



Discovery Guide

Imagine Project from the
Ohio Region V County Collaborative

***Developed by the RVCC &
Support Development Associates LLC***

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A Note

This conversation guide is intended to provide the foundation for Discovery when someone is seeking support from a County Developmental Disability Service Board in Ohio's Region V. ***The conversation points included are intended to contribute to the identification of current areas of the person's life that are important TO and important FOR the person.*** This guide is the beginning of the discovery process. Further exploration and discussion are necessary when a specific area is identified as a potential area of needed or desired support.

For more information on using this conversation guide, training is available. Please contact the following people for training:

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Introduction

This Discovery Guide is designed to help you learn about a person interested in receiving developmental disability supports through the Region V County Collaborative (RVCC). There are four parts: Initial Discovery, Modules, Essential Health and Discovery Results.

Initial Discovery

Through the use of five primary Person Centered tools from ©SDA, you will be able to begin conversations with the person interested in supports and the people closest to him/her. This provides perspectives that are helpful in identifying what is *Important To* and *Important For* the person in order to discover what a successful support system would look like for the person. The conversations based around these tools will trigger you to know which Modules to open. The tools listed in **bold** letters are necessary while #5 is optional.

Person Centered Tools:

- 1. Relationship Map**
- 2. Like & Admire**
 - a. Great Things About Me**
 - b. Talents, Gifts & Abilities**
- 3. Routines and Rituals**
- 4. Good Day/Bad Day**
5. If I Could I Would
- 6. Hope and Dreams**

Not every question in the guide will be asked or needs to be answered. Only go where you are invited to go. The flow of the conversation will help you identify what questions should be asked. Based on the answers received, you may need to open up Modules in certain life areas in order to obtain more information. The Modules are identified by the color coding of the questions throughout the guide.

Always Explore

Relationships - Pink

Communication & Learning - Black

Career Development - Light Green

Finance - Dark Green

May Explore Based on Conversation

Day to Day Life - Red

Community Membership - Orange

Getting Around - Purple

Health & Wellness - Blue

Home & Housing - Brown

In some cases, you will see **Conversation Starters**. These are groups of questions to help you think of areas to address within your conversation.

This gray box provides information to be considered by the SSA when gathering information. It offers tips, hints and other information that will be helpful in the Individual Discovery process. It will be found throughout the workbook to assist SSAs.

This box will be deleted in versions of the workbook that are to be given to families and other parties not associated with a County Board.

Modules

The attached nine modules are designed as a way to follow up with a person and the people who care about the person based on what was learned in the Initial Discovery process. **Not all modules need opened and not all questions within the modules need asked.** The intent is to only seek information when the person wants you to know more about the subject and is interested in supports in that area. If they tell you that area is already addressed, then you do not need to pursue the subject. However, it may be helpful to ask how that area is addressed as a way to help you establish a comprehensive support network for the person.

Each module is formatted in the same way and begins with a table identifying the topics within that module.

Example:

Last Updated: 7/9/2015

Relationships

Topic	Intent of Information
1. Friends and Family	To learn about who the person likes to spend time with and feels safe with
2. Being Included	To learn how a person gets and stays involved with people/activities he/she enjoys
3. Meeting Others	To learn ways and places a person uses to make and sustain connections
4. Interactions with Others	To learn how a person gets along with others as a means to support them in fostering desired relationships.

The first questions in the topic area are known as *Trigger Questions* and opens up the conversation. Based on the answers received, it will prompt you to have a conversation regarding that topic. Some have bullets below the question with areas you may want to include in the conversation. If the answer to the Trigger Question indicates no support is required in that area, you can move the conversation to another topic.

Example:

1. Friends and Family

Who are the people you like to hang out and spend time with?

- What sorts of things do you get to do together?
- Do you see them as much as you want to? Too little? Too much?
- Family
- Neighbors
- Friends

Is there anyone else you want to spend time with? Do you have someone in mind that you think you want as a friend?

How do you want people to treat you?

Who are the people you DO NOT like to hang out and spend time with?

- Could seeing or spending time with these people result in a bad situation for you?

NOTE: Are there noted reactions that only occur in the presence of a specific person / persons?

