

## WHO CAN HELP ME?



\_\_\_\_\_

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

Are there any charges for services? ☐ Yes ☐ No

If yes, how much are they and what do they cover?

Is there a waiting list? ☐ Yes ☐ No

Are there other agencies which might be able to help you? \_\_\_\_\_

## WHAT ABOUT FRIENDS AND RECREATION?



Date \_\_\_\_\_

What are my hobbies?

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Doing crafts        | <input type="checkbox"/> Making music | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Collecting things   | <input type="checkbox"/> Cooking      | <input type="checkbox"/> Gardening   |
| <input type="checkbox"/> Playing video games |                                       |                                      |
| <input type="checkbox"/> Other:              |                                       |                                      |

How do I like to spend my free time?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Alone       | <input type="checkbox"/> With friends          |
| <input type="checkbox"/> With family | <input type="checkbox"/> With organized groups |

Will I need help to participate in any of the free-time activities I want to do?

- ☐ Yes      ☐ No

What kind of help will I need?

\_\_\_\_\_

\_\_\_\_\_

Would I like more information on activities which are going on at:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> The libraries                 | <input type="checkbox"/> The theaters |
| <input type="checkbox"/> The sports arenas             | <input type="checkbox"/> The parks    |
| <input type="checkbox"/> A church, synagogue or temple | <input type="checkbox"/> Other        |



## WHAT ABOUT FRIENDS AND RECREATION?

\_\_\_\_\_  
Date

Have I used public transportation?

☐

Yes

☐

No

Have I volunteered?

☐

Yes

☐

No

If so, what did I do there?

Do I have someone to talk to about  
my feelings?

☐

Yes

☐

No

Who? \_\_\_\_\_ /Ph. \_\_\_\_\_

\_\_\_\_\_/Ph. \_\_\_\_\_

Do I want to get married?

☐

Yes

☐

No

☐

Not sure

Do I want to have children?

☐

Yes

☐

No

☐

Not sure

## WHAT WILL I DO WITH MY MONEY?



\_\_\_\_\_

Date \_\_\_\_\_

Being independent takes money. Someone has to pay for your food, housing, clothing, and transportation. Just as you need to plan for your spending on a trip, you will need to plan your spending for daily living expenses. The following questions may help you make those plans. You may want to discuss them with your family or your teachers.

How much money will I need for:

Rent \$ \_\_\_\_\_

Recreation \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Health care \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**



## WHERE WILL I GET THE MONEY I NEED?



Date \_\_\_\_\_

### Where will I get the money I need?

- |  |  |
|--|--|
| <input type="checkbox"/> Job                       | <input type="checkbox"/> State or federal support                |
| <input type="checkbox"/> Family                    | <input type="checkbox"/> Supplemental Security Income            |
| <input type="checkbox"/> Other kinds of assistance | <input type="checkbox"/> Supplemental Security Disability Income |

### Do I know how to do these things?

- |  |  |
|--|--|
| <input type="checkbox"/> Make change         | <input type="checkbox"/> Balance a checkbook |
| <input type="checkbox"/> Pay bills           | <input type="checkbox"/> Save money          |
| <input type="checkbox"/> Open a bank account | <input type="checkbox"/> Budget              |
| <input type="checkbox"/> Write a check       | <input type="checkbox"/> Pay taxes           |

Will I need financial help when I leave school? ☐ Yes ☐ No

If yes, you need to ask for information about federal, state and local support programs such as Supplemental Security Income (SSI), Plan for Achieving Self Sufficiency (PASS, which is a subsection of SSI), Medicaid and others which may help you.

## HOW WILL I STAY HEALTHY?



\_\_\_\_\_

Date

When you were a child, your parents took care of your health needs. As you grow older, there are many things you can begin doing to take care of yourself. To stay healthy you will need information about the doctors, dentists, and other professionals who take care of you. Many people have more than one doctor. You may want to keep a record of them.

