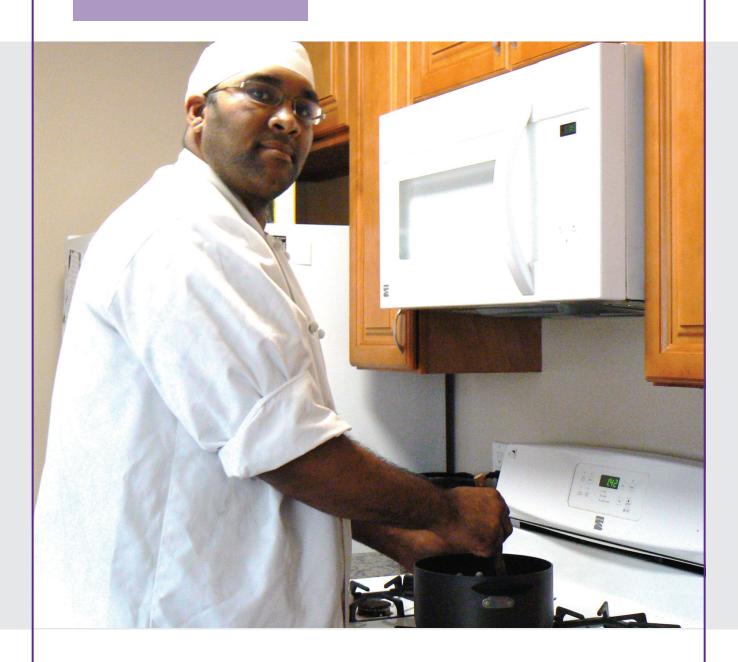
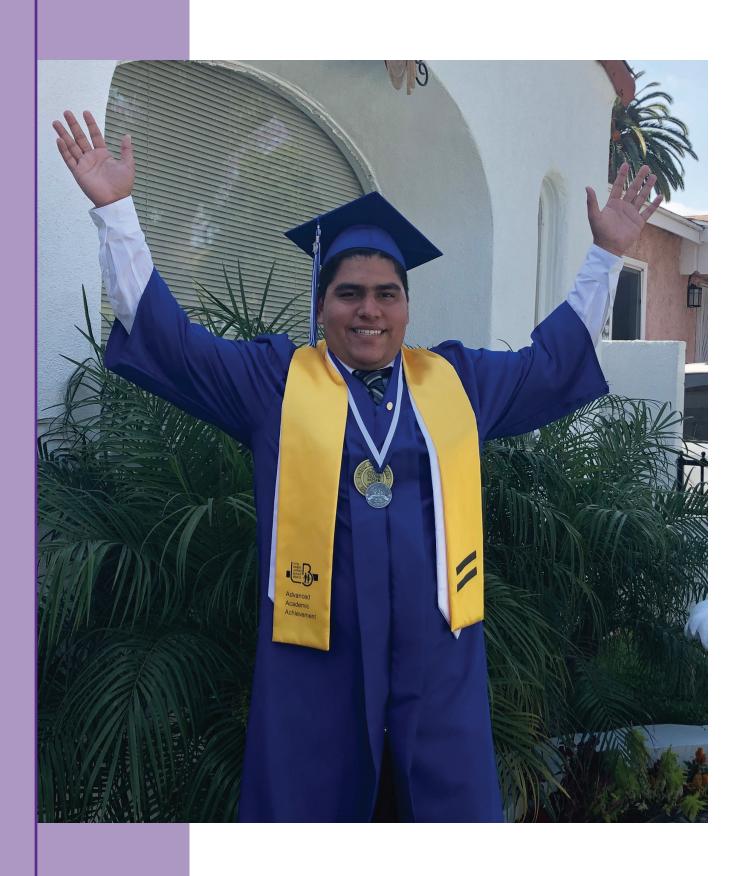
### PLANNING FOR YOUR FUTURE

## A ROADMAP TO YOUR GOALS







# Planning for your future.

Soon your Harbor Regional Center Service Coordinator will meet with you and the important people in your life. This meeting is a chance for you and your family and friends to sit down and think about where you are now, where you want to be in the future, and what support you might need to help you get there.

Make sure your Service Coordinator knows who you would like to have at your meeting. If you fill out this form, or even if you just think about some of the questions it asks, you will be better prepared for your planning meeting. You can fill out this form by yourself, or you can ask a family member or friend to help you fill it out or just think about it together. If you don't want to fill out this form, that is okay too.

