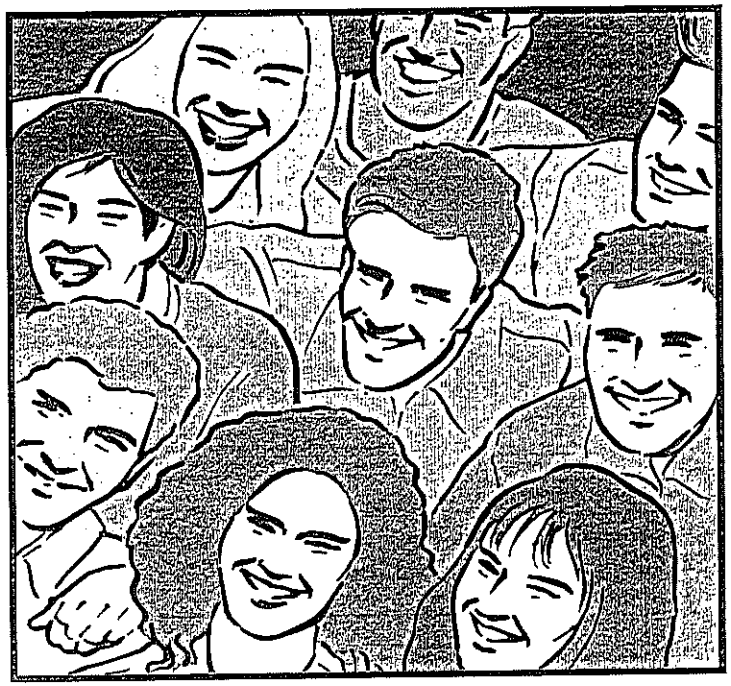


My Voice, My Choice Workbook

Your Name _____

How to Use the My Voice, My Choice Workbook

This workbook will help you:

- Identify family and community supports that will help you when you need it.
- Decide what you need and want from the people who support you.
- Identify positive and negative people, habits, and activities in your life.
- Develop a plan that you and your Circle of Support can use to make decisions, now and in the future.

As you go through this workbook remember to ask your Circle of Support for advice. They can help you decide what you want and what you need. They can also help you decide what things in your life need to be added, changed, or left the same. During this person-centered planning process, you and your Circle of Support can use this workbook as a tool to plan a future that is focused on you. No single person has all of the answers and sharing your ideas and opinions, and listening to theirs, will help you develop a solid plan so you can be healthy, independent, and successful.

As you do each page of the workbook you can:

- Work directly on the blank pages provided in this workbook.
- Use whiteboards or flipcharts.
- Make more than one copy of a page if you need additional writing room (you must attach the additional pages to the workbook when you are finished).
- Use pictures, photographs, or other things that represent your ideas.
- Complete your workbook pages on the computer and print them out (you must attach additional pages to the workbook when you are finished).

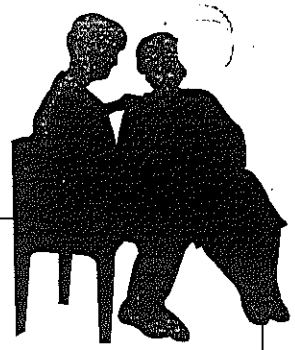
There is no one right way to do this, but it is important to remember that the information you talk about during the person-centered planning process must be written in the My Voice, My Choice Workbook and submitted along with your Support and Spending Plan.

We do recommend that you:

- Take your time. Person-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your Circle of Support several times for one to two hours at a time.
- Don't do so little at any one time that you lose your excitement and commitment.
- Keep track of when you talk about different ideas by writing the date you complete a page at the bottom of that page.

One final note, the questions listed under the 'Guidance' sections of the workbook pages are only suggestions for questions to think about when completing that page. If you and your Circle of Support think a question doesn't apply to you, or you have other questions, feel free to include them. Good luck!

Who Do I Want to Help Me Develop My Plan?



Guidance

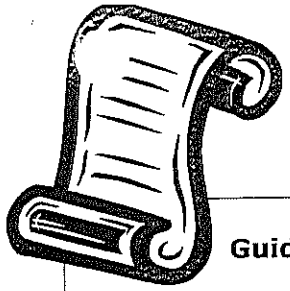
Identify those people who you believe are willing to listen to you and help you with planning your future. As you decide who to include in your planning team, think about:

- Who listens when you talk about what is important to you?
- Who do you trust?
- Who knows about your health and safety needs?
- Who best understands what your life is like?
- Who asks you questions about your future plans?
- Who is likely to be willing to help you achieve your dreams?

