Getting to Know You:

Planning for Services in Supported Living

Compiled for

Connections for Information and Resources on Community Living (CIRCL)

by

Claudia Bolton and
Bill Allen (**Allen, Shea & Associates**)

1999

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135 E. Live Oak Ave., #104
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This workbook may be copied with permission from CIRCL. However, since much of the material is adapted from Essential Lifestyle Planning, we would recommend training in that process. For more information about Essential Lifestyle and Person-Centered Planning, contact Claudia Bolton at (530) 621-1933.

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References

Introduction

This workbook for getting to know someone was developed from two methods of person centered planning, the *Personal Profile* and *Essential Lifestyle Planning*. We want to acknowledge the creative work of John O'Brien, Connie Lyle O'Brien, and Beth Mount for the Personal Profile (Framework for Accomplishment Workshop), and Michael Smull for the Essential Lifestyle Planning process.

We also want to recognize USARC/PACE (Solano County) and Bill Allen (Allen, Shea & Associates), for developing training materials that support people who use the Essential Lifestyle Planning process. Their helpful instructions are included in this workbook.

This workbook was compiled with the assistance of several supported living providers in the Regional Center of the East Bay area of California. Becoming Independent from Santa Rosa allowed us to revise their Community Supported Living Curriculum Guide, Personal Assistance Needs Assessment, we thank them for their thorough work.

The integration of these two methods of person centered planning can assist supported living agencies to begin to know and understand a person referred for services. Getting to know someone is an ongoing process of uncovering who they are and what is important to them. Much as an onion has layers that can be peeled back one at a time, we all have complex layers of information to be unfolded throughout our relationships with one another.

We hope this framework for getting to know someone helps you as you begin this journey. The best way to get started is to complete the workbook on yourself. We also recommend that you receive training in Personal Futures Planning (e.g., PATH and MAPS) and Essential Lifestyle Planning.

Some Things to Think About as You Gather Information

Some Hints for Effective Conversations

Here are some ideas for starting and holding a successful conversation (adapted from *Interviewing Adults* . . . by Mary F. Hayden, University of Minnesota:.

- pick a place where everyone is comfortable;
- make sure everyone knows each other and why they are there;
- start with something to break the ice;
- use body posture and facial expressions to encourage conversation;
- show acceptance of whatever is said;
- try to keep the interview experience positive;
- when someone gets off the topic, try to redirect or suggest talking about it later;
- allow up to 30 seconds with no response before asking someone the question again or moving to someone else;
- respect someone's right to choose not to answer a question;
- if someone becomes uncomfortable or upset, offer to end the interview and try again later; and,
- end the interview with a positive summary of what was discussed.

Three Approaches to a Conversation
by Michael Smull

There are many ways to go about holding a successful conversation. The following are descriptions of three techniques. You will probably find yourself using all three in the course of a conversation:

Linear
A linear approach is the easiest way to have a conversation without asking leading questions. If you are talking with the individual with whom you are planning you simply start with getting up and then walk through the day with the person. You ask what a "typical" morning is like and then ask if some are better than others and what is a good one like and what is a bad one like. You move through the day in pieces
asking for what usually happens and then asking for good and bad versions of that part of the day. Try to get the person you are talking with to tell you stories that illustrate what they mean. Be prepared to adapt this approach to the circumstances and capacities of the person. One man could not tell us what a good or bad day was like but he could describe his last week, day by day, in great detail. Another man had not had any good days in some time but could tell us about good days from his past. When talking with someone who is involved during regular hours (e.g. 9 AM to 3 PM) simply start at the beginning of that time and walk through it asking questions about typical, good, and bad versions of each part of the day.

Branching
A branching approach starts in the same way, walking through time with the person, encouraging stories that illustrate the good day and the bad day. However, in a branching approach you look for opportunities for the person to tell related stories about other parts of a persons life. The result is a conversation that branches from one point in time and then meanders a bit until that line of conversation end. At that point you go back to where you where in time when the branch started. For example, if the branch started with breakfast and wandered off from there, at the end of that branch you would ask "and what happens after breakfast?"

Meandering
A meandering conversation is the most natural and also the most difficult. In a meandering conversation, instead of walking through time with someone, you start wherever your initial questions lead you and then shape the conversation so that

you hear stories about is important to the individual's life across all of the areas that the person you are interviewing knows about. Having a meandering conversation requires that you keep the conversation moving and cover all the areas in the time that you have. The facilitator must be skilled and have a mental map of what she or he wants to learn, while always listening for the unexpected.

Remember that a Plan is a Promise

When you spend time asking a person what is important to them, who is in their life, and their hopes and dreams for the future you are asking them to trust you with this information and you are building a relationship with them. Do not ask a person to divulge themselves to you unless you are willing to give power to what they tell you. Put another way, you must be willing to make a commitment to help them get what is important in their daily life and to move toward their desired future. If you and your agency decide that you can not provide services to the person then make a commitment to sharing the information you learn with the people who will stand up for the person to help them get what they need and want.

Getting to Know You - Information Gathering Process

Get as much information as you can from the focus person. What the person wants for themselves and how they want to live is the most important information. Second is what others want for the person. You will most likely want to interview others about the person. Ask the person who is important them, who knows and cares about them. The first two exercises in the workbook will help you identify these people. You will need to ask permission to interview them and you will want to ask the focus person if they would like to be present when you interview others about them. When you record the information distinguish the information the person tells you from information others give you.

If the person does not communicate with words you will want to interview the people who know, like and care about the person. Everyone communicates. People who do not use words to talk usually communicate with their behavior. The Listen To Me Communicate section of this workbook will be especially helpful for clarifying how and what the person is communicating and what we can do to support the person.

Your interviews with the person should occur in a place that is comfortable for the focus person. This may be their home, their day program, at school, in a coffee shop, park or in your office. The person should decide where they are most comfortable.

Getting To Know The Person:
Planning for Services in Supported Living - Assessment Process

Part One: Information Gathering:

People in Your Life
Your Relationships and Groups You Are A Part Of
Great Things About You
Your Experiences and History
Best and Worst Day Exercises
Positive Rituals Survey
Your Experience Making Choices
Information About Your Health
Your Hopes and Dreams for the Future

Part Two: Individual Assessment Options

Listen to Me Communicate
(When the person uses behavior to communicate or when the person doesn't communicate in typical ways)

Daily Living Skills Assessment
(When the person wants to learn to do things by themselves or with little assistance)

Personal Assistance Assessment
(When the person needs physical assistance, close support or significant assistance to complete activities of daily living)

Pattern of Support - Weekly Schedule
(For people who need assistance to complete their daily rituals and other activities of daily living)

Part Three: Summing It All Up:

What is Important to Me
1. Non Negotiables
2. Strong Preferences
3. Highly Desirables

