



What is Person-Centered Planning?

It's all about you! Your goals, dreams, needs, wants, likes, and dislikes. We are here to follow your lead, and help you connect to the resources you need to live the life of your choosing.

Think about & share:

- What are your communication preferences and needs?
Examples- Language, sign language, written information (large print, braille, audio, accessible electronic formats, other formats.)
- What role do you want to take in this process?
Examples- lead process, share the lead with another, or would you like to learn more about how to lead



Who do you want on your team?

You, your legal decision maker (if you have one), and a support coordinator will always be part of your team. You are the central part of your team and you should be involved in every part of developing your person-centered plan.

Think about & share:

- Who else would you like to include on your team? Who would be helpful in assisting you with developing a person-centered plan that works for you? It's up to you to decide.
Examples- family, friends, others that are important to you, other support professionals

Person-Centered Planning Process

Step 1. Getting to Know You

This process starts with you telling your team about the kind of life you want to live and the support you need to live the kind of life you want. This will include exploring your goals, values, strengths, needs, preferences and interests. In the following pages, there are a list of questions for you to think about and discuss with your team to help get the conversation started. **Don't assume** all people with intellectual disabilities have to live in a group home and go to a day hab program. This process is to help you have the kind of life **you want**, not to limit your options.

Step 2. Your Goals

In person-centered planning, your goals are called outcomes. Outcomes give your team a clear understanding of what is important to you and the life you want to live.

Step 3. The Action Plan

You and your team will brainstorm all the possible options to help you reach your outcomes. Then you and your team will discuss which of the options would best support you reaching your outcomes. Your support coordinator will document your outcomes and the ways you intend to reach your outcomes on the person-centered plan. You and your team will receive a copy of the person-centered plan.

Step 4. How is the Plan Working

You will meet with your team to talk about your experience as you progress toward reaching your outcomes. This will include talking about your successes and what can be learned from the things that did not go as planned. This conversation is also a good time to talk about any new outcomes you might have.





DAILY LIFE

My Day, Education, Work, Mobility: Interests, Hobbies, Sports, Entertainment, Learning, and Work

THINK ABOUT & SHARE

What would a really good day look like? What would you be doing, where and with whom?

What about your daily routine is important to you?

What are your interests and hobbies?

What things did you like to do in the past? Would you like to start doing any of these things again?

Are there other things you want to start doing?

What are your current and future interests in schooling, taking classes, or getting more education?

Is there something new you would like to learn about or how to do?

How do you get to where you want to go?

Currently, what level of choice do you have in how you live your day? In what ways would you like to be more independent within your daily life?

NOTES

Strengths:

Barriers:

Other important information:



DAILY LIFE Continued

My Day, Education, Work, Mobility: Interests, Hobbies, Sports, Entertainment, Learning, and Work

THINK ABOUT & SHARE

Are you currently working/employed?

If you are working...

How integrated is your job? Are you paid at least minimum wage? Do you interact with co-workers and customers with diverse abilities? Does your employer get paid for you to work there?

How do you get to and from work?

If you are not working...

Do you wish you had more money to spend? How would you spend it?

Where are your favorite places to go in your community? If you could work (with supports) at one of those places, and earn money, might you want to try that? If not, why not?

Do you need more information about how employment could be possible for you?

Are you worried about losing your benefits if you get a job?

Are you unsure of the types of jobs that are available in your community?

Are you worried about if you would be safe if you worked in a community job? Are you worried people might not treat you well if you worked in a community job?

Are you unsure of the skills and abilities you have that would be valuable to an employer?

Has anyone ever tried to help you get a community job? If yes, how long ago and what happened?

What do you know about Supported Employment for people with disabilities like yours and how it works?

What do you know about Alabama Rehabilitation Services program and how they help people with disabilities like yours to get community jobs?

NOTES

Strengths:

Barriers:

Other important information:



PLAN

Think about & share if you have any goals (outcomes) related to Daily Life. If you have more than one goal/outcome in this area, complete this page for each goal/outcome. There are additional copies of this page at the end of this guide.

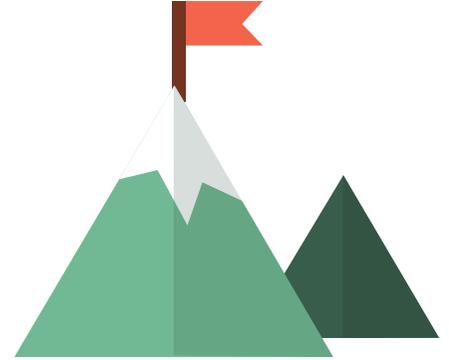
OUTCOME

What is your goal?

What does success look like?

