances.
- Count money, tell time, and take care of her, and have a good life.
- Have a good job, but most of all love and God.
- Find her passion and have great love and happiness.



Emergency Information Sheet

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ or _____

In an emergency contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor _____ Phone _____

Secondary Doctor _____ Phone _____

Dentist _____ Phone _____

Healthcare Coverage—Plan name _____ Policy number _____

Current medications _____

Reactions to medications _____

Allergies _____

Other important information _____



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Family Future Planning:
Training, Support and Advocacy Program
for Adults with Developmental Disabilities and Their Families

Letter of Intent

Section One: General Information

Date: _____

Name of person with a disability: _____

Authors of this letter of intent (indicate relationship to person with disability):

Contact information for person with disability

Address: _____

Phone: _____

Date of Birth: _____ Place of Birth: _____

Contact information for primary caregiver(s):

Address: _____

Phone: _____

Our Story (where parents were born, where met, stories of individual’s birth and childhood, individual’s schooling, other siblings’ stories, and any other material you wish to include):

Naming the Dream and Nightmare

My family's dream is: _____

My family's nightmare is: _____

My family member's dream is: _____

My family member's nightmare is: _____

Section Two: Building Relationships and Skills

Family members who are important to our relative:

Name	Address	Phone	Relationship

Close friends who are important to our relative:

Name	Address	Phone	Common Interests

Family Culture

Our family celebrates the following events (birthdays, holidays, anniversaries): _____

Our family celebrates events by: _____

Other cultural / ethnic information: _____

Strengths and Preferences

My family member: _____

Places my family member likes to be, or that make sense to try (e.g., places that create enthusiasm, motivation, energy): _____

What my family member enjoys: _____

My family member can do these things (competencies or abilities): _____

My family member would like to be/learn these things (new competencies):

These things are important to my family member (e.g., family identities and traditions, religious beliefs, relationships, indoor/outdoor activity preferences, day or night, structured or relaxed environment, quiet/noisy setting):

These are the best things about my family member (personal qualities, life-shaping experiences):

Disposition:

My (our) relative's disposition is generally: (i.e. happy, playful, quiet, withdrawn, assertive, passive, easily influenced, etc.) _____

My (our) relative might become upset / violent if: _____

This is how we calm / comfort him/her: _____

Communication

My (our) relative uses speech to communicate Yes ____ No ____

Special information about my (our) relative's communication:

Habits and routines

My (our) relative is used to the following routines: _____

My (our) relative has the following habits: _____

Section Three: Housing

Current living arrangement: _____

Desired future living arrangement:

List what is important in terms of location, transportation, grocery store, family members and friends' homes, etc. _____

List types of places that would need to be conveniently reached from your relatives's home?

Level of independence

Level of mobility (e.g., ambulatory, wheelchair): _____

How residence needs to be adapted (ramp, grab bars, etc): _____

Household tasks that s/he can perform independently: _____

Household tasks that s/he will need help with: _____

Assistance needed with public transportation, shopping, hiring and firing own personal care assistants: _____

Relative with a disability makes the following choices (clothing, spending allowance, pick out videos, etc):

Personal Possessions

Important items for my (our) relative to have at his/her home: (i.e. collections, TV/VCR, stereo, etc.)

Personal Care

My (our) relative appreciates assistance with the following personal care tasks: _____

My (our) relative is able to do the following personal care tasks alone: _____

My relative is used to the following personal care items (i.e. brands of shampoo, soap, toothpaste, razor, etc.): _____

My (our) relative is used to the following personal care routine: _____

Height: _____ Weight: _____ Clothing Size: _____ Shoe Size: _____

Describe how you best reinforce your relative's self-esteem: _____

Food and Eating

My (our) relative is able to do the following food preparation and clean up: _____

Assistance needed: _____

My (our) relative likes the following foods: _____

My (our) relative dislikes the following foods: _____

Special information regarding food and my (our) relative: _____

Family customs regarding food: _____

Section Four: Postsecondary Education, Work, and Retirement

Current education, work, or retirement activities (include organization name and contact person):

Desired activity: _____

Important information regarding future plan: _____

Community Activities

Leisure and Recreation

Structured activities that are enjoyed	Special things to know (special assistance, friends to go with, and location of activity)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Activities my (our) relative does not like: _____

Unstructured activities (collections, music, TV shows, interests)	Special things to know

Vacations (past ones and future dreams): _____

Fitness Program or Health Club: _____

Voting: _____ Absentee ballot _____ In person _____

Library member: _____ If YES, specify branch and location:

Clubs: _____

Religious or spiritual needs

Current religious institution affiliation (name, address and phone): _____

How has individual participated in religious community? _____

What aspects of religion/spirituality are important? _____

Funeral Arrangements (burial, cremation, cemetery plot, financial plan, type of service):

Section Five: Who will be the keeper of the dream?

Our family, including our relative with a disability, has chosen the following person as the successor caregiver: (name of person with contact information)

Our Relative's Medical Care:

Diagnosis: _____

Current Doctors	Address	Phone	Experience with Doctor and Routine of Care

Medications:

Name of Medication	Dosage	What is it for?	Prescribed by?

Doctors **not** to go to (Explain why): _____

Medical services and therapies: _____

Dentist: _____

Allergies: _____

Ophthalmologist and Audiologist: _____

Important information regarding vision, hearing, devices, or special equipment: _____

Important information regarding seizures: _____

Past operations / conditions: _____

Sleeping habits: _____

Other important medical information (Genetic testing, immunizations, birth control):

Education history of family member with disability

School Name	Dates	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My (our) relative has a current Individual Education Plan (IEP):

Yes _____ No _____ Not Applicable _____

Important information about the IEP: _____

My (our) relative currently has a transition plan:

Yes _____ No _____ Not Applicable _____

Important information regarding the transition plan: _____

What are the future educational needs of my adult relative with a disability? _____

Why is this important to the family member with a disability? _____

Financial/Legal Plans

I (we) have developed a special needs trust for my (our) relative: Yes ____ No ____

Important information regarding my (our) relative's special needs trust: _____

What to spend it on?	How often?	How much?

The Trustee of his/her trust is (Name, address, and phone): _____

The Advisor of the trust is (Name, address, and phone): _____

Guardian (Name, address, and phone): _____

Successor Guardian: _____

Power of Attorney: _____

Successor Power of Attorney: _____

My (our) relative has a will? Yes ___ No ___ Where is it located? _____

My (our) relative has an advance directive for healthcare? Yes ___ No ___

Describe: _____

Financial Information

Representative Payee (Name, address and phone): _____

Receives SSI ___ Current Amount: _____ Medicaid Number: _____

Receives SSDI ___ Current Amount: _____ Medicare Number: _____

Other income or assistance: _____

Banking

Bank/Credit Union Name: _____

Address: _____

Contact person and phone: _____

Savings Account Number: _____

Checking Account Number: _____

Paychecks

Amount of paychecks: _____

Uses paychecks for: _____

Does own banking: Yes _____ No _____

Specific assistance needed: _____

Tax Information

Accountant Name: _____

Can do own taxes: Yes _____ No _____

Specific assistance needed: _____

Goal to Achieve in the Next Three Months

Families including their relative with a disability are to take the goals they have established in Sessions 1-5 and prioritize them in order of importance. Goal Priority 1 is the goal you will work on in the next three months:

Goal Priority 1:

Goal Priority 2:

Goal Priority 3:

Goal Priority 4:

Goal Priority 5:

Other Information

Other information that you would like to add about your relative:
