

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.) _____

THINGS 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? _____

THINGS ABOUT YOUR SPIRITUAL LIFE

9. Do you go to a church or synagogue or other place of worship?
 YES NO

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

THINGS 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?

THINGS 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 NO

Already Working? YES NO

How's your job? _____

30. Is it the kind of job you like? YES 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 Okay Not very well

When you think about your job (check the one that shows how you feel most of the time) You are glad that you got it It's okay that you got it

You are sorry that you got it

Are there any issues or concerns that you have with your job? _____

THINGS ABOUT YOUR HEALTH

31. How are you feeling? Do you have any health problems that concern you or your family? _____

32. Do you have a doctor? YES 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? YES NO If yes, when did you last see him or her? _____

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? _____

44. What worries you most about your future? _____

45. If your family is not available, whom would you turn to for support? _____

ANYTHING ELSE?

46. Is there anything else you would like to discuss at your planning meeting?



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