2. Being Included

How do you stay in contact with your family? How does your family help you stay included in family affairs?

- Ok or need to change

Essential Health

Any information gathered throughout your conversation that is important health information for anyone providing supports to know, needs to be documented in the Essential Health section. After you explore the Modules, there are also questions within Essential Health to consider if you haven't already discussed them in previous conversations.

Discovery Results

After you have your Discovery conversations with the person you will organize your findings in the Discovery Results. Initial Discovery has a results section at the end of this document to help you identify which Modules need opened. After that, you only need to complete Discovery Results for the Modules you explored and the areas that are of interest. **Not everything needs filled in. Blanks are OK!** The Discovery Results are NOT the conversation guide, rather the depository for information learned during discovery. The Discovery results will help with Planning. Discovery Results will be shared with the team members so that each member can use them to develop their part. For example, providers can use the Discovery Results to develop their Action Plan with the person.

Conclusion

Not everything will be explored the first time you have a Discovery conversation with the person. New things will be learned through the Listening and Learning process and from simply getting to know the person as time passes. When new things are learned they may trigger you to explore Modules you had not previously explored. Some changes that may trigger you to explore or update a Module are:

1. Major Life Changes- Job change, relationship change, living situation change, health status change
2. Request to change supports
3. Pattern of Risk

This is not an exhaustive list. Each person's situation is unique.

Instructions for Relationship Map (Next Page)

The easiest way to learn who to talk to is to do a simple *Relationship Map* with the person and their family.

You will notice that the matrix is divided into four parts:

- **Family** - people who are related to the person
- **Home and Supports** - paid or unpaid people, who are not family, who provide support at home or in the community such as neighbors, retail clerks, bus drivers, medical professionals, etc.
- **Friends** - people that the individual sees as friends (who are not listed under home or in the community)
- **Work/School** - paid or unpaid people who provide support wherever the person spends their days

In each box write the names of the people closest to the person in order with the closest boxes to the middle being the most important. These may or may not include those who spend the most time with the person, they are the people that the person feels closest to (those who he or she loves; good friends). Then continue with the people who they feel somewhat less close to (friends, people he or she cares about). Paid staff may be in any of these boxes. Please note that although some people have multiple roles (e.g. they are friends and are paid to provide support) they **should only be listed once**. The purpose of the map is to have a quick way of looking at relationships and to help determine who you should talk to. People closest to the person may be able to contribute to the Individual Discovery.

The relationship map also provides an idea about connections to the community, and how many strong natural supports the person has in his or her life. It provides insight into the conversation about building relationships. Those people identified towards the middle could provide Discovery information, if the person/family indicates it is ok to talk with them.

After the map is completed, ask these questions:

How close do you feel to the people on your relationship map?

Who would you like to spend more time with? Less time with?

Who makes you feel good on this map? Are there any new relationships you would like to develop?

Like & Admire

Great Things about Me

Conversations Starters

To get to know the *person*, rather than the labels, think about what attracts others to the person. What are some great things about him/her? What do people like about the person? What do other people admire about the person? What are some things he or she is good at? What complements do they receive?

These are important things to think about when you are figuring out the kinds of services and supports someone might need, because it gives you something to build on. It is best to start with the person; however, he/she may not be able to think of the good things at first. It helps to ask others to get the conversation going if the person initially struggles. Watch how they respond to what is said. Do they agree or not? Follow up with the person to see what they would say about themselves.

Talents, Gifts and Abilities

Talents, Gifts, and Abilities looks at interests and passions people have in their life that may be included as part of a routine or ritual. Below is a list of things to think about.

Conversations Starters:

What things do you like to do, particularly in your neighborhood, your town, your community? At home? At work? During the day? At College? For fun? Around town? On vacation? What kind of music do you enjoy? What kinds of movies? What kinds of foods? How about hobbies? What clubs or groups do you belong to? What are some things you could or would like to get paid to do? What type of job could be considered? Is there a place or group you would like to be a part of?

The purpose of these questions is so that we can accurately reflect the things that are important to the person and to begin to understand how they are present or absent in the person's life. Typically, things people are passionate about or interested in are present in people's routines.

