

Worksheet 1: What to Prepare for the Needs Assessment and Support Plan

Use this worksheet to keep track of the information you will need for your Needs Assessment and Support Plan. Information you have to share is listed in the top table. The second table is optional. You can mark the “Have” column if you have gathered the item. If you still need to get the item, mark the “Need to Get” column to remind you to get the item before your meeting.

| Task/Item – Information You Have to Share | Have | Need to Get | Does Not Apply to Me |
|---|-----------------------|-----------------------|-----------------------|
| A list of people you want in your Assessment/Support Plan meeting and their phone numbers and/or email addresses. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal documents that show who your legal guardian or representative is (if you have a legal guardian or representative). If you don't, fill in the “Does Not Apply to Me” column. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your health insurance card, including your Medicaid or Medicare number if you are enrolled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A list of all your doctors, the type of help they give you, and the name and phone number of their clinic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A list of your medications. This should include how much you take and when you take it. If you prefer, you can show the medication bottles instead. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A list of the medical equipment and devices you use for activities like seeing, hearing, getting dressed, bathing, eating, and maintaining your health. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A list of the medical equipment and devices you need, but don't have yet. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Documentation of your Legal Disability (ILD), if you have a Legal Disability. If you don't, fill in the “Does Not Apply to Me” column. | | | |
| If you are moving, your new address. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| Task/Item – Optional Information to Share | Have | Need to Get | Does Not Apply to Me |
|---|-----------------------|-----------------------|-----------------------|
| Medical records, treatment/therapy plans, and other information from your doctor that you want to share with your case manager. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disease management plans, behavioral health plans, Individual Education Plans (IEPs), or any other plans that you want to share with your case manager. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Names, phone numbers, and email addresses for your caregivers and people paid to help you. Also list the type of support they provide and if the support will be able to continue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use this area to write down any other information you want to bring: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Worksheet 2- Your Personal Goals

During the Needs Assessment and Support Planning process, your case manager will talk to you about your goals. This worksheet will help you prepare for this important conversation.

Examples of personal goals include "I would like to go fishing", "I want to go to college", "I would like to live in my own home", "I would like to lose weight", or "I would like to see my sister more often."

Your goals do **not** have to be connected to the services you receive. They do **not** have to be connected to your health and safety, but they can be if that is what you want. They do **not** have to be goals you can complete right away.

It is important to remember that your case manager will help you plan for these goals, but he or she may not be able to get you all the help you need to reach the goals. Your case manager will work with you to find different ways to meet your goals.

Questions 1 and 2 will help you think about what your goals are. Questions 3 and 4 will help you think about how you can meet your goals.

1. What is important to you?

Think of things in your life that are important to you. Some examples might be:

- Seeing your family and friends
- Gardening, going to the park or other outdoor activities
- Playing cards or video games
- Going to church
- Working
- Volunteering
- Taking care of a pet
- Having your home or routines a certain way every day

Write down things that are important to you in the box below:

2. What do you want to achieve?

Think of things you would like to accomplish, today and in the future. Some examples might be:

- Going to college
- Getting a new or different job
- Feeling healthier
- Saving money for something important to you
- Learning a new language

- Learning how to play a musical instrument
- Reading more books

Write down things you want to accomplish in the box below:

3. How can you accomplish this?

For this step, start by picking the thing you want the most. It may help to phrase this as a goal, such as “I want to go to college.” Next, think about the steps you will need to take to make that goal happen. This might include:

- Finishing high school or getting a GED
- Talking to people you know who have gone to college and visiting colleges to pick one that is right for you
- Meeting with a guidance counselor to learn about careers and college degrees
- Signing up for classes
- Finding transportation to get to classes

Try to break down each activity to meet your goal into steps. This will help your case manager understand if you need more support and create a plan for your goal. Write down the goal you want to focus on first, based on the lists you made in Questions 1 and 2. Then, write down the steps you think you will need to take to make that goal happen.

4. Who can help you reach your goal?

Think about the people in your life who can help you with each step to reach your goal. For example:

- A friend may help you find information about colleges
- A brother or sister may take you to visit colleges
- Your service provider will arrange transportation for you to get to classes

You may not have people who can help you with each step, and that is ok. Your case manager will help you think about other ways to get the help you need. In the box below, write down ideas about who might be able to help you with each of the steps you listed in Question 3.



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Worksheet 3: Who Helps You and What Help You Need

You and your case manager may choose to complete a Support Calendar, which outlines all your available supports during a week. Answering the questions in this worksheet will help you create your Support Calendar.

The calendar shows your team what kind of help you need and when you need it. Up to eight different situations can be entered in the calendar. For example, what you need can change during these situations: a school week, summer break, and a week you or your caregiver will have a planned surgery.

This worksheet also helps you think about situations when you might need temporary changes to your services. For example:

- *My mother is my primary caregiver. Sometimes she gets sick and has to go to the hospital. In these situations, I will need more help until she comes back.*
- *Sometimes I get severe back pain and I can't walk. When this happens, I need much more personal care.*

1. Who helps me (primary and back-up support)?

Think about the people who help you. This includes people who are not paid to help and people who are paid to help. It could be friends and family or agencies who provide things like home health care, personal care, transportation, or other things. For example:

- People who help you get ready in the morning
- Friends and family
- Advocates who help you
- Provider agencies
- People who drive you places

List each person who helps you. Include their telephone number and/or email address. Also write if this person is your main support or if they provide back-up support.

2. What type of help do they provide?

For each person you listed above, describe the kind of help they give you.

3. When would I like help?

For each type of help you receive, think of when you would like to get this help. For example, you may like going to church in the morning rather than in the evening. Your case manager will make sure your supports and service providers know your preferences.

4. How does the type of help I need change during the year?

Think about situations when you might need temporary changes to your services. Who else can help and how long can they help? For example:

- My primary caregiver goes on vacation every year in the first week of June.
- My mother is my primary caregiver. Sometimes she gets sick and has to go to the hospital. In these situations, I will need more help until she comes back.
- Sometimes I get severe back pain and I can't walk. When this happens, I need much more personal care.

List any situations you have thought of that might need temporary changes to your services in the box below.

5. What would I like that I am not getting now?

Think about the help you get now. Is there something else you need that you don't have yet? For example, your daughter may be able to make your meals and assist you with showering twice a week, but you would like to shower and have a hot meal every day.

6. What would you need if the people you listed in Question 1 couldn't help you?

Think about the services you might need if your support is temporarily unavailable. For example, if your daughter is going to be out of town in March and she helps you clean your house and prepare your meals, you may need homemaker services during the time that she is gone. You may not know the answer to this question and that is ok. Your case manager can help you.

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