Things I Want to Learn To Do

Things You Need to Know or Do to Help Me Get What is Important to Me

Things You Need to Know or Do to Help Me Stay Healthy and Safe

Notes, Comments, Recommendations and Things that are Unresolved

**Getting to Know You:
Planning for Services in Supported Living**

Part One:
Information Gathering

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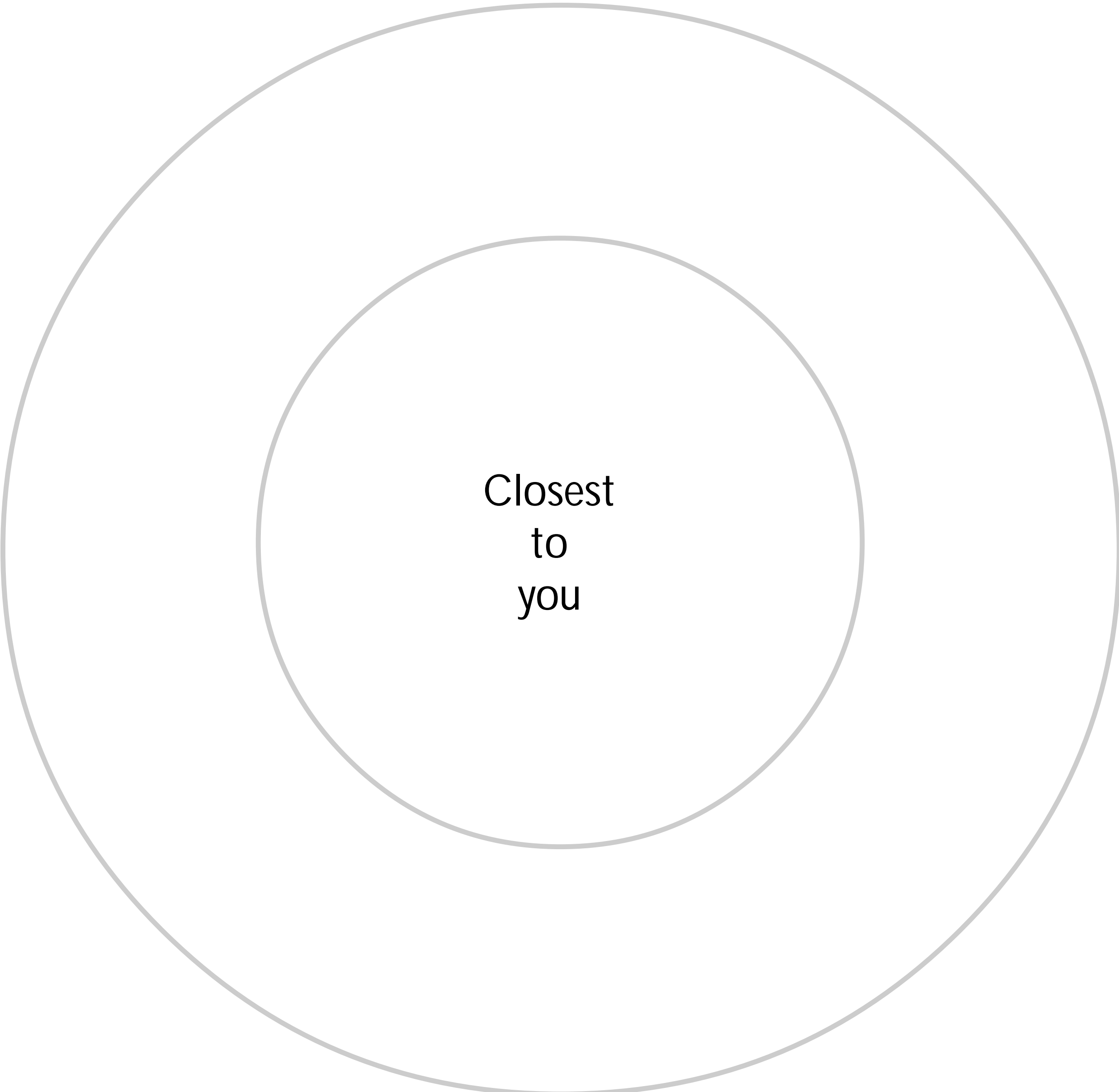
Getting to Know You will help your team from the supported living agency figure out the services and supports that will work best for you. Learning more about how you want to live *now*, will save everyone a lot of time later.

The People in Your Life?

Who are the people you are close to? people in your family? people at work or school? neighbors and friends? Who are the people you do things with? talk to? turn to for help?

Who do you spend the most time with? Who are the people who know you best? Who are the people who are most important to you? These are people who might be able to support you in your plans for the future.

Think about who they are and write their names in these circles. Write down when you see them and your relationship to them. Some people write the names of people who are closest to them in the middle, but you can do it any way you want.


Closest
to
you

Your Relationships and Groups that You Are A Part Of?*

Another way to look at the people we know is to think about the role they play in our lives. To think about their relationship and commitment to us.

Who are the Anchors in your life? These are people who you have known for a while. They are not new friends.
Who loves you? Who is concerned about you and gives you advice or support? Who protects you or sticks up for you? Who protects you? Who has helped you get what you wanted in the past?

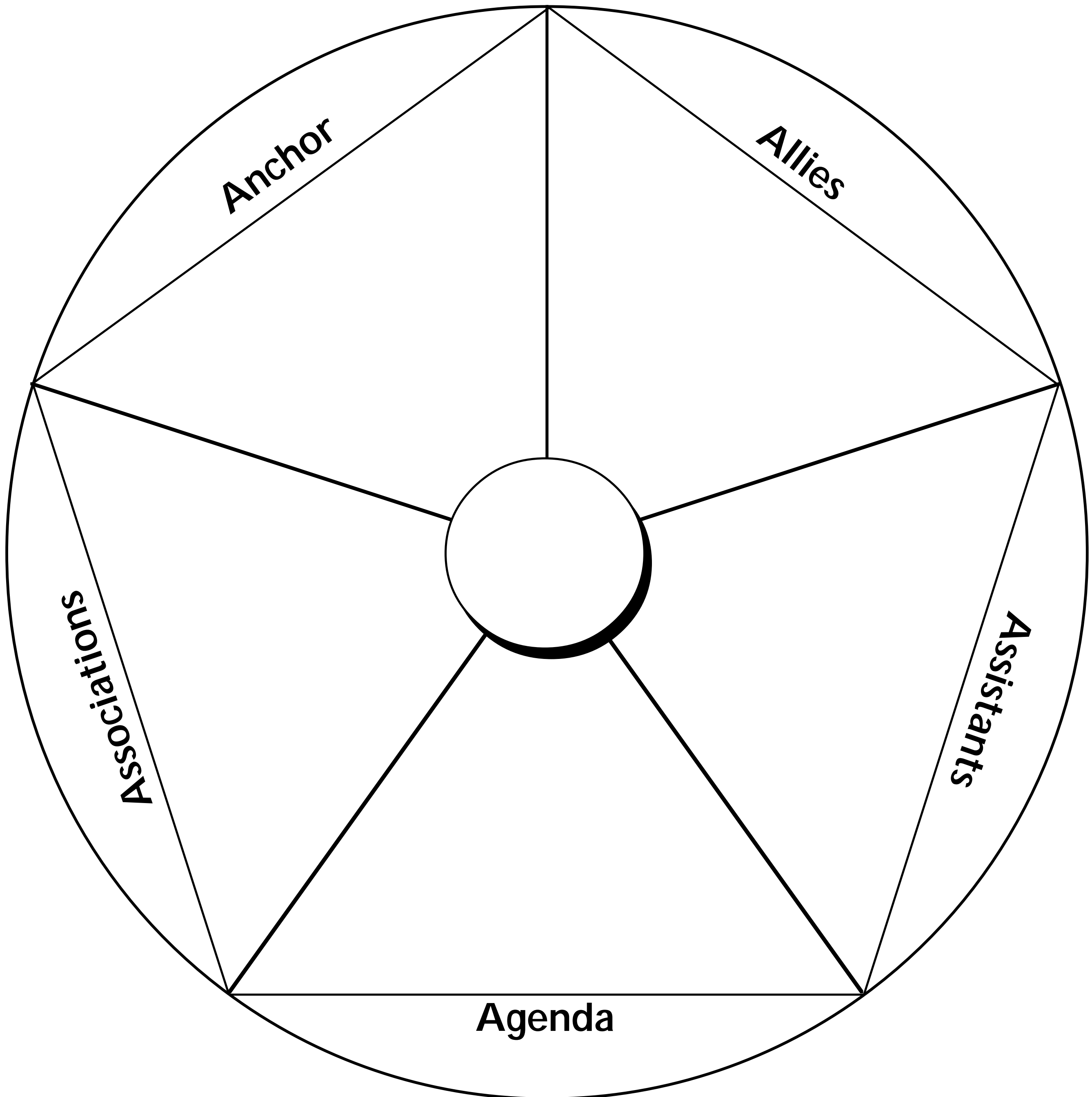
Who are your Allies?
Who spends time with you and does things with you? Who knows what you like and what you need to be happy? Who introduces you to other people? Who helps you? Who do you like to spend time with? Who supports your goals for the future?