Do I have a doctor? ☐ Yes ☐ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do I have a dentist? ☐ Yes ☐ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

When I go to the doctor or dentist, do I ask questions about my health and what I need to do to stay healthy? ☐ Yes ☐ No

Do I understand what they tell me? ☐ Yes ☐ No

## HOW WILL I STAY HEALTHY?



\_\_\_\_\_

Date

Do I have a medical condition which requires ongoing treatment?

☐ Yes ☐ No

If yes, what is that condition?

\_\_\_\_\_

What kinds of treatment do I need?

☐ Medication ☐ Diet ☐ Ongoing doctor visits  
☐ Other

Who can help me with my health needs?

Which non-family member would I contact in an emergency?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do I carry medical information  
with me at all times?

☐ Yes ☐ No

**You should always carry a card with you which list:**

1. The name, address, and phone number of your emergency contact;
2. A list of medications you are currently taking; and
3. The name of your health insurance company.



## HOW WILL I STAY HEALTHY?

\_\_\_\_\_  
Date

Do I have health insurance? ☐ Yes ☐ No

How long will I be covered under this insurance?

Will I need to insure myself after I turn 18? ☐ Yes ☐ No

How will I do that?

Do I take any medications? ☐ Yes ☐ No

Do I know the times to take my medications,  
the amount to take, and do I take them  
by myself without reminders? ☐ Yes ☐ No

Do I have an exercise plan? ☐ Yes ☐ No

What kinds of exercise do I like to do?

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Aerobics |
| <input type="checkbox"/> Walking  | <input type="checkbox"/> Running  |
| <input type="checkbox"/> Other    |                                   |



## WHERE WILL I LIVE?



Date \_\_\_\_\_

You will have choices to make about the place you will live. On a trip you might choose a motel, a hotel, a campground or the home of relatives or friends. As an adult, you will have more independence and will have other choices to make such as your own home, an apartment, a group home, or a place where people will help me. You need to think about the kind of place you would like to live and the people you would like to have living with you.

I would like to live:

- ☐ Alone
- ☐ With friends or roommates
- ☐ With my family
- ☐ With other relatives
- ☐ In a group home (a place with others who have disabilities)
- ☐ With a spouse (husband, wife, partner)
- ☐ Other

Will I need a supported living arrangement? ☐ Yes ☐ No

What kinds of living skills such as personal care, cooking, cleaning and shopping do I do now?

What kinds of living skills, such as personal care, cooking, cleaning and shopping do I need to learn?

To live on my own I will need:

## WHERE WILL I LIVE?



Date \_\_\_\_\_

How would I find a place to live?

What help would I need to do this?

Will the place I live in need to be accessible? ☐ Yes ☐ No

There are many possible accommodations which may be made. Some examples are ramps, special height counters, lighted doorbell signals, special door handles, technical assistance devices, and hand rails. List below what you may need in order to live more independently.

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

## IMPORTANT RECORDS AND PAPERS

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### Date

Some of the records which you may need are:

#### Personal records including:

- ☐ Birth certificate
- ☐ Social Security Card
- ☐ Family information
- ☐ Developmental history  
(when you first walked,  
talked, rode a bike, etc.)
- ☐ Residential history  
(where you have lived, the  
support and supervision  
you need)
- ☐ Records from agencies  
that are providing you  
with services, especially  
those that show that you  
meet their eligibility  
requirements

#### Medical records including:

- ☐ Names and addresses of doctors, dentists and therapists
- ☐ Immunization record
- ☐ Dates and results of any surgeries or medical procedures
- ☐ Specialist and therapist reports

#### Educational records including:

- ☐ Copies of IEPs
- ☐ Educational assessment reports
- ☐ School progress reports and report cards

#### Vocational information including:

- ☐ Reports from vocational assessments
- ☐ Vocational courses taken
- ☐ Work record, including dates, contact persons and telephone numbers.
- ☐ Letters of reference
- ☐ Your resume