Remember, even just one other person helping you is better than trying to plan your future alone.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What is Important to Me?



Guidance

Identify those things that you find exciting, inspiring, or interesting. With your planning team, ask yourself the following questions:

* What things do I like to do?
* If I could live anywhere, where would it be?
* Do I want to be more active or do I want more time to relax?
* What things do I want to make sure are in my life every day?
* If I could change one thing in my life, what would it be?
* What activities or groups in my community interest me?
* What are the three most important things in my life?
* What parts of my home life do I want to remain the same?
* What hobbies do I enjoy or would like to develop?
* Do I want to work or volunteer?
* Are there new things I would like to learn to do?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

Who Would I Like to Spend Time With?

Guidance

Strengthening your connections with people is an important part of moving forward.

As you complete this page, think about what you and your planning team can do:

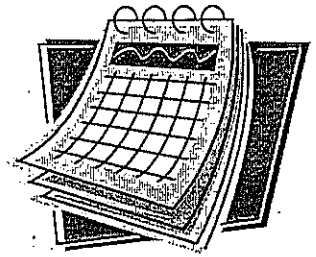
- To improve relationships you currently have with family and friends.
- To encourage new relationships, or restore some relationships that have been lost.

Ask yourself the following:

- How might I get in touch with someone I have not seen for a long time?
- Who would be a good person to invite for dinner, to go to a movie, or to have coffee with?
- Are there any relationships in my life that I am uncomfortable with, and might want to change?
- Who am I strongly connected to through work, school, church, or other parts of my community?
- Who would I call if I didn't feel well and needed help?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

My Week



Things I want to do during the week

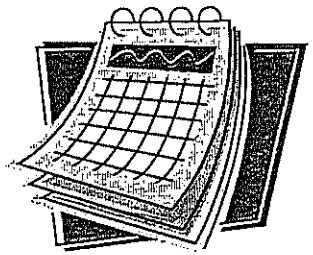
What are your favorite things to do during the week? Who would you enjoy doing them with? What kinds of work, volunteer, or social activities would you want to be doing?

Things I don't want to do during the week

What are your least favorite things to do during the week? What kinds of things make you mad, sad, bored, annoyed, or frustrated? What things (or people) do you want to make sure are not part of your week?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

My Weekend



Things I want to do on the weekend

What are your favorite things to do on the weekend? Who would you enjoy doing them with? What kinds of work, volunteer, or social activities would you want to be doing on the weekends?

Things I don't want to do on the weekend

What are your least favorite things to do on the weekend? What kinds of things make you mad, sad, bored, annoyed, or frustrated? What things (or people) do you want to make sure are not part of your weekend?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Week to Do the Things I Want at Home?

Guidance

What help do you need at home to make sure things get done that are important to you and your well-being?

Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking, and taking your medications.

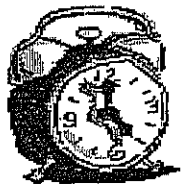
- Do you need help taking care of these things?
- Do you want to learn how to do any of these things?

This list should also include the support(s) you will need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

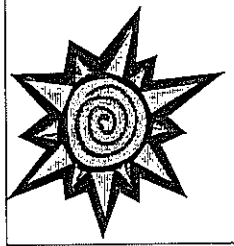
- Companion services, if you require another person to be immediately available to provide assistance, guidance, and/or instruction.
- A lifeline response system.
- Adaptive equipment.

This is also a good time to think about how many hours you need someone around to help you. This information will be necessary when you get ready to develop your plan.

Morning:



Daytime:



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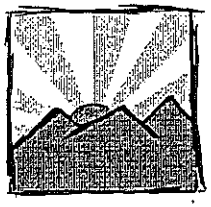


Night:

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Week to Do the Things I Want at Work?

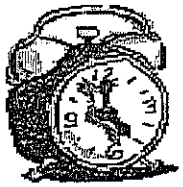
Guidance

Whether you already have a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to get or keep a job.