What Assistance do you get?
Is there any one who gets paid to provide services or support to you? Do you pay anyone to do things for you? Like instructors, job coaches, personal assistants, counselors, doctors, dentists, gardeners, hair dressers.

What Associations are you a part of?
What groups, clubs and organizations do you belong to? Do you get together with other people to share common interests?

What Political agendas are you a part of?
Are you active in advocating for change? Do you participate in any self-advocacy groups or councils? Are you on any Boards or committees?

* From *Members of Each Other* by John O'Brien, Connie Lyle O'Brien, Inclsion Press, 1996.


Anchor
Allies
Associations
Assistants
Agenda

What are some great things about you?

What are some great things about you? What do you like about you? What are some things you're good at? proud of? What are some nice things that people say about you? What do people thank you for? This is sometimes hard for people to answer, so you might want to start by asking a friend or relative.

These are important things to think about when you are figuring out the kinds of services and supports you need and want.

(**Note to Facilitator:** This is not a place to discuss or list “disability” accomplishments, e.g., is able to read, can cook three meals, accomplished IPP goals.)

Great Things About You

Your Experiences and History

What important things have happened in your life?
Where have you lived, worked, gone to school?
Describe the best times of your life.
Are there people who were important to you whom you no longer see?
Are there things you used to do that you'd like to do again?

Notes About Your Life

Notes About Your Life

Your Lifestyle - Best and Worst Day Exercises and Positive Rituals Survey

The next two sections, Your Lifestyle - Best and Worst Day Exercises, and Positive Rituals Survey, will help you identify what is important to the person right now and what we need to know and do to support the person. These exercises come from the Essential Lifestyle Planning process. These exercises will help you get information about:

Who and what is important to the focus person -
in relationships with others and their interactions;
in things to do, things to have;
in rhythm or pace of life;

What others need to know and do -
to help the person to get what is important to them;
to help the person stay healthy and safe within the context of how the person wants to live.

How much you need to learn about each of these areas varies with the person. Some examples -

We all have positive rituals and routines. However, the more physical assistance the person needs to accomplish them the more detail you need to learn. You need to explore how much help is needed or wanted and the importance (to the individual) of things like the order in which they get help, how the help is given, and how they communicate this.

For many individuals with challenging behaviors there are (or have been) people involved in their lives whose behaviors and/or attitudes result in fewer instances, less severe instances (or even an absence of) the challenging behavior. You need to learn what it is about these people that had this positive result. This will begin to tell you what is important to these individuals in how they are treated and who needs to be present (or absent) in their lives.

Where the people you are planning with have health issues, especially complex health issues what others need to know and what they need to do to help the person stay healthy has to be learned and described.

Your Lifestyle

Best week day

Imagine the best of week days. Close your eyes, lean back, and visualize what it would be like.

Where would you be?

What time and how would you wake up?

Would you be by yourself or would someone be with you?

What would your morning ritual be like?

What would you do between breakfast and lunch? Who would you do it with? (Being by yourself is acceptable, just unusual.)

Would you be at work, in a program or at school?

What would have for lunch? Where would you eat?

How would you spend your afternoon and who would you spend it with?

It is now early evening. Are there any afternoon/evening rituals that would improve your day?

What would you have for dinner, where, with who?

How would you spend the evening?

When would you go to bed? What night time rituals would improve the evening?

Would you be with someone?

Would you end this best of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would be listening to? What would the weather be like?

Best week day

Worst week day

Imagine the worst of week days. Close your eyes, lean back, and visualize what it would be like.

Where would you be?

What time and how would you wake up?

Would you be by yourself or would someone be with you?

What would your morning ritual be like?

What would you do between breakfast and lunch? Who would you do it with? (Being by yourself is acceptable, just unusual.)

Would you be at work, in a program or at school?

What would have for lunch? Where would you eat?

How would you spend your afternoon and who would you spend it with?

It is now early evening. Are there any afternoon/evening rituals that you really dislike?

What would you have for dinner, where, with who?

How would you spend the evening?

When would you go to bed? What night time rituals would worsen the evening? Would you be with someone?

Would you end this worst of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would be listening to? What would the weather be like?

Worst week day

Best vacation day

Imagine the best of vacation days. Close your eyes, lean back, and visualize what it would be like.

Where would you be?

What time and how would you wake up?

Would you be by yourself or would someone be with you?

What would your morning ritual be like?

What would you do between breakfast and lunch? Who would you do it with? (Being by yourself is acceptable, just unusual.)

What would you have for lunch? Where would you eat?

How would you spend your afternoon and who would you spend it with?

It is now early evening. Are there any afternoon/evening rituals that would improve your day?

What would you have for dinner, where, with who?

How would you spend the evening?

When would you go to bed? What night time rituals would improve the evening? Would you be with someone?

Would you end this best of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would he listening to? What would the weather be like?

Best vacation day

Worst vacation day

Imagine the worst of vacation days. Close your eyes, lean back, and visualize what it would be like.

Where would you be?

What time and how would you wake up?

Would you be by yourself or would someone be with you?

What would your morning ritual be like?

What would you do between breakfast and lunch? Who would you do it with? (Being by yourself is acceptable, just unusual.)

What would have for lunch? Where would you eat?

How would you spend your afternoon and who would you spend it with?

It is now early evening. Are there any afternoon/evening rituals that you really dislike?

What would you have for dinner, where, with who?

How would you spend the evening?

When would you go to bed? What night time rituals would worsen the evening? Would you be with someone?

Would you end this worst of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would be listening to? What would the weather be like?

Worst vacation day

The best of Saturdays

Imagine the best of Saturdays. Close your eyes, lean back, and visualize what it would be like.

What time and how would you wake up?

Would you be by yourself or would someone be with you?
What would your morning ritual be like?

