



*For people with intellectual
and developmental disabilities*

Achieve with us.®



's Future Plan

Part 1: About Me

Part 2: Where I Live

Part 3: My Daily Activities & Social Connections

Part 4: Supporting My Daily & Major Life Decisions

Part 5: Financing My Future

PART 1: ABOUT ME

General information



Full name: _____

Nicknames, other names used? _____

Current Address: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Date of birth: _____

Primary Language Spoken: _____

Citizenship Status: _____

My Family Members

List two people who play primary support roles. They may include:

- Your parents, step-parents
- You and your other siblings, step-siblings
- Your aunts/uncles, cousins
- Other family members

Name: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Citizenship Status: _____

Name: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Citizenship Status: _____

PART 1: ABOUT ME

General information, About My Family



Where I've Lived:

In the space provided, list previous places your son or daughter has lived. Make sure to indicate the amount of time your son or daughter lived there and what type of home it was (e.g. family home, apartment).

Past addresses: _____

Where I've Studied:

Schools attended: _____

ABOUT MY FAMILY:

Who We Are

My family identifies ourselves as this race/ethnicity: _____

My family belongs to this religion/belief: _____

Here are our important traditions/holidays/pastimes:

Sometimes, we have struggles. Here are some of our family's strengths and challenges:

PART 1: ABOUT ME

Professional Contacts



Professional Contacts

For the following people:

- Trusted clergy or spiritual advisory
- Case worker and/or support staff
- Teacher or former teachers
- Your family's attorney (if you have one)
- Primary care doctor, specialists, therapists, pharmacists, and mental health professionals
- Trustee, representative payee, financial planner, and/or insurance agent

Name: _____

Agency/Organization: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Name: _____

Agency/Organization: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

PART 2: WHERE I LIVE



I live...

with Family Members

in a Home I Own

in a Home I Rent

in someone else's home (often called "shared living")

in housing owned by a service provided (like a group home)

somewhere else (describe): _____

Complete below only if "I own my home":

Value of Property: _____

Who should be contacted if I need spare keys? _____

Phone number for contact: _____

Mortgage information:

Bank Name: _____ Monthly Payment: _____

Automatic withdrawals? Yes No

Home owner's insurance:

Insurer: _____ Monthly Payment: _____

Automatic withdrawals? Yes No

Security Information:

Security system in home? Yes No

Company Name: _____ Code: _____



Complete below only if “I rent a home”:

Landlord or Rental Company Name: _____ Phone: _____

On-Site Property Manager: _____ Phone: _____

Who should be contacted if I need spare keys? _____

Phone number for contact: _____

Rental Agreement: How long is the rental period?

Month-to-Month

12 Months

24 Months

Other (describe): _____

Complete below only if “I live in shared living” or “I live in a home owned by service provider”:

Agency/Contact: _____ Phone: _____

Who should be contacted if I need spare keys? _____

Phone number for contact: _____

Bank Name: _____ Monthly Payment: _____

Automatic withdrawals? Yes No

Security Information:

Security system in home? Yes No

Company Name: _____ Code: _____

Complete only if I live with family members...

Family Contact: _____ Phone: _____

Who should be contacted if I need spare keys (if not family contact)? _____

Phone number for contact: _____

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

Likes & Dislikes



I like:

I dislike:

Daily Activities:

Day	What I Like to Do
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

Guidelines for Supporting My Independence



Describe any help needed below. Make sure to include time(s) of day and amount of time needed for help.