CORE ISSUE

What is getting in the way of you reaching your outcome?



BRAINSTORM

Think about all the ways that would help you achieve your outcome. Don't be afraid to get creative and think about solutions outside the box. No ideas are too silly to share. If it doesn't work, maybe it will spark another idea that will work. Below are some questions to help get the brainstorming started.

INDEPENDENCE

What can you do? Is there anything you could learn or try?

NATURAL SUPPORTS

How could your family, friends or other important people in your life help?

COMMUNITY SUPPORTS

What resources are in your community? Are there any groups, programs, or volunteers that might be able to help?

PAID SUPPORTS

Are there any paid services or items from waiver services that could assist?



COMMUNITY CONNECTIONS

Creating & Maintaining Relationships, Community Contributions, Culture, Values & Spiritual Beliefs(s)

THINK ABOUT & SHARE

Who do you like to spend time with?

What relationships are important to you?

How do the people in your life right now help you and support you? How do you help and support them?

Would you like to build any new relationships/connections with other people?

What do you do in your community? Where and with whom do you do those things?

Do you volunteer or help out your community in other ways?

How would you like to start/continue to do things in your community? How would you like to start/continue to volunteer or help out in your community?

What cultural values, religious or spiritual beliefs are important to you?

Are there any skills specific to relationships and community involvement you would like to learn or get better at? (E.g. skills for friendship or romantic relationships; self-advocacy or leadership skills; community safety skills; mobility/travel skills; skills for volunteering or participating in your community in another way.)

NOTES

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Barriers:

Other important information:



PLAN

Think about & share if you have any goals related to Community Connections. If you have more than one goal/outcome in this area, complete this page for each goal/outcome. There are additional copies of this page at the end of this guide.

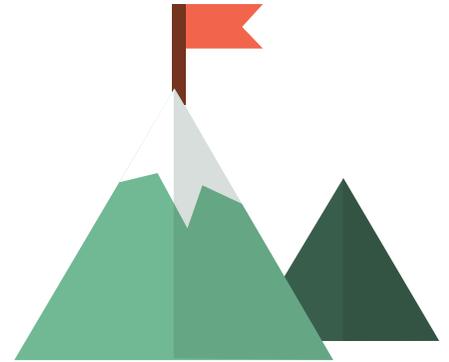
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COMMUNITY LIVING

Living Situation, Preferences, Privacy, Access to Possessions, Pets, Safety, Finances: Integrated, unrestricted access to all parts of the home, yard, phone & personal possessions, emergency planning

THINK ABOUT & SHARE

Tell your team about your home.

What do you enjoy about where you live?

What do you not enjoy about where you live?

Where and whom do you want to live with in the future?

What do you know about the different options you have for living situations? What would you like to know more about?

How much privacy do you currently have? Would you like this to be different in the future?

Is there anywhere in your home that you are not allowed to go?

Do you have any pets or would you want a pet in the future?

Do you have any safety concerns?

What is your emergency plan for health, fire, and severe weather?

Do you have enough money to do the things you wish to do and pay the bills?

Is there anything that others are doing for you that you would like to do or learn how to do? (E.g. cooking, shopping for food/clothing, taking care of the house, etc.)

If you currently live in your own home or with family/natural supports, is your plan to stay living where you are right now? If yes, what do you need now or in the future to do this? If no, tell me where you'd like to be living in the future and why you want to make this change.

If you currently live in a home owned/leased by a service provider, if you could have your own place with support to help you, rather than live here, would you want to do that or learn about how your residential provider could help you do that?

NOTES

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Barriers:

Other important information:



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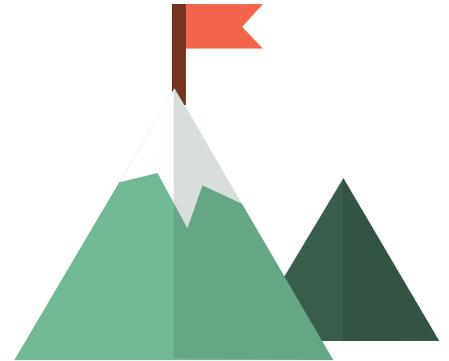
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HEALTHY LIVING

Overall Health, Allergies, Medications, Cognition & Memory, Mental Health & AODA, BSP & Crisis Plan:Review Nursing Assessment, Annual Physical, Medical Reports, Choice in Providers, Special Staffing, Fading Plans, Restrictions, Restraints, & Stipulations

THINK ABOUT & SHARE

Who is your primary physician, dentist and eye doctor? Do you see any specialists or other health care professionals? How do you get to your medical providers?

Tell your team about your health.



How well do you feel heard and supported about your healthcare needs, concerns and preferences?