What would you do between breakfast and lunch? Who would you do it with? (Being by yourself is acceptable, just unusual.)

What would have for lunch? Where would you eat?

How would you spend your afternoon and who would you spend it with?

It is now early evening. Are there any afternoon/evening rituals that would improve your day?

What would you have for dinner, where, with who?

How would you spend the evening?

When would you go to bed? What night time rituals would improve the evening? Would you be with someone?

Would you end this best of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would be listening to? What would the weather be like?

The best of Saturdays

The worst of Saturdays

Imagine the worst of Saturdays (if you are on shift work imagine any great day off). Close your eyes, lean back, and visualize what it would be like.

What time and how would you wake up?

Would you be by yourself or would someone be with you?

What would your morning ritual be like?

What would you do between breakfast and lunch? Who would you do it with? (Being by yourself is acceptable, just unusual.)

What would you have for lunch? Where would you eat?

How would you spend your afternoon and who would you spend it with?

It is now early evening. Are there any afternoon/evening rituals that you really dislike?

What would you have for dinner, where, with who?

How would you spend the evening?

When would you go to bed? What night time rituals would worsen the evening? Would you be with someone?

Would you end this worst of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would be listening to? What would the weather be like?

Would you end this best of days with special dreams? What would they be like?

Are there other things that would be present? For example, is there music that you would be listening to? What would the weather be like?

The worst of Saturdays

Positive Rituals Survey

Positive rituals ease us through our days and help us mark special occasions. For each of the following questions, include as much detail as you can. (Do not be trapped by the space provided, use extra sheets of paper.)

1. List some of this individual's daily coping rituals. Pay particular attention to the beginning of the day and the end of the day rituals. Each of us have specific activities that we do every morning including whether we brush our teeth before bathing, during our shower, before we leave the bathroom, or after breakfast, that comprise our morning rituals.

List morning (getting up) rituals -

List nighttime (going to bed) rituals -

2. List some of this individual's rituals of transition - What does he or she do everyday when arriving at work, school or training? When arriving home from work, school or training?

List arriving at work rituals -

List arriving at home rituals -

3. List some of this individual's weekly rituals -

List Sunday rituals (if there are a couple of different ways, list them all)-

List any regular weekly rituals (friends that always visited, TV shows always watched) -

4. List some of this individual's rituals of celebration and comfort -

Indicate how he/she likes to celebrate when something good happens.-

Indicate how this individual comforts him or herself when something unpleasant happens, how does he/she make him or herself feel better?

5. List some holiday rituals -

What has to happen in order for it to be his or her birthday?

What foods have to be on the table at which holidays?

What does he or she have to do during some holidays (e.g., go look at the Christmas lights)?

Your Experience Making Choices*

Let's talk about decisions you make for yourself, decisions other people help you make, and decisions made by other people in the following areas of choice.

Note to recorder: In the assessment area of "What Need to Know and Do to Support the Person" record any areas of life in which the person will need support to make decisions.

Daily routines - Which decisions do you make about your daily routine (such as what to wear, what and when to eat, when to go to bed, etc)

Scheduling decisions - Which decisions do you make about your schedule for doing things like going out, choosing activities, and choosing who you go with?

Do you decide how to use your money? Does anyone help you now? If so, how do they help you?

Big Decisions - Did you decide on the job you have or the program you go to? Do you decide when to visit friends and who you visit? Did you decide where to live and who you live with?

* Adapted from *Person Profile*, Frameworks for Accomplishment, John O'Brien and Connie Lyle O'Brien, and Beth Mount.

Think about:	Own choices	Choice made by person with support	Choice made by others
Daily activities			
Routine Scheduling			
Money matters			
Major Choices: Where to live Who to live with Where to work			

Information About Your Health

❑ Check here if all health care needs are handled independently

Or by: ______________________________

Physicians:

Name: ________________ Type: ____________ Phone #:__________

Address:____

Name: ________________ Type: ____________ Phone #:__________

Address:____

Name: ________________ Type: ____________ Phone #:__________

Address:____

Dentists:

Name: ________________ Type: ____________ Phone #:__________

Address:____

Name: ________________ Type: ____________ Phone #:__________

Address:____

Ongoing Medication Required:

Name: ________________ Dosage/Frequency: ________________

Purpose:________________________Used:________ to ________

Name: ________________ Dosage/Frequency: ________________

Purpose:________________________Used:________ to ________

Name: ________________ Dosage/Frequency: ________________

Purpose:________________________Used:________ to ________

Check Box if Health Assistance Needed To:

❑ Make/keep doctor or dentist appointments

❑ Purchase medications

❑ Take medications as prescribed

❑ Get prescriptions refilled

❑ Monitor specific health care need

❑ Monitor general health care needs

More About Your Health

When did you last go to a doctor?

Do you visit the doctor a lot?

When you go see a doctor, what kinds of health problems do you have?

Do you have health problems that are with you all the time? What are they?

Do you have seizures?
If yes,
When did you last have a seizure?

How often do you have seizures?

How long do your seizures usually last?

What do you do when you have a seizure?

Other Information About Your Health

Hopes and Dreams for the Future

Collect images and ideas about how the person would like to live. Use the person's own words as much as possible. Encourage the person and their family and friends to dream about a desirable future. Don't let barriers stop the dreaming. Ask the person:

What do you look forward to in your future?
How do the people who care about you describe a desirable future?
What would you like to have? Do? Be?
Where would you like to live?
Is there anyone you would like to live with?

Your Hopes and Dreams for the Future are . . .

Getting to Know You

Planning for Services in Supported Living

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Planning for Services in Supported Living

Part Two:
Individual Assessment Options

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These **Individual Assessment Options** are available to help gather additional and more specific information as needed.

Important Facts

Name: ________________________________

Birthdate: ______________________ Social Security Number: _____________________

UCI #: ________________________ Medl-Cal #: _______________________________

Address

Phone Home: ________________________ Phone Work: ________________________

Landlord:____________________________ Landlord Phone: _____________________

New Address

Phone Home: ________________________ Phone Work: ________________________

Landlord:____________________________ Landlord Phone: _____________________

Ncw Address

Phone Home: ________________________ Phone Work: ________________________

Landlord:____________________________ Landlord Phone: _____________________

Directions to Home

Income Sources

Income Total: _____________________

New Income Total: _____________________

New Income Total: _____________________

Soc Security Payee? _______________________________________

Conservator? _______________________________________

Case Manager: ______________________________

*New Case Manager:*______________________________

*New Caso Manager:*______________________________

People Information (attendant, neighbor, friend. family member, etc.)

