

Living Choice Project
Daily Living/Personal Assistance
 Planning Work Sheet

Goal

Priorities/support needs

- | | |
|---|---|
| <input type="checkbox"/> Assistance with mobility | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Food |
| <input type="checkbox"/> Emergency contact list | <input type="checkbox"/> Housework |
| <input type="checkbox"/> Emergency procedures | <input type="checkbox"/> Independent Living Skills training |
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Personal assistance services |
| <input type="checkbox"/> Personal items | <input type="checkbox"/> Pet care |
| <input type="checkbox"/> Privacy needs | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Taking medication | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Resources

- | | |
|--|--------------------------|
| <input type="checkbox"/> FIA | <input type="checkbox"/> |
| <input type="checkbox"/> Donated funds | <input type="checkbox"/> |
| <input type="checkbox"/> Own equipment | <input type="checkbox"/> |

Plan

What needs to be done?	When?	Who? Short-Term?	Who? On-Going?
Arrange for personal assistance			
Emergency back-up plan			

Notes