Some things to think about:

* Do you want to work all day or just part time?
* What skills will you need to learn in order to do the job you want?
* Will you need someone to help you on the job for a period of time?
* Will you need transportation to get to a job?
* Will working change your need for other supports during the day?
* Will you need certain clothes or equipment to do the job?
* Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

Morning:



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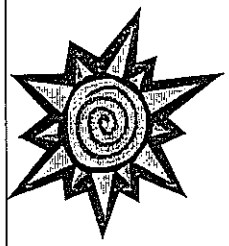

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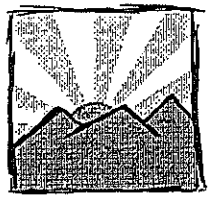

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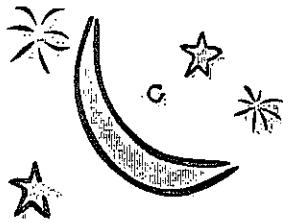

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Will I Need During the Weekend to Do the Things I Want at Home?

Guidance

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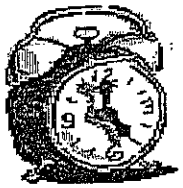

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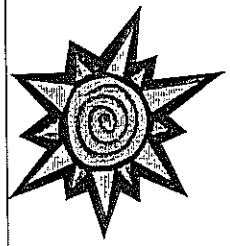

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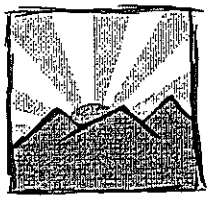
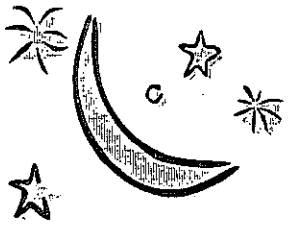


Night:



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What Help Will I Need During the Weekend to Do the Things I Want at Work?

Guidance

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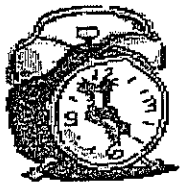
- Will working change your need for other supports during the day?
- Will you need certain clothes or equipment to do the job?
- Will you need to obtain specific licensure or certification before you can be employed to do the work you want?

Morning:



Daytime:

Evening:

Night:

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Things Do I Want to Do in the Community?

Guidance

Having the opportunity to involve yourself in community activities that interest and inspire you is an important part of living a full and satisfying life.

This page provides you with the opportunity to identify ways you would like to interact with your community.

When completing this page you might want to think about the following:

* Are you interested in helping in the community without being paid?
* Do you want to participate in social, religious, or political organizations?
* Do you want to become a member of a health club?
* Do you want to attend certain community events and attractions (i.e. parades, concerts, movies, museums, etc.)?
* Would you like to become more involved with your neighbors?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

Skilled Support/Adaptive Equipment/Medical Supplies

Guidance

There may be times when you need skilled service providers or specialized equipment to provide you with support in your daily life.

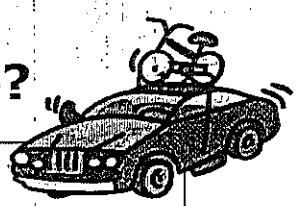
When completing this page you might want to ask yourself some of the following questions:

- Do you need help communicating with others (i.e. interpreter)?
- Do you need the services of a Physical Therapist (PT)?
- Do you need the services of an Occupational Therapist (OT)?
- Do you need the services of a Speech Therapist?
- Do you need the services of a Nurse?
- Do you need Mental Health Services?
- Would you benefit from adaptive equipment designed to help you with mobility, feeding, or personal care?
- Do you need specialized medical supplies as part of your daily routine (i.e. Attends, syringes, latex gloves, mattress protectors)?
- Do you need nutritional supplements?

IMPORTANT REMINDER: A doctor's prescription may be required before you can receive OT, PT, Speech Therapy, or Nursing Services, medical supplies, and nutritional supplements. If you don't know if you need a prescription, contact your doctor for assistance.

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

What Help Do I Need to Get to the Places I Want To Go?



Guidance

Living in your own place, having a job, participating in daytime and nighttime activities, and having relationships require you to be able to get around.

If you do not drive, you will need to figure out how you will get to all of your activities and appointments.

