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) __________________________________________

Rehabilitation Research and Training Center on Aging with Developmental Disabilities,
University of Illinois at Chicago
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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Rehabilitation Research and Training Center on Aging with Developmental Disabilities, University of Illinois at Chicago
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?

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________
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 **Phone**

## In an emergency contact:

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone</th>
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<th>Secondary Doctor</th>
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<th>Dentist</th>
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**Healthcare Coverage—Plan name** | **Policy number**
---|---

**Current medications**

**Reactions to medications**

**Allergies**

**Other important information**
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:

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<th>Name</th>
<th>Address</th>
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<th>Relationship</th>
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Close friends who are important to our relative:

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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Common Interests</th>
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</table>
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: ______________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Communicaton

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: ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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My (our) relative has the following habits: _______________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________


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

<table>
<thead>
<tr>
<th>Structured activities that are enjoyed</th>
<th>Special things to know (special assistance, friends to go with, and location of activity)</th>
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<tbody>
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</table>
Activities my (our) relative does not like: ________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Vacations (past ones and future dreams): ________________________________

_____________________________________________________________________

_____________________________________________________________________

___________________________________________________

Unstructured activities (collections, music, TV shows, interests) | Special things to know
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Fitness Program or Health Club: ________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

18
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: ______________________________________________________________

<table>
<thead>
<tr>
<th>Current Doctors</th>
<th>Address</th>
<th>Phone</th>
<th>Experience with Doctor and Routine of Care</th>
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Medications:

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<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>What is it for?</th>
<th>Prescribed by?</th>
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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

<table>
<thead>
<tr>
<th>School Name</th>
<th>Dates</th>
<th>Comments</th>
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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): ______________________________________

________________________________________________________________________

Guardian: ______________________________________

________________________________________________________________________

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:

______________________________________________________________________________

______________________________________________________________________________

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