Great Things about Me

Talents, Gifts, and Abilities

Routines and Rituals

Routines and Rituals ease us through our days, comfort us when we need it, and help us mark special occasions. They go beyond the schedule of a day and look at more of what someone needs to do within the schedule to have things go well. (Ex. rather than “he gets up and goes to work,” what routines does he have before going to work? “He watches Ch. 3 news while drinking coffee with half & half, then gets ready for work”).

For each of the following questions, include as much detail as you can. Do not limit the answers by the space provided, use extra sheets of paper. In our work we have learned that the more physical assistance someone needs or the less they are able to talk about their support needs, the more detail needs to be known about their routines and rituals.

Routines and Rituals that detail intimate personal care can be part of the next level of conversation. For now, you are only trying to learn about those areas of rituals and routines the person takes care of on their own, and those areas in which the person requires support, assistance or total care from another person. Following these guide questions, ask how well the routine or ritual works for the person, and if there is anything that needs to change about it. **Reminder:** You do not need to explore every section within Rituals & Routines. Only go where you are invited and ask what seems logical for the specific person.

1. List some of the person’s daily rituals. Pay particular attention to the beginning of the day and the end of the day rituals. These provide insight into when and how we spend time alone, and what it most important to us in day to day life.
2. List some of the person’s rituals of transition - What does he or she do everyday when arriving at work, school or at a location where he or she spends time each day? When arriving home from work, school or at the close of their day?
3. List some of the individual’s weekly or monthly routines and rituals.
4. List some of the person’s rituals of celebration and comfort.
5. List of holiday rituals.
6. What are the person’s rituals around staying healthy?
7. What routines exist related to feeling and being safe?

Rituals and Routines	Description
Morning (Getting Up)	
Nighttime (going to bed)	
Transitions <ul style="list-style-type: none"> • Arriving at work, school or training • Arriving at Home • Getting Around 	
Sunday	
Regular Weekly <ul style="list-style-type: none"> • Shopping; Visiting • Banking; Bills • TV Shows; etc. 	
Birthday	
Holiday	
Other Celebrations	
Health and Wellness <ul style="list-style-type: none"> • Maintaining Health • Taking Medication 	
Safety	
Other	

Good Days and Bad Days

Good Days and Bad Days are things we all experience and they help others know what makes us happy, as well as what supports we may need. When we understand this, we start to learn what needs to be done to help a person have more good days. On days when things do not go so well, we can learn what we need to do to support the person through them, rather than trying to “fix the person so it doesn’t happen again.” The following questions help us think of possibilities that contribute to a good or bad day for a person:

These questions are asked to help us learn about the things that are most important to the person. The answers will be used to describe supports that will be helpful in assuring needs are met in a manner that respect individual preferences. It is best to start by asking the person and having others contribute to the conversation. By doing this after Routines and Rituals it also helps to verify information previously obtained (if it is repeated), and to trigger questions if the information on the same subject does not appear to be connected. When people have been taught to “tell us what we want to hear” we need a way to confirm the information without being judgmental.

Your Good and Bad Week Days

Conversation Starters:

What would a great week day look like for you? What do you do when you first get up on a great week day? What do you eat for breakfast, lunch, and dinner on a great week day? How would you spend your time and with whom on a great day? What about spending money—is it a good day or a bad day? What would be your worst week day? What kinds of things would make you mad, sad, or frustrated during your worst week day? What do you do when you are sick, or not feeling well? What would you describe as a crisis? If a crisis happens, what does it look like?

Your Good and Bad Weekends

Conversation Starters:

What would a great weekend look like for you? What do you do when you first get up on a great weekend? What do you eat for breakfast, lunch and dinner on a great weekend? How would you spend your time and with whom on a great weekend day? What happens at night? What would be your worst weekend? What kinds of things would make you mad, sad, or frustrated during your worst weekend? What do you do when you are sick, or not feeling well? What would you describe as a crisis? If a crisis happens on the weekend, what does it look like?

_____’s Good Weekday Would Be...

_____’s Bad Weekday Would Be...

_____ 's Good Weekend Would Be...

_____ 's Bad Weekend Would Be...

If I Could I Would...