*Name:*________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

Name:________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

Name:________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

*Name:*________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

*Name:*________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

Name:________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

Name:________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

Name:________________________________ Relationship: ______________

Address: ________________________________ Phone: ________________

Work, School or Program Informatlon

Work, School or Program Name: ____________________________________

Address: ____________________________________ Phone:______________________

Contact Person:______________________________

New Work, School or Program Name: ____________________________________

Address: ____________________________________ Phone:______________________

Contact Person:______________________________

Emergency Assistance System Description

Person to notify in case of an emergency

Name:____________________________________ Home Phone: __________________

Address: __________________________________Work Phone: ___________________

Important Emergency or Health Information

Community Support Facilitator Name: ___________________________________

Phone Number: ______________________

New Community Support Facilitator Name: ___________________________________

Phone Number: ______________________

IHSS Case Manager: _______________________________ Phone: _________________

Address: ____

Hours of IHSS: _______ *New* Hours of IHSS: ________ *New* Hours of IHSS: _______

Adaptive Equipment Resource:

Other Notes

Daily Living Skills Assessment

(Adapted from Harmony Home SLS)

______________________________ ____________________

Name of Person Date

1. BUDGETING, BANKING AND PAYING BILLS	Yes	No	Update	Comments
Counts money	❑	❑		
Knows spending priorities	❑	❑		
Uses ATM card	❑	❑		
Reads amount/due date on bills	❑	❑		
Addresses/stamps bills	❑	❑		
Cashes check	❑	❑		
Writes checks	❑	❑		
Uses money orders	❑	❑		
Fills out deposit slip	❑	❑		
Fills out check register	❑	❑		
Balances check book	❑	❑		
Follows budget plan	❑	❑		
2. SHOPPING				
Makes a list	❑	❑		
Locates items in store	❑	❑		
Reads prices	❑	❑		
Compares prices	❑	❑		
Pays for purchase	❑	❑		
Uses coupons	❑	❑		
Asks for assistance	❑	❑		
3. SSI/SSA				
Knows Social Security number	❑	❑		
Knows what SSI/SSA is	❑	❑		
Carries ID card	❑	❑		
Knows how much each month	❑	❑		
Reports wages to Social Security	❑	❑		

4. TRANSPORTATION	**Yes**	**No**	**Update**	**Comments**
Has a bus card	❑	❑	________	________________________
Uses Dial-A-Ride	❑	❑	________	________________________
Uses other transportation	❑	❑	________	________________________
5. EATING OUT				
Chooses restaurants	❑	❑	________	________________________
Orders meals	❑	❑	________	________________________
Pays for meals	❑	❑	________	________________________
Eats properly	❑	❑	________	________________________
Requires assistance to eat				
6. TIME				
Tells time	❑	❑	________	________________________
Sets a clock	❑	❑	________	________________________
Sets an alarm	❑	❑	________	________________________
Reads/Uses calendar	❑	❑	________	________________________
Knows current date	❑	❑	________	________________________
Makes appointments	❑	❑	________	________________________
7. USING PHONE + PAY PHONE				
Knows own phone number	❑	❑	________	________________________
Dials numbers	❑	❑	________	________________________
Calls people	❑	❑	________	________________________
Talks on phone	❑	❑	________	________________________
Uses phone list of important numbers	❑	❑	________	________________________
Knows emergency procedure	❑	❑	________	________________________
Uses directory assistance	❑	❑	________	________________________
Uses phone directory	❑	❑	________	________________________
Uses operator	❑	❑	________	________________________

8. SUPPORT SYSTEMS	Yes	No	Update	Comments
Knows who to ask for help	❏	❏	________	________________________
Utilizes family/friends	❏	❏	________	________________________
Utilizes work/school/prof	❏	❏	________	________________________
Attends support group	❏	❏	________	________________________
9. HOUSEHOLD EMERGENCIES/SECURITY				
Knows who to contact in an emergency	❏	❏	________	________________________
Knows what to do in an emergency	❏	❏	________	________________________
Knows what to do in case of a house fire	❏	❏	________	________________________
Knows how to use fire extinguisher	❏	❏	________	________________________
Knows what to do in earthquake	❏	❏	________	________________________
Responds on how to handle prank/obscene phone calls	❏	❏	________	________________________
Responds to unwanted visitors	❏	❏	________	________________________
Home/apartment security	❏	❏	________	________________________
10. COMMUNITY SAFETY				
Knows what to do if lost	❏	❏	________	________________________
Knows what to do if purse/ wallet lost	❏	❏	________	________________________
Knows response if mugging or other crime occurs	❏	❏	________	________________________
Mugging prevention	❏	❏	________	________________________
Knows what to do in response to a con artist	❏	❏	________	________________________

11. STREET SAFETY	Yes	No	Update	Comments
Follows vehicle laws/safety	❑	❑	________	____________________
Follows street safety	❑	❑	________	____________________
12. KITCHEN/DINING ROOM CLEANING				
Sweeps floor	❑	❑	________	____________________
Mops floor	❑	❑	________	____________________
Washes dishes/pots & pans	❑	❑	________	____________________
Puts dishes away	❑	❑	________	____________________
Wipes counters	❑	❑	________	____________________
Wipes stove top	❑	❑	________	____________________
Wipes spills	❑	❑	________	____________________
Cleans sink	❑	❑	________	____________________
Does on regular basis	❑	❑	________	____________________
13. BATHROOM CLEANING/ UPKEEP				
Cleans tub/shower	❑	❑	________	____________________
Cleans sink	❑	❑	________	____________________
Cleans toilet	❑	❑	________	____________________
Cleans mirror	❑	❑	________	____________________
Unclogs sink/toilet	❑	❑	________	____________________
Stops overflowing toilet	❑	❑	________	____________________
Does on a regular basis	❑	❑	________	____________________
Washes rug/towels	❑	❑	________	____________________
Uses correct cleansers	❑	❑	________	____________________

14. CLOTHING/LINEN	Yes	No	Update	Comments
Dresses/Undresses	❑	❑		
Wears appropriate to weather	❑	❑		
Wears appropriate to occasion	❑	❑		
Clothes that fit	❑	❑		
Wears clothes that are neat/clean	❑	❑		
Washes clothes/linens	❑	❑		
Sorts dirty clothes/linens	❑	❑		
Stores clean clothes	❑	❑		
Changes linens	❑	❑		
15. BODY CARE				
Showers/bathes	❑	❑		
Washes hands	❑	❑		
Trims fingernails	❑	❑		
Trims toenails	❑	❑		
Shaves	❑	❑		
Uses deodorant	❑	❑		
Uses feminine hygiene	❑	❑		
16. HAIR CARE				
Brushes/combs	❑	❑		
Shampoos hair	❑	❑		
Cuts/trims hair	❑	❑		
Cuts/trims mustache/beard	❑	❑		
17. TEETH CARE				
Brushes/flosses teeth	❑	❑		

18. EMERGENCY MEDICAL CARE

MEDICAL CARE	Yes	No	Update	Comments
Gets emergency help when needed	❑	❑		
Carries Medi-Cal card/insurance	❑	❑		
Name of doctor	❑	❑		
Cares for minor injuries	❑	❑		
Cares for oneself when sick	❑	❑		
Obtains medication as needed	❑	❑		
Knows doses of prescription meds	❑	❑		
Knows over-counter, common meds	❑	❑		
Takes medication daily	❑	❑		
Wears Medic Alert tag	❑	❑		
Knows dangers of substance abuse	❑	❑		
Avoids substance abuse	❑	❑		
19. SEXUAL HEALTH AND SAFETY				
Knows information/sexual health	❑	❑		
Knows information on pregnancy and birthing	❑	❑		
Uses birth control	❑	❑		
Knows laws on sexual activity	❑	❑		
20. SOCIAL RELATIONSHIPS				
Communicates effectively with others	❑	❑		
Develops/maintains friendships	❑	❑		
Develops personal/social skills Inappropriate interaction with strangers	❑	❑		