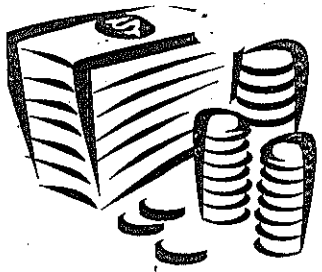
For each of the categories, identify what types of transportation you will use, or any plan you might have to be trained on using transportation services.

It is also important to keep the following things in mind when discussing transportation:

* What times of the day or night do you need transportation?
* Do you need special accommodations (i.e. wheelchair accessible van, aide)?
* If your provider uses your car, do you have appropriate insurance coverage?
* Will you reimburse your provider for gas if they use their own vehicle?

Work	
Family, Friends & Recreation	
Clubs & Organizations	
Medical Appointments	
Shopping & Errands	

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.



How Do I Manage My Money and Pay My Bills?

Guidance

Paying your monthly bills and being able to purchase necessities such as food and clothing is an important part of living independently in the community.

This page can help you and your planning team identify the supports you will need to manage your money and pay your bills.

Some things to think about are:

- Do you need help balancing your checkbook or putting together a budget and sticking to it?
- Do you need help going to the bank or handling financial transactions?
- Do you need help applying for services that would provide financial assistance (i.e. housing assistance, energy assistance, food stamps, etc.)?
- Could you benefit from learning how to use a debit or Quest card?
- Would you like to learn how to write or sign a check?
- Do you need help to keep others from taking advantage of you financially?

Put a (☆) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.

Where Do I Want to Live?

It is important to like where you live and who you live with. Use this page to identify the kind of home you want to live in and the kind of person you want to live with.

What kind of residence would I prefer to live in?

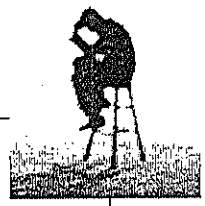
- ☐ My own home or apartment
- ☐ Someone else's home or apartment
- ☐ Certified Adult Family Home
  - O Relative
  - O Non-relative
- ☐ Assisted Living Facility
- ☐ Nursing home
- ☐ Other _____

_____

Do I want roommates? If yes, how many? What qualities do I think a good roommate should have?

If I want to move out of where I live now, what will I need to do before I am able to move?

Is There Something I'm Doing Now That Causes Me or Others to Feel Sad, Mad, Hurt, or Angry?



Guidance

Think about things you do that cause you to feel bad about yourself, or create problems for you when you are with other people. These behaviors might include things such as:

- Drinking too much alcohol.
- Smoking cigarettes.
- Yelling loudly at others.
- Using illegal drugs.
- Running away.
- Refusing medication.
- Physically hurting someone else.

If you believe you may be doing something that causes others to feel sad, mad, angry, or hurt, list these things in the top box.

Now think about which of these things you would like to work on changing. List these things in the bottom box.

Is This Something That I Think I Might Want to Stop Doing or Do Differently?

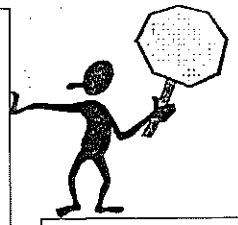
My Health and Safety Plan

Guidance

Are there any health and/or safety issues that you want to make sure other people pay attention to? If so, describe in the boxes what people need to know about you to keep you healthy and safe. Then write what actions they need to take based on what they know. This section should include information that should not be overlooked such as:

- Allergies.
- Therapies.
- The need for nursing oversight.
- Administration of medications.
- Conditions or illnesses which need to be regularly monitored (i.e. seizures, diabetes, and chronic constipation).
- Concerns related to eating or drinking.
- Where, when, or under what circumstances it is okay for you to be on your own.
- Emergency procedures during a crisis.
- Concerns related to hurting yourself or others (i.e. illegal conduct, pica, and self-mutilation).

If you are not sure where to begin, the Risk Identification Checklist can be useful for identifying health and/or safety concerns.



	What do others need to know to help me stay safe and healthy?	Plan to keep me safe:	Who will monitor this plan?	How often?
At Home:				
At Work:				
In the Community:				

Who will be responsible for assuring the provider qualifications and trainings of the support person? (check all that apply)

- ☐ Me
- ☐ Guardian/Responsible party
- ☐ Support Broker
- ☐ CSW Agency
- ☐ Other (indicate who):_____