This tool is intended to discover what things are absent from a family's life or from the person's life, because of the need for support. It is not intended to be a wish list or a fantasy list. It is asking about practical, everyday things they are unable to do, unable to access or unable to participate in because of supports needed but not available to the person with a disability. (Ex: a family whose mother needs to exercise to maintain health but cannot because she lives alone with her son who cannot spend time alone. Or a son who cannot get a job because the family lives in a rural area and transportation to the job cannot be provided by other family members.)

This tool helps to provide insight into what a family may need in order to stay a strong family unit. This will be helpful when it comes to support considerations.

If I Could . . . I Would . . .

	Mom _____	Dad _____	Person's Name _____	Sister _____	Brother _____
Things to do					
People to spend time with					
Things to have					
Places to be					
Other					

What are the Person's Hopes and Dreams?

Conversations Starters:

What would be their best future? This can include the person's hopes and dreams for themselves, and it can also include another family member's hopes and dreams on the person's behalf. Where will they live? **With Whom?** What kind of support? **What will they do during the day?** **What would they do for fun?** **Are they volunteering?** **Are they a contributing member in their community?** **Are they going to college or other programs to learn about things of interest?** **What kind of job are they working at?** **Where are they working?**

There are no right or wrong answers! Just take a few minutes and think about what could be and don't worry about things that might get in the way.

This section will assist you in identifying potential outcomes for the person and those things that people believe will contribute to a positive life for someone. Try stating whatever "it" is like it is really happening.

<h2><u>Hopes & Dreams</u></h2>

Initial Discovery Results

Important To		Important For
Name	Risk (describe)	How Addressed / Support Considerations

Potential Outcomes Identified:

Were supports needed or potential outcomes identified for any of the module areas below? If so, open the module for additional discovery needed in the these areas:

- Communication & Learning
- Relationships
- Career Development
- Day to Day Life
- Finance
- Getting Around
- Community Membership
- Home & Housing
- Health & Wellness

Complete Modules Indicated Above

Communication and Learning

Topic	Intent of Information
1. Expressing Yourself	To learn how a person communicates with others <i>*Information may be gathered through the Communication Chart. Note: This chart may be updated from time to time and may drive new planning.</i>
2. Understanding Others	To learn how a person processes information best
3. Making Decisions	To learn how and when a person makes decisions
4. Learning Style	To understand how a person learns best
5. Education and Plans for Future	To learn about their education and future plans.

1. Expressing Yourself

How do you let people know what is on your mind? (e.g. with words, gestures, signs, pictures, a device, etc.)

How well do people understand what you are trying to let them know?

- What works well with this?
- What would you like to be different about how you communicate with others?
- Are there places where this is more important than others?
- What would help make that happen?

Who understands you the best?

- What do they do differently or special that makes them easier to communicate with?

For someone who is just getting to know you, what would be helpful to know about how you express yourself? (e.g. wait for a few minutes, let me repeat the question a few times; or, understand that I prefer to walk around when I am answering questions, so don't ask me to sit down.)

How do you let people know if you are hurt or in pain?

- Feeling pain (headache, menses)
- Angry
- Sad
- Bored

- Worried
- Hungry
- Anxious
- Tired / Fatigued
- Need to leave a situation or activity (escape or seclude)

Are there any times/places/situations where what you are trying to say makes you feel unsafe?

- If yes, what is unsafe?
- How would people know?

Are there times that you are trying to communicate something through your actions? (Behaviors that others may perceive as a problem or inappropriate).

If yes,

- What is it that you want or need?
- Are you simply trying to cope? (coping skill or mechanism)
- Is this a habit or something you have learned over time?
- Is this just a personality trait?

2. Understanding Others

How do the people in your life help you understand? (e.g. To tell me this _____, people should _____.)

- How is that working for you?
- If not working, how would you like it to be different? Are there certain people or places where you want it to be different?
- Would you like help to make it be the way that you want?
- Are there ways people should communicate with you that will make it go well? (e.g. My first language is _____; I prefer people to talk to me softly; Please do not tell me 'no'; Look directly at me so I can read your lips; Give me time to think before I answer)
- Are there words, phrases or tones that people should avoid using?
 - What might be the result if they were used?