21.ESSENTIAL COOKING

UTENSILS/APPLIANCES	Yes	No	Update	Comments
Uses stove	❑	❑	________	________
Uses oven	❑	❑	________	________
Uses microwave	❑	❑	________	________
Uses toaster oven	❑	❑	________	________
Uses knife and cutting board	❑	❑	________	________
Uses timer	❑	❑	________	________

22.MEAL

PREPARATION/PLANNING

Plans meals	❑	❑	________	________
Follows simple instructions	❑	❑	________	________
Performs basic cooking skills	❑	❑	________	________
Performs basic food preparation	❑	❑	________	________
Disposes of grease	❑	❑	________	________
Washes hands	❑	❑	________	________
Stores food and leftovers	❑	❑	________	________
Thaws meat	❑	❑	________	________
Recognizes spoiled food	❑	❑	________	________

23.SELF-ADVOCACY

Communicates for self	❑	❑	________	________
Is tactful when expressing self	❑	❑	________	________
Is aware of their rights	❑	❑	________	________
Attends people first	❑	❑	________	________
Knows protocol when lodging complaints	❑	❑	________	________

TRACE

Personal Assistance NEEDS ASSESSMENT*

CONTENTS

1.0 LIFTING AND TRANSFERRING

2.0 BATHROOM

3.0 GROOMING

4.0 MEALS

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6.0 TRANSPORTATION AND MOBILITY

7.0 EMERGENCY PROCEDURES

8.0 MEDICATIONS

9.0 HOUSEHOLD RESPONSIBILITIES

10.0 PERSONAL NEEDS

11.0 INTERPERSONAL RELATIONSHIPS

* Adapted with permission from Becoming Independent. Revisions were made with the assistance of Anita Cotton, Occupational Therapist, Regional Center of the Easy Bay.

Note to Facilitators: A number of these questions are both personal and instrusive. For that reason, please be respectful and ask only those questions you must ask in order to help someone get support the way they want it.

1.0 LIFTING AND TRANSFERRING

(CHECK APPROPRIATE BOX—YES OR NO)

		Y	N
1.1	Do you need to be lifted and or transferred as part of your care. Explain:	❑	❑
1.2	Do you use or need any special adaptive equipment to transfer. Explain:	❑	❑
1.3	How do you like to be lifted and transferred? Explain:	❑	❑
1.4	Are you able to instruct an assistant how to lift/transfer you?	❑	❑
1.5	Do you have use of your arms and/or legs? Explain:	❑	❑
1.6	Do you grab, pull, or resist when transferring? Explain:	❑	❑
1.7	Are you able to control grabbing, pulling and resisting?	❑	❑
1.8	Can you sit or stand by yourself? Explain:	❑	❑
1.9	Should any precautions be used when being lifted or transferred?	❑	❑
1.10	How do you get into bed? Explain:	❑	❑

(CHECK APPROPRIATE BOX—YES OR NO)

		Y or N
1.11	When in bed, what position are you most comfortable in?	❑ ❑
1.12	How do you lift and/or transfer onto the toilet? Explain:	❑ ❑

2.0 BATHROOM

2.0 Universal Infection Control Procedures

2.1	Do you know the basic universal precautions?	❑ ❑
2.2	Do you know how to prevent the spreading of germs? Explain:	❑ ❑
2.3	Do you wash your hands on a regular basis?	❑ ❑
2.4	Do you require intimate personal care from an assistant? Explain:	❑ ❑
2.5	Do you have or need supplies for personal care such as gloves? Explain:	❑ ❑
2.6	How are those supplies paid for? Explain:	❑ ❑
2.7	How do you communicate the need to use the bathroom? Explain:	❑ ❑

2.0 BATHROOM

(CHECK APPROPRIATE BOX—YES OR NO)

2.8 Describe what assistance you require when you use the bathroom? ❑ ❑
Describe:

2.9 What supplies, if any, do you use for bowel and bladder care? ❑ ❑
Explain:

2.10 Do you use or need any adaptive equipment to use the bathroom? ❑ ❑
Explain:

211 Do you have a schedule for when you generally use the bathroom? ❑ ❑
Explain:

212 Do you take any medications to help with bowel/bladder routines? ❑ ❑
Explain:

2.13 Are you able to use a public bathroom? ❑ ❑
Explain:

3.0 GROOMING

3.1 Are you able to test water temperature accurately? ❑ ❑

3.2 Can you bathe independently?
Explain: ❑ ❑

(CHECK APPROPRIATE BOX—YES OR NO)

		Y	N
3.3	Do you use adaptive equipment such as lifts, belts or commodes? Explain:	❑	❑
3.4	Do you need help entering or exiting tub? Explain:	❑	❑
3.5	Do you have a bathing schedule? Explain:	❑	❑
3.6	Do you use special hair care products? Explain	❑	❑
3.7	What safety precautions are needed when using electric appliances in the bathroom? Explain:	❑	❑
3.8	Do you need help combing or brushing your hair?	❑	❑
3.9	Do you cut your own nails?	❑	❑
3.10	Can you give your personal assistant instructions on how to do cut your nails?	❑	❑
3.11	Do you have a podiatrist? If yes, list: Name Phone Duties	❑	❑
3.12	Do you have problems with your feet? Explain:	❑	❑

3.0 GROOMING

(CHECK APPROPRIATE BOX—YES OR NO)

		Y or N	
3.13	Do you have orthodic devices? Explain:	❑	❑
3.14	Do you shave independently? Explain:	❑	❑
3.15	Do you have any allergies to shaving cremes or lotions? Explain:	❑	❑
3.16	Do you brush your teeth independently? Explain:	❑	❑
3.17	Do you wear dentures?	❑	❑
3 18	Do you swallow or clench your teeth involuntarily? Explain:	❑	❑
3.19	Do you have a habit of biting hard when something is in your mouth?	❑	❑
3.20	Do you ever choke? What would cause you to choke? Explain:	❑	❑
3.21	Have you ever had sores on your bottom or body that come from your bed or your wheelchair? Explain:	❑	❑

3.0 GROOMING

(CHECK APPROPRIATE BOX–YES OR NO)

Y or N

3.22 Do you take medications or have a condition, such as diabetes, that might delay the healing process? ❑ ❑
Explain:

3.23 Are there ways that you feel more comfortable? ❑ ❑
Explain:

3.24 Are there times when your muscles feel looser than other times? ❑ ❑
Explain:

3.25 Do you need help to get dressed? ❑ ❑
Explain:

4.0 MEALS

4.1 Do you to eat or avoid any particular foods? ❑ ❑
Explain:

4.2 Do you have a doctor's order in place for a modified diet or eating techniques? ❑ ❑
Explain:

4.3 Do you have any food allergies? ❑ ❑
Explain:

4.0 MEALS

(CHECK APPROPRIATE BOX—YES OR NO)

		Y	or	N
4.4	Are you able to help with meal preparations? Explain:	❑		❑
4.5	Can you eat independently?	❑		❑
4.6	Do you have any difficulty swallowing or chewing? Explain:	❑		❑
4.7	Are there ways you like to be seated when you eat? Explain:	❑		❑
4.8	Are there special set-ups or utensils that help you feed yourself? Explain:	❑		❑