However, we think that you will find it useful and fun too!

■ This is about you. What is your name?

#### **THINGS ABOUT YOU**

1.	What are some great things about you? What do people like about you? What can you do well?
2.	What things do you like to do? Around town? At home? For fun?
3.	What NEW things would you like to do? Around town? At home? For fun?
4.	What makes you happy?
5.	What makes you mad or sad or frustrated?
6.	Who is your favorite person to talk to and do things with?  (You can name more than one person if you want to.)
TI	HINGS THAT ARE IMPORTANT TO YOU
	You can use this space to write about any other things that you think are important for the people who will help you plan for your future to know.

#### THINGS ABOUT YOUR SUPPORT TEAM

7.	Who is on your support team?
8.	How do they help you?
Tŀ	HINGS ABOUT YOUR SPIRITUAL LIFE
9.	Do you go to a church or synagogue or other place of worship?
10.	Do you need assistance in getting to your place of worship and, if so, who helps you?
11.	If you do not go to church or another place of worship, is this something you would like to do?   YES  NO
Tŀ	HINGS ABOUT WHERE & WITH WHOM YOU LIVE
12.	How do you live now? ☐ Alone? ☐ With one or more roommates? ☐ With your parents? ☐ With other relatives? ☐ In a group home? ☐ Other?
13.	What are the best things about where you live right now?

14.	What are the things that you don't like about where you live right now?
15.	Who helps you at home? Who helps you budget your money, shop, cook, and things like that?
16.	Do you have IHSS support? ☐ YES ☐ NO How many hours?
17.	Do you have SSI?  YES NO
18.	Do you feel supported by your HRC Service Coordinator?  ¬YES ¬NO  When you call your HRC Service Coordinator, does he or she call you back within one-day? ¬YES ¬NO
19.	Are there areas where you need more help? □ YES □ NO  If so, what are they?
20.	Are you living where you want to live and with whom you want to live?
	☐ YES ☐ NO If no, explain:
21.	If anything were possible, where would you like to live and with whom?

#### THINGS ABOUT DAYTIME ACTIVITIES

22.	What do you do during the day?
23.	What do you like best about what you do during the day?
24.	What are the things you don't like about what you do during the day?
25.	If anything were possible, what would you most like to do during the day
ТН	IINGS ABOUT WORK/VOLUNTEERISM
26.	If you have worked/volunteered in the past, what jobs did you like best?
27.	If you are interested in working, what kinds of jobs interest you?
	,
28.	Would you like help in getting a job? ☐ YES ☐ NO

29. Do you need help in using transportation to get to work?  YES Already Working?  YES NO How's your job?	□ NO 
Are the hours and days okay?  YES NO Do you get the support you need? YES NO Are you satisfied with the amount of pay you get? YES NO Do you get benefits from your job? YES NO Is your job close enough to where you live? YES NO Is there anything you need more help with? YES NO How do you get along with the people at work? Great Not very well When you think about your job (check the one that shows how you fee most of the time) You are glad that you got it It's okay that you You are sorry that you got it Are there any issues or concerns that you have with your job?	got it
31. How are you feeling? Do you have any health problems that concern you or your family?	) 
32. Do you have a doctor? TYES NO  If yes, when did you last see him or her? What for?	

33.	Is the doctor treating you for something?   YES NO  If yes, what are they treating you for?
34.	Do you take any prescribed or over-the-counter medications?  ☐ YES ☐ NO
35.	Do you need help taking your medications?   YES NO If yes, who helps you?
36.	Do you have a dentist?
37.	Do you need help going to the doctor or dentist?   YES NO If yes, who helps you?
38.	How tall are you and how much do you weigh?
39.	Are you on a special diet? ☐ YES ☐ NO
40.	Do you have any health goals?  ¬YES ¬NO If yes, what are they?

#### THINGS ABOUT YOUR FUTURE

41.	What are the hopes and dreams for your future? Think about what you want for yourself in the next year. What about three or four years from now?
42.	What kinds of support will you need from your family, friends, neighbors, and others in the community who can help you reach your goals?
43.	What kinds of support will you need from Harbor Regional Center to help you reach your goals?
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44.	What worries you most about your future?
45.	If your family is not available, whom would you turn to for support?

#### **ANYTHING ELSE?**