What areas specific to your health are you managing well?

Are there any health goals you want to achieve? What health goals might others suggest?

What medications are you taking? What do you or others do to help you take your medication as prescribed? Would you like to be more independent in taking your medications if you could be?

How would you describe your memory? Do you or others have concerns about your memory?

How do you take care of your mental health? What can you or others do to support your mental health?

When you are really struggling with your feelings and emotions, do you have a written plan that describes how others should support you to get through these times? If yes, is the plan working well? What, if anything, would you like to change about the plan?

NOTES

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Barriers:

Other important information:



PLAN

Think about & share if you have any goals related to Health Living. If you have more than one goal/outcome in this area, complete this page for each goal/outcome. There are additional copies of this page at the end of this guide

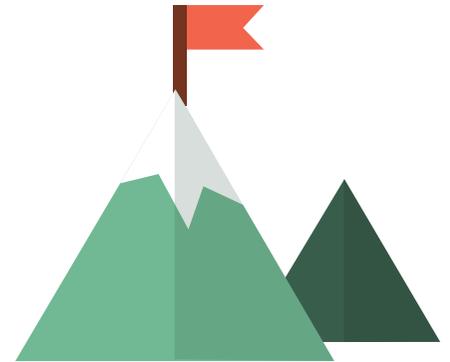
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SELF-DETERMINED: RIGHTS, CHOICES & PERSONAL CONTROL

Self-Advocacy, Support My Way, Exercising Rights, Free from Abuse & Neglect, Dignity of Risk: Education, exposure, experience, rights assessment

THINK ABOUT & SHARE

Do you feel you can do the things you want to do?

Do you get to make decisions about your life? Does someone help you with making decisions?

How do you feel about the amount of choice you have? Do you wish you had more supports so you could make more decisions yourself or make better decisions yourself?

What do you know about your rights? What would you like to know?

What does "being treated with respect" mean to you? Do you feel the people in your life treat you with respect?

Do you feel that people without disabilities have more opportunities than you have? Do you wish you could do things that people without disabilities get to do?

What does abuse & neglect mean? How would you get help if someone was not treating you well?

Do you have any concerns about the way you are treated by others?

Are you supported in trying new things, even if this involves some risks? Does anyone help you make a plan to deal with risks that you want or need to take to have the life you want?

Do you manage and handle your own money? Do you have your own bank account, checkbook to pay your own bills, ATM card to take money out? Would you like to have more control of your own money? Do you have the supports you need to do this?

Is there anything more about person-centered planning that you want to learn about? What supports do you need during the planning process?

What would you do if you had questions or concerns about your experience within the person-centered planning?

NOTES

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Barriers:

Other important information:



PLAN

Think about & share if you have any goals related to Self-Determined: Rights, Choices and Personal Control. If you have more than one goal/outcome in this area, complete this page for each goal/outcome. There are additional copies of this page at the end of this guide.

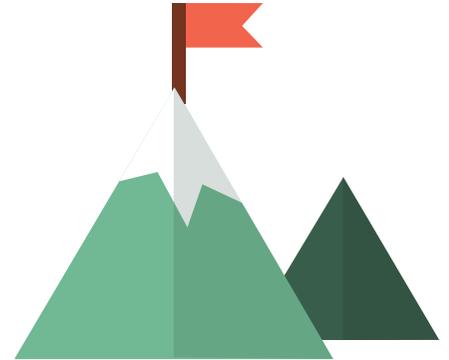
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Extra Planning Pages:

Use these if you have more than one goal/outcome in one of the domains in this guide.



PLAN

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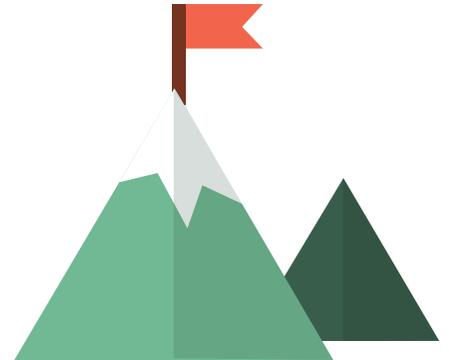
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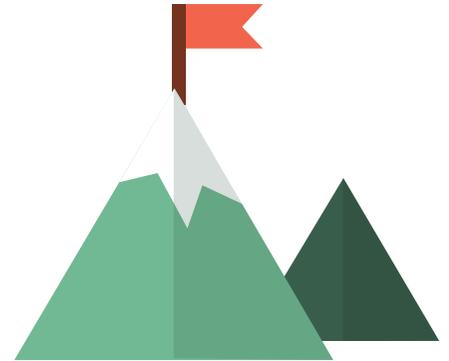
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