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: ________________ ________________________________ ____________________________________________ ____________________________________________

2. My favorite things and interests are: ________________ ________________________________ ____________________________________________ ____________________________________________ ________________________________

3. These are the people that are important to me and why they are important: ________________________________ ____________________________________________ ____________________________________________ ____________________________________________ ____________________________________________
Information About Me for Person-Centered Planning

4. These are my dreams and goals: ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

5. These are my abilities. I can:

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

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
__________________ 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):

________________________
________________________
______________________________

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
Information About Me for Person-Centered Planning

14. These are my health concerns and medical needs:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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

_________________________________________________________________________

My dream place to live some day is:

_________________________________________________________________________

To live more independently, I need to make progress.
These are the things we will work on next.

My List: ___________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

My Supports Coordinator’s List: ________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Information About Me for Person-Centered Planning

My Family’s List: ____________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

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? __________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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?

__________________________________________________________________________
__________________________________________________________________________

Sometimes my interests, preferences and needs change. **How are things different** since the last Person-Centered Planning meeting? __________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**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. ________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________