3. Making Decisions

When are the best times to ask you to make a decision? When is a bad time to ask you to make a decision?

- What are good ways to help you with making a decision? (e.g. written, pictures, someone talks with me, someone shows me, explain options/choices)

What might happen if people don't:

- Ask you to make decisions at the best times?
- Present choices in the best way?

4. Learning Style

How do you like to learn new things? (e.g. By listening to people tell me, by watching someone else do it, by doing the task and trying each step myself, by figuring it out by myself, other ways)

How do the people in your life support you to learn new things? (e.g. show you/tell you/you do it, one step at a time, show me the whole thing first, don't confuse me with lots of words, guide my hands, other ways)

What's the best kind of place to be in to help you learn? (e.g. quiet, music or TV playing, lots of activity around, no distractions, etc.)

What are some things that people do to help you remember things?

- What things work best?
- Are there some parts of learning new things or remembering things that are hard or frustrating for you?

What are some things you are interested in learning?

What might happen if people don't:

- Support you to learn in a way that works for you?
- Make sure it's the right type of place (or environment) for you to learn something new?

5. Education and Plans for Future

Education:

- How your child's educational needs being met? (Does he/she attend public school, private school, home schooling etc...) Do you access special funding for schooling such as Autism Scholarship and the John Peterson Scholarship?
- Does your child have an Individualized Education Plan (IEP)? If so, what types of goals are addressed in the Individualized Education Plan (IEP)- (academic, behavioral, transition, Special Services i.e. Occupational Therapy, Speech Therapy, Physical Therapy, Adaptive Physical Education, Special Transportation)?
- What type of classroom does he/she attend?
- How do you feel your child is progressing? Are there medical, physical, and/or behavioral issues that impact progress and learning?
- If you could change anything about your child's schooling, what would you change?
- What do you feel is going well at school or with his/her education and why?

- Do you have any questions about the (IEP) Individualized Education Plan process? Would you like assistance from your Service Coordinator during (IEP) Individualized Education Plan meetings or other school meetings?

Plans for the future:

- What are your thoughts or plans beyond High School? (Post-Secondary education, employment, vocational training etc...)
- When do you plan to graduate from High School?
- Have you talked with a guidance counselor or vocational advisor? What was the outcome and have you been referred to Opportunities for Ohioans with Disabilities (OOD)? If not, are you interested in their services? Is there any career you know you are interested in exploring?

Include Communication Chart if one has been completed or initiated.

Note: If behavior support needs are presented, always consider the following throughout Discovery. You may need to revisit with each module explored, if applicable:

- Is there any information that should be maintained as it provides history\case history and insight into the Supports and / or Outcomes of the Plan?
- Is there any activity or situation that may cause difficulty or inhibit the person from progressing to a more meaningful, fulfilling and / or self-determined life and full inclusion and active participation in the community in which they live.
- Is there any skill(s) if learned or enhanced that would lead a more meaningful, fulfilling and / or self-determined life and full inclusion and active participation in the community in which they live.

Communication and Learning

Conversation Notes

Communication & Learning Results

Communication

	Abilities	Existing Supports	Supports Requested
Expressing Yourself			
Interests & Preferences			
Important Cues			

	Abilities	Existing Supports	Supports Requested
Understanding Others			
Interests & Preferences			
Important Cues			

	Abilities	Existing Supports	Supports Requested
Making Decisions			
Interests & Preferences			
Important Cues			

Learning

	Abilities	Existing Supports	Supports Requested
Learning Style			
Education and Planning for the Future			
Interests & Preferences			
Important Cues			

Communication & Learning

Important To		Important For
Short Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Relationships

Topic	Intent of Information
1. Friends and Family	To learn about who the person likes to spend time with and feels safe with
2. Being Included	To learn how a person gets and stays involved with people/activities he/she enjoys
3. Meeting Others	To learn ways and places a person uses to make and sustain connections
4. Interactions with Others	To learn how a person gets along with others as a means to support them in fostering desired relationships.

1. Friends and Family

Who are the people you like to hang out and spend time with?

- What sorts of things do you get to do together?
- Do you see them as much as you want to? Too little? Too much?
- Family
- Neighbors
- Friends

Is there anyone else you want to spend time with? Do you have someone in mind that you think you want as a friend?