5.0 COMMUNICATION

5.1	Is it hard for you to ask people to help you? Explain:	❑		❑
5.2	Do you have difficulty accepting help? Explain:	❑		❑
5.3	Do you have a videotape that demonstrates your daily routines?	❑		❑

6.0 TRANSPORTATION AND MOBILITY
(CHECK APPROPRIATE BOX–YES OR NO)

		Y or N
6.1	Do you need or use a wheelchair?	❑ ❑
6.2	Do you use a power or manual chair or both? Explain:	❑ ❑
6.3	Do you know from where and whom you got your wheelchair? Who? Phone #?	❑ ❑
6.4	How do you get your wheelchair fixed? Explain:	❑ ❑
6.5	Who pays for the repairs for the wheelchair? Explain:	❑ ❑
6.6	Do you another chair if something happens to yours?	❑ ❑
6.7	Who cleans your wheelchair and how often should that happen? Explain:	❑ ❑
6.8	How do you get around the community? Explain:	❑ ❑
6.9	Do you own your own vehicle? Explain: Insurance: If yes, who pays for repairs?	❑ ❑

6.0 TRANSPORTATION AND MOBILITY

(CHECK APPROPRIATE BOX—YES OR NO)

Y or N

6.11 Do you use public transportation by yourself? ❑ ❑
Explain:

6.12 Can you go out in a regular car? ❑ ❑
Explain:

6.13 Do you comfortable on your own in the community? ❑ ❑
Explain:

6.14 Have you ever had an accident in your chair in the community? ❑ ❑
Explain:

6.17 What would you do if your wheelchair broke down when you were out alone? ❑ ❑
Explain:

6.18 Do you use community recreational facilities and resources? ❑ ❑

What	How Often	How I get there

7.0 EMERGENCY PROCEDURES

(CHECK APPROPRIATE BOX—YES OR NO)

		Y or N
7.1	Do you have or need a 24-hour emergency response system?	❑ ❑
7.2	If so, what are/will be its components, including family? Who Phone Order of response	❑ ❑
7.3	How do you call for help? Explain:	❑ ❑
7.4	Do you use any special way to call for help?	❑ ❑
7.5	Are you able to use a phone, TDD, Lifeline or?	❑ ❑
7.6	Would you be able to get out of your house if you were alone in an emergency?	❑ ❑
7.7	Where do you keep emergency medical information? Explain:	❑ ❑
7.8	Are there activities, such as eating, that may put you at risk? Explain:	❑ ❑
7.9	Will your Personal Assistant be required and trained to administer emergency care?	❑ ❑
7.10	Are there any other medical conditions you have that may require emergency care?. Explain:	❑ ❑

8.0 MEDICATIONS

(CHECK APPROPRIATE BOX–YES OR NO)

Y or N

8.1 Do you take medications? ❑ ❑

What | When | What for | Pres by | Phone

8.2 Where do you purchase your medications? ❑ ❑

Pharmacy | Address | Phone

8.3 Are your medications delivered or picked up at pharmacy? ❑ ❑

8.4 Do you reorder your own medications? ❑ ❑

8.5 Are your medications packaged in a way that helps you keep track? ❑ ❑

8.6 Do you administer your medications independently? ❑ ❑
Explain:

8.7 Do you keep a record of medications? ❑ ❑

8.8 Do you use methods other than pills to take medications? ❑ ❑
Explain:

8.0 MEDICATIONS

(CHECK APPROPRIATE BOX—YES OR NO)

		Y or N
8.9	Can you give yourself shots if you have to take medicine that way?	❑ ❑
8.10	Where do you keep your medications? Explain:	❑ ❑
8.11	Who do you want to be able to get to your medications? Name:	❑ ❑
8.12	What happens if you don't take your medications? Explain:	❑ ❑
8.13	Do you have a way to get rid of the medicines you are finished with? Explain:	❑ ❑
8.14	Do you know what to do if you take too much medication or have an allergic reaction? Explain:	❑ ❑

9.0 HOUSEHOLD RESPONSIBILITIES
(CHECK APPROPRIATE BOX–YES OR NO)

		Y or N
	Are you able to do housekeeping chores by yourself?	
9.1	Kitchen? Explain:	❑ ❑
9.2	Bathroom? Explain:	❑ ❑
9.3 R	Bedroom? Explain:	❑ ❑
9.4	Living Room? Explain:	❑ ❑
9.5	Laundry Room? Explain:	❑ ❑
9.6	Yard? Explain:	❑ ❑
9.7	What is your experience managing people who do this work for you?	❑ ❑
9.8	How would you let your attendants know what you wanted them to do?	❑ ❑
9.9	Do you own or are you able to get household furnishings or adaptive equipment that you need? List and explain:	❑ ❑

10.0 PERSONAL NEEDS

(CHECK APPROPRIATE BOX—YES OR NO)

Y or N

10.1 Do you like to spend time alone at home? ❑ ❑
Explain:

10.2 Have you ever hired your own Personal Assistant? ❑ ❑

10.3 Do you have or need funding to hire Personal Assistants? ❑ ❑

10.4 Have you been evaluated by any agencies, such as IHSS, to deter mine your attendant needs? ❑ ❑

Agency	Contact	Phone	Funding	Date

10.5 Do you have or need to make adaptations, such as door openers, to living spaces in order for you to live independently? ❑ ❑

What	How & Where purchased	Who maintains	Phone

10.6 If your living space need adaptations who will pay for them? ❑ ❑

10.7 Do you have or need space for a canine companion or other pet? ❑ ❑
Explain:

10.8 What are some qualities you like in a Personal Assistant? ❑ ❑
Explain:

10.9 What are some qualities you would not like in a Personal Assistant? ❑ ❑
Explain:

11.0 INTERPERSONAL
(CHECK APPROPRIATE BOX—YES OR NO)

Y or N

11.1 If you have problems with someone, a roommate or assistant, for example, how do you usually resolve them? ❑ ❑
Explain:

11.2 Do you put things in writing or keep a record of agreements? ❑ ❑
Explain:

11.3 When and where do you like privacy? ❑ ❑
Explain:

11.4 Have you had to fire a Personal Assistant? If yes, how did you do it? ❑ ❑
Explain:

11.5 Can your assistants have friends or family visit or stay with them? ❑ ❑
Explain:

11.6 Who pays, how often, and how much do you pay your assistants? ❑ ❑
Payer When Rate

11.7 Have you had experience completing timecards for your Personal Assistants? ❑ ❑
Explain:

Medical Information Checklist

Date of last physical exam? _______________ What did you find out?

Was your blood pressure taken? Y N If so, what is it?

