

## Information About Me for Person-Centered Planning

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

This worksheet is getting me ready **before** my Person-Centered Planning Meeting on (date) \_\_\_\_\_

- **I will make this plan with caring people that I trust.**
- **The plan will help me live the life that I want.**
- **The plan will last one year, unless I ask for changes sooner.**

1. This is what is most important to me: \_\_\_\_\_

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2. My favorite things and interests are: \_\_\_\_\_

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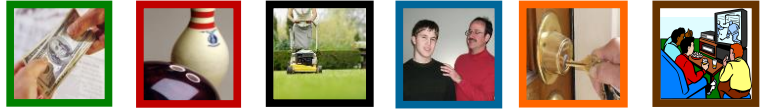
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3. These are the people that are important to me and why they are important: \_\_\_\_\_

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## Information About Me for Person-Centered Planning

4. These are my dreams and goals: \_\_\_\_\_

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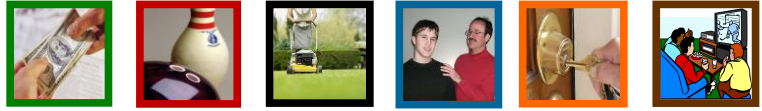
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5. These are my abilities. I can:

- |  |   |
|--|---|
| <input type="checkbox"/> Practice good hygiene   | <input type="checkbox"/> Spend within my budget     |
| <input type="checkbox"/> Dress by myself         | <input type="checkbox"/> Make doctor appointments   |
| <input type="checkbox"/> Take medicine by myself | <input type="checkbox"/> Refill my medication       |
| <input type="checkbox"/> Cook or bake my meals   | <input type="checkbox"/> Use my medical equipment   |
| <input type="checkbox"/> Do my laundry           | <input type="checkbox"/> Drive a car                |
| <input type="checkbox"/> Vacuum and dust         | <input type="checkbox"/> Use an alarm clock, timer  |
| <input type="checkbox"/> Clean bathrooms         | <input type="checkbox"/> Manage my time well        |
| <input type="checkbox"/> Clean my room           | <input type="checkbox"/> Use a schedule or calendar |
| <input type="checkbox"/> Mow the lawn            | <input type="checkbox"/> Make plans by myself       |
| <input type="checkbox"/> Shovel snow             | <input type="checkbox"/> Solve problems             |
| <input type="checkbox"/> Rake leaves             | <input type="checkbox"/> Get help when needed       |
| <input type="checkbox"/> Change light bulbs      | <input type="checkbox"/> Stay safe in the community |
| <input type="checkbox"/> Buy groceries           | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Pay the bills           | <input type="checkbox"/> Other _____                |



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6. I need help with:

_____	Every day	weekly	monthly	or less
_____	Every day	weekly	monthly	or less
_____	Every day	weekly	monthly	or less
_____	Every day	weekly	monthly	or less
_____	Every day	weekly	monthly	or less
_____	Every day	weekly	monthly	or less
_____	Every day	weekly	monthly	or less

7. To be in the community, I need these supports. (You may write about people, money or funding, equipment and anything else you need): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

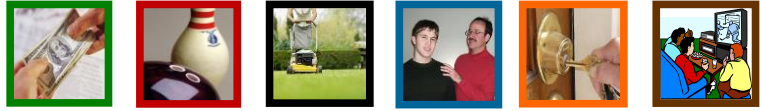
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8. I can walk to these places. (You may write none, alone, or with support): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Information About Me for Person-Centered Planning

9. I need help setting up my transportation. Yes No

10. I need someone to drive me in a car to these places:

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11. I can use a bus to these places. (You may write none, alone or with support):

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12. I need specialized transportation equipment. Yes No

13. At home, I need these supports to stay safe, healthy and happy. (You may write about people, money or funding, equipment and anything else you need):

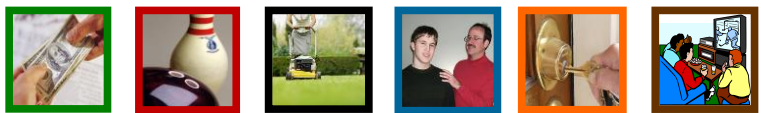
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Information About Me for Person-Centered Planning

14. These are my health concerns and medical needs:

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15. This is where I want to be living in two to five years:

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My dream place to live some day is:

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**To live more independently, I need to make progress.**

These are the things we will work on next.

My List: \_\_\_\_\_

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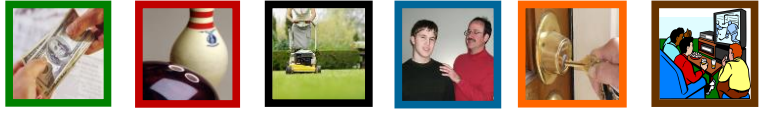
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My Supports Coordinator's List: \_\_\_\_\_

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Information About Me for Person-Centered Planning

My Family's List: \_\_\_\_\_

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16. Other things I want to talk about at the PCP meeting:

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**My supports and services should be watched** to be sure things are going well. How will the supports and services be watched? Who will watch them? \_\_\_\_\_

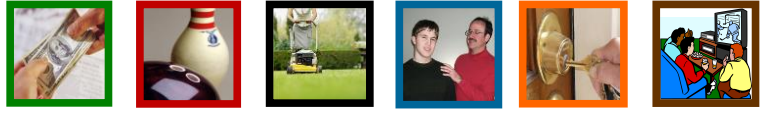
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Information About Me for Person-Centered Planning

**After the Person-Centered Planning Meeting**

This year's plan date: \_\_\_\_\_

These people will help me **work on the steps** in this year's plan to **reach my goals**. (List the person and the goal): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consider if this year's plan is working well.** Am I happy with my services and the choices that were made?

\_\_\_\_\_

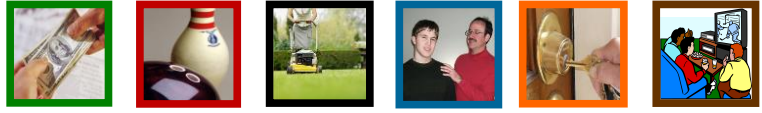
\_\_\_\_\_

Do I have enough money to do what is in my plan?

\_\_\_\_\_

\_\_\_\_\_

**I should tell someone about problems. I may ask for help.** If I need to, I will ask my Supports Coordinator to change my plan.



## Information About Me for Person-Centered Planning

Am I happy with my progress on my goals?

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Sometimes my interests, preferences and needs change.

**How are things different** since the last Person-Centered Planning meeting? \_\_\_\_\_

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**What are my ideas for next year's plan?** I should write them down. Then I will have a list to talk about **before** my next Person-Centered Planning meeting. \_\_\_\_\_

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