How do you want people to treat you?

Who are the people you DO NOT like to hang out and spend time with?

- Could seeing or spending time with these people result in a bad situation for you?

NOTE: Are there noted reactions that only occur in the presence of a specific person / persons?

2. Being Included

How do you stay in contact with your family? How does your family help you stay included in family affairs?

- Ok or need to change

3. Meeting Others

How do you make friends?

- Working/Not working
- Would you like to help to make friends?

Have you tried meeting people on your own? Where do you try to meet people?

- If yes, how do you usually start up the conversation?
- How do you keep the conversation going?
- Working/Not working

If you didn't go on your own but someone helped you, how did they help?

- Liked / didn't like
- Support

How do people know if you were feeling:

- Worried about those around you?
- Unsafe where you are?
- Mistrust of those around you?
- Concerned, unsafe or nervous around strangers?

4. **Interactions with Others**

How do you react to being taunted or people "joking" with you? Do you ever taunt others?

How do you react when you perceive others may be bullying or taking advantage of you? Do you ever bully others?

How do you respond when you are not included? (seem to lack status or value of those you are with)

How do you respond when you are not being listened to, especially with regard to decisions or discussions about you or things that are important TO you (feeling a lack of control)?

NOTE: Is the persons response effected by the manner in which the person is being addresses or by the attitudes displayed by others (specify relationship: i.e. staff, peer, family)

Relationships

Conversation Notes

Relationships Results

	Abilities	Existing Supports	Supports Requested
Family			
Family			
Friends			
Friends			
Neighbors			
Neighbors			
Casual Acquaintances			
Casual Acquaintances			
Interests & Preferences			

Important To		Important For
Short Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Career Development

Topic	Intent Of Information
1. Career or Employment Knowledge / Interest	To learn if a person is interested in working or if the person is knowledgeable of what type of career of employment / job they may be interested in pursuing.
2. Work Preferences	To learn preferred environments that a person may work best in.
3. Work Experience / Worker Traits	To learn a person's job experience.
4. Where are you on the path to Community Employment?	To learn where a person is on the path to employment.

1. Career or Employment Knowledge / Interest

What does work mean to you? Have you ever worked? Have you ever volunteered anywhere? Have you ever worked for family or friends? Do you have chores or things that you do in your home? Have you ever got feedback from anyone about any of the things that we just talked about? What type of work are you looking for? Have you ever interviewed for any jobs previously? Do you have a resume? Do you need help to be able to get a job or work towards getting a job?

- What type of work / jobs do you think you would like to try?

Do you know someone who can help you find this type of work? If not, would you like me to find someone who can help you find a job? What do you think would be the best way for you to learn how to do the job? When doing a job what is it that you need? Have you ever participated in work training or job experience training?

2. Work Preferences

Tell me about the type of environment you would like to work in.

- Preference of indoor or outdoor work?
- Working alone or with others?
- What shifts do you like to work (morning, afternoons, nights)?
- Do you like being in one place or do you like moving around?
- Do you like working in a loud or quiet place?
- Do you mind working at something that you may get dirty?

3. Work Experience / Worker Traits

What jobs have you had (past / present) that you were paid to do?

Work History: start / end date

- Tell me about how you found the jobs that we just talked about. (on your own or with help from someone else)
- What skills did you use on the job? What were your responsibilities?
- What did you like best about the job? Is there anything that you didn't like about the job?
- What kind of feedback from your boss did you get?
- Are there job tasks that you wanted to try but didn't get a chance to?
- If you left the job, what was your reason for leaving?
- Do / Did you have any accommodations while you are / were working?
- Is / Was there anything unsafe about your current / past work environments?

4. Where are you on the path to Community Employment?

By having conversations related to the questions above, you will be able to determine where someone is on the Path to Employment. Please refer to the document provided in this link. http://www.ohioemploymentfirst.org/up_doc/Career_Discovery_Tools_PDF.pdf

- Place #1: I have a job but would like a better one or to move up.
- Place #2: I want a job! I need help finding one.
- Place #3: I am not sure about work. I need help to learn more.
- Place #4: I don't want to work, but I may not know enough about it.