Do you have, or have you had any serious illness, disease, or have you been hospitalized? Y N If so, please describe:

Do you have, or have you ever had the following? (Please circle and describe under remarks)

A. rheumatic fever	Y	N
B. inflammatory rheumatism	Y	N
C. scarlet fever	Y	N
C. hepatitis, jaundice	Y	N
E. liver disease	Y	N
F. tuberculosis	Y	N
G. high/low blood pressure	Y	N
H. venereal disease	Y	N
I. heart disease or stroke Y	N	
J. heart murmur	Y	N
K. angina pectoris	Y	N
L. pacemaker or parts	Y	N
M. hyperthyroidism	Y	N
N. epilepsy /convulsions	Y	N
0. blood disease/as enemia	Y	N
P. abnormal bleeding	Y	N
Q. diabetes/sugar disease	Y	N
R. respiratory disease	Y	N
S. psychiatric treatment	Y	N
T. any x-rays for growths	Y	N
U. asthma	Y	N
V. peptic ulcer	Y	N
W. allergies (rash) to:		
l.penicillin	Y	N
2.other antibiotics	Y	N
3.iodine	Y	N
4.codeine	Y	N
5.local anesthetic (as in novacaine)	Y	N
6. aspirin	Y	N
7. other	Y	N
X. eye disease (glaucoma)	Y	N
Y. contact lenses	Y	N
Z. aids virus	Y	N

Are you taking any medications, drugs, or pills, or have you experienced an unusual reaction to any drug such as, but not limited to, the following? Please describe under remarks:

Anticoagulants (blood thinners) as Warfarin or Courmarin	Y	N
Steroids (cortisone)	Y	N
Tranquilizers or sleeping pills	Y	N
Digitalis or Nitroglycerin	Y	N
Insulin	Y	N
Other	Y	N

Have you experienced any unfavorable reactions to previous dental treatment? Y N

Do you have any disease, condition or problem not listed that we should know about?Y N

Remarks:

SIGNATURE ____ DATE ________________

Please make sure that you tell us about any changes in the above information when we review it.

REVIEWED THIS DATE________________ SIGNATURE _________________________________

REVIEWED THIS DATE________________ SIGNATURE _________________________________

Listen to Me Communicate

This communication plan is designed to support people who do not use words to talk, or who have difficulty communicating in typical ways. This section is also very useful for supporting people who communicate with their behavior.

The heading **what is happening** describes the circumstances. The headings **and (person's name) does** describes what the person does in terms that are clear to a reader who has not seen it and would still recognize it. For people where it is something hard to describe (e.g., a facial expression), a picture or even a video recording may be preferred. The heading **we think it means** describes the meaning that people think is present. It is not uncommon for there to be more than one meaning for a single behavior. Where this is the case, all of the meanings should be listed. The heading **and we should** describes what those who provide support are to do in response to what the person is saying with their behavior. The responses under this heading give a careful reviewer a great deal of insight into how the person is perceived and supported.

It's easiest to complete the communication worksheet by starting from the two inside columns first (. . . . does, we think it means) and then working out to the two outside columns (what is happening, and we should).

What is happening	________________ does	We think it means	And we should

Your Pattern of Support When You Live In Your Own Home

Based on everything learned about the person's best week days and best weekend days, and their preferred routines and rituals, what would a pattern of support look like? When would the person be alone? When would paid support be present? What things would paid support be helping the person with or doing for the person? When would the person's natural supports be present? Remember that everyone's days are unpredictable and that supported living services strive to be flexible and offer support if and when it is needed. This schedule is only a best guess at when supports are needed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 AM							
7							
8							
9							
10							
11							
12 PM							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10 PM							

Getting to Know You

Planning for Services in Supported Living

Getting to Know You:
Planning for Services in Supported Living

Part Three:
Summing It All Up

This workbook belongs to:

____

Connections for Information and Resources on Community Living (CIRCL)

1999

Getting to Know You:
Planning for Services in Supported Living

Part Three:
Summing It All Up

Compiled for

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by

Claudia Bolton and
Bill Allen (**Allen, Shea & Associates**)

1999

Summing It All Up is a place to pull together all of the information you have gathered and organize it into a plan for support. The Plan includes the following headings:

- The People who Contributed to this Plan
- Great Things about You
- What is important to the person prioritized into two or three categories:
  - 1st priority - Non-negotiables
  - 2nd priority - Strong Preferences
  - 3rd priority - Highly Desirables

This section prioritizes and lists what is important to the person. It should reflect only what is important to the person, not what is important to any other people in the person's life. What has been learned about the person, not what people are guessing about. What is important to the person is divided by headings that prioritize how important things are.

- Things I Want to Learn to Do
- Things We Need to Know or Do to Help the Person Get What is Important
- Other Notes, Comments, Recommendations and Things that are Unresolved

The People who Contributed to this Plan:

Name:	Relationship to the Focus Person:
1. ______________________	______________
2. ______________________	______________
3. ______________________	______________
4. ______________________	______________
5. ______________________	______________
6. ______________________	______________
7. ______________________	______________
8. ______________________	______________
9. ______________________	______________
10. ______________________	______________
11. ______________________	______________
12. ______________________	______________

Original Date of Plan: ______________

Revisions Made: ______________

____

____

What is Most Important?

Now, please help us prioritize the important things you told us about the people in your life, the things you like to do, your best and worst days and your rituals and routines. Be very detailed if you need assistance to have or do the things that are important to you. Prioritize these things that are important to you into three categories:

Non-negotiables - things you must do or have/must not do or have.

Strong Preferences - things that are important or very important to you.

Highly Desireables - things you like/dislike or things you'd like to try.

NON-NEGOTIABLES - THE THINGS THAT ____________________ MUST HAVE, DO, AND BE:

In relationships with others

In things to do, things to have

In health, safety

In positive rituals

STRONG PREFERENCES - NEEDS OF ____________________

HIGHLY DESIRABLES - WANTS AND ENJOYS OF ____________________

Things I Want to Learn to Do

Are there things you want to learn to do? The supported living services agency can teach you to do more for yourself if this is what you would like to do. The Daily Living Skills Assessment can be used to see what you already know how to do and the Personal Assistance Needs Assessment can be used to see your physical care and personal assistant/attendant management skills. The things you would like to learn can be listed here.

Things I Want to Learn to Do

Things We Need to Know or Do to Help the Person Get What is Important

What do others need to know or do in order for the person to get what is important. Develop this section by looking at each thing listed as important to the person and ask yourself if there is anything that support people need to know or do in order for the person to have what is important.

What do others need to know or do so that the person has more good days and fewer bad days.

Include support the person needs or things we need to know or do about the person's "negative reputation". We all have one! Are there things that make the person upset that we need to know about? Are there concerns of relatives, friends and others who know and care about the person?

Be very detailed when the person needs physical assistance to have the routines and rituals that are important to them.

Include assistance the person will need to move toward their dreams and hopes for the future.

What Do Others Need to Know and Do?

Things We Need to Know or Do to Help the Person Stay Healthy and Safe

To Help the Person Stay Healthy:
Gather and record the information here when there are significant health issues. Describe what people need to know or do to help the person stay healthy. Information from the *Daily Living Skills Assessment* or the *Personal Assistance Assessment* would go here for people who need support to monitor and take medication.

To Help the Person Stay Safe:
Describe what people need to know or do to help the person stay safe. Information from the *Daily Living Skills Assessment* or the *Personal Assistance Assessment* would be recorded here for people who need support to be safe.

This is also where we can describe things to know or do to support someone who has mental health issues.

If the supported living services will include emergency response services or on-call services describe what the person needs here.

Other Things We Need to Know and Do to Support Health and Safety?

Other Notes, Comments, Recommendations and Things that are Unresolved

Other Notes, Comments, Recommendations and Things that are Unresolved

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References

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