

Living Choice Project
Transportation
 Planning Work Sheet

Goal

Priorities/support needs

- | | |
|---|--|
| <input type="checkbox"/> Move belongings to new home
<input type="checkbox"/> Personal transportation from nursing facility
<input type="checkbox"/> Public transportation schedule
<input type="checkbox"/> | <input type="checkbox"/> Specialized transportation arranged
<input type="checkbox"/> Transportation training
<input type="checkbox"/>
<input type="checkbox"/> |
|---|--|

Resources

- | | |
|--|--|
| <input type="checkbox"/> SoonerRide
<input type="checkbox"/> Family:
<input type="checkbox"/> Friends: | <input type="checkbox"/> Volunteer:
<input type="checkbox"/> Religious Affiliation:
<input type="checkbox"/> |
|--|--|

Plan

What needs to be done?	When?	Who? Short-Term?	Who? On-Going?
SoonerRide application			
Plan for discharge transportation			
Plan for community-access transportation			

Notes

PLEASE USE THE BACK SIDE OF THIS PAGE FOR ADDITIONAL NOTES

