Living Choice Project

Self-Determination

Planning Work Sheet

Goal

_____

Priorities/support needs

- ☐ Assistance with decision-making
- ☐ Assistance with memory
- ☐ Assistance with money management
- ☐ Assistance with organizing
- ☐ Assistance with record keeping
- ☐ Communication equipment
- ☐ Health care advocate
- ☐ Legal advice
- ☐ Living will
- ☐ Support group(s)
- ☐ Emotional support
- ☐

Resources

- ☐ Family:
- ☐ Friends:
- ☐ Religious Affiliation:
- ☐ Social club:
- ☐
- ☐

Plan

What needs to be done?	When?	Who? Short- Term?	Who? On- Going?

Notes

_____
_____
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PLEASE USE THE BACK SIDE OF THIS PAGE FOR ADDITIONAL NOTES

Living Choice

Self-Determination Resources

Resource	Contact Person	Telephone/Address

Resource Notes:

_____
_____
_____
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_____

PLEASE USE THE BACK SIDE OF THIS PAGE FOR ADDITIONAL NOTES