Dressing

I can: _____

I can use some help to: _____

Grooming and other personal care

I can: _____

I can use some help to: _____

Eating and nutrition

I can: _____

I can use some help to: _____

Household Chores

I can: _____

I can use some help to: _____

Money management and budgeting

I can: _____

I can use some help to: _____

Transportation

I can: _____

I can use some help to: _____

Mobility/Ambulation

I can: _____

I can use some help to: _____

Assistive Devices/Technology

List Item & Purpose _____

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

Where I Work/Volunteer



Place of Employment/Volunteering: _____

Address: _____ State: _____ Zip: _____

Hours Per Week: _____

Supervisor/Contact Name: _____ Phone: _____

How long I have known supervisor _____

Receiving Vocational Rehabilitation (DVR) services? Yes No

Contact Name: _____ Phone: _____

Other employment services? Yes No

Contact Name: _____ Phone: _____

Do I have a job coach? Yes No

Job Coach Name: _____ Phone: _____

Other comments: _____

PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

What I Like to Do Each Day



Attend a day program? Yes No

Day Program: _____ Phone: _____

Part of a recreation group? Yes No

Group contact: _____ Phone: _____

City where this happens: _____ Activity: _____

Participate in fitness or athletic program? Yes No

Contact name: _____ Phone: _____

Places I like to go/visit in the community: _____

People I like to spend time with: _____

Special events that are important to me: _____

What I like to do for fun: _____

Things I want to do in the future: _____

Things I like to do...

In the spring: _____

In the summer: _____

In the fall: _____

In the winter: _____



- I...
- am responsible for making my own legal decisions
 - have someone help me with decisions
 - have a guardian or conservator to make decisions for me
 - am under 18

Contact information as needed:

Full guardian? Yes No

Guardian name: _____ Phone: _____

Back-up name: _____ Phone: _____

Partial legal guardian? Yes No

For what issues? _____

Guardian name: _____ Phone: _____

Back-up name: _____ Phone: _____

General power of attorney? Yes No

Power of Attorney: _____ Phone: _____

Back-up name: _____ Phone: _____

Is there any other legal arrangement to know about? Yes No

Contact Person: _____ Phone: _____

Where can these documents be found? _____

PART 4: SUPPORTING MY DAILY & MAJOR LIFE DECISIONS

About My Health Care



Diagnosis(es): _____

Allergies: _____

Current medications: _____

Insurance Provider: _____ Phone: _____

Insurance Provider: _____ Phone: _____

Who is responsible for making decisions about health care?

I am (with or without help)

Health Care Agent/Power of Attorney

Contact Name: _____ Phone: _____

Guardian

Do I have a patient advocate? Yes No

Patient Advocate name: _____ Phone: _____

Back-up name: _____ Phone: _____

Medical wishes in place:

Plan of care

Advanced directive

Living will

Do not resuscitate order

Other (describe): _____

Where can these documents be found? _____

PART 5: FINANCING MY FUTURE

About Me



Who is responsible for my finances?

I am responsible for handling my money and finances

I am responsible for handling my money and finances, but may need advice from others

I am responsible for handling some of my finances, but need help to manage them

I need someone to handle my finances

Financial Resource Name: _____

Type of Account:

Bank Account

Life Insurance Policy

Stock/Bond

Other (describe): _____

Person helping managing resource: _____ Phone: _____

Government Resources Received:

Supplementary Security Insurance Amount: _____ Frequency: _____

Social Security Disabled Adult Child Amount: _____ Frequency: _____

Social Security Disability Insurance Amount: _____ Frequency: _____

State Disability Benefits Amount: _____ Frequency: _____

Veteran's Benefits Amount: _____ Frequency: _____

Medicaid

Medicare

EBT Cash/Food Benefits Amount: _____ Frequency: _____

Employment Benefits Amount: _____ Frequency: _____

Other (describe): _____ Amount: _____ Frequency: _____

PART 5: FINANCING MY FUTURE

About My Disability Services



Services Used:

Medicaid Waiver Services Contact: _____ Phone: _____

School-Provided Services Contact: _____ Phone: _____

Private Services Contact: _____ Phone: _____

Other services (describe): _____

Contact: _____ Phone: _____

Am I on waiting list for services? Yes No

What is the status of the application? _____

PART 5: FINANCING MY FUTURE

About My Finances



I have...

A trust Yes No

What type of trust is it?

1st Party – *Funded with my money*

3rd Party – *Funded with someone else's money*

Pooled trust account

Other (describe): _____

Trustee/Administrator: _____ Phone: _____

Back-up name: _____ Phone: _____

A representative payee? Yes No

Representative payee: _____ Phone: _____

Back-up name: _____ Phone: _____

A financial power of attorney? Yes No

Power of Attorney: _____ Phone: _____

Back-up name: _____ Phone: _____

Additional Information: _____