Career Development Conversation Notes

Supports Needed

Explain:

Finance

Topic	Intent of Information
1. Managing Personal Money	To learn how a person handles money when purchasing items
2. Managing Banking / Budgeting / Bill Paying	To learn how a person handles money
3. Managing Benefits	To learn what benefits a person has and how they are managed
4. Future Plans	To learn what future plans a person has (in the event they or their current supports are no longer available)

1. Managing Personal Money

When you go out, how do you usually take care of your money (e.g. carry own money, carry small amounts of cash only, carry cash and credit cards, keep money in a purse or wallet, give money to someone else to carry?)

- *If someone else carries the money or if the person carries only small amounts of money:* Do you make most of the purchases yourself or do you have someone else pay the clerk? (i.e. who pays the cashier for meals, movie tickets, shopping purchases?) Do you like getting it done that way? If not, how would you like it to be different?
- Would you like help to make it be the way that you prefer? Would you like to learn to make purchases yourself?

Do you have any concerns about what is or isn't safe when you are using your money? (e.g. I give it to anyone who asks, I lose money, people try to take my money, people try to get me to give them my money?)

2. Managing Banking/Budgeting/Bill Paying

How do you manage your money now? (e.g. Banking, Bill Paying/Budgeting - budgeting includes making purchases/using spending money)

- Help (e.g. do it myself, have a payee, get an allowance?)
- If you receive help with managing your money, who helps you?
- What parts do you do and what parts do you need help with?
- How much money do you feel comfortable being responsible for/managing?
- Should certain purchases be discussed with your guardian/team? What types of purchases/dollar amounts?
- Do you have enough money for the things you need (rent, food, clothing, transportation, medication, child care)?
- Any unpaid bills in your name?
- Do you have enough money to do the things you enjoy doing?
- Are you or do you want to save money for something special?
- Ok or need to change

- Would you like help managing or saving money or learning how to do it for yourself?
- If you aren't able to handle your money in the future, who would you like to help you?
- Anything unsafe

Have there been any situations (past or present) which made you feel uncomfortable with managing your own money or with the people that help you manage your money (situations where you didn't have money or had problems getting the things you need: housing, food, electricity, water, etc.)?

Has someone taken advantage of you in the past causing financial harm?

3. Managing Benefits

Let's talk about the benefits you receive. (e.g. HEAP, Medicaid, Food Stamps, SSI, Subsidies, VA/RR, Trust, Insurance, etc.)

How do you make sure you keep your benefits up and don't lose them?

- Ok or need to change
- Would you like help or want to learn how to do it for yourself?
- Would you like someone to explain/explore benefit options with you?
- Anything unsafe
- Have you ever lost your benefits? (e.g. food stamp card or medical card expired.)
If so, why? What happened when you lost your benefits?

4. Future Plans

What should people know about you in the event that you are unable to make decisions for yourself or your current supports are no longer able to complete things for you?

- Finances
- Housing
- Estate Planning/ Legal
- Supports (natural, family, caregivers, guardian, trustee)
- Do you have concerns or worries related to future planning?
- Is there anything that you want to avoid in making decisions for you or carrying out your wishes?
- In an emergency situation, what is the backup plan when the person who usually assists you is not available?

Finance

Conversation Notes

Finance Results

Money Management

	Abilities	Existing Supports	Supports Requested
Personal Money (Outings, trips, etc)			
Banking			
Budgeting/Bill Paying			

Benefit Management

	Abilities	Existing Supports	Supports Requested
Add Area as Needed: Food Stamps, SSI, PIP, Sec 8/HUD, Heap, Medicaid Spend down, Subsidies, VA/RR, Trust, Insurance			

Future Plans

	Abilities	Existing Supports	Supports Requested
Finances			
Housing			

Estate Planning / Legal			
Emergency Situation / Backup Plan			

Important To		Important For
Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Community Membership

Topic	Intent Of Information
1. Going Places and Doing Things	To learn things the person is currently involved in within their local community (including school and extracurricular activities) and how he/she likes to be treated.
2. Making Plans to Do Things	To learn how a person prepares to go somewhere and who helps it happen.
3. Getting There	To learn how a person gets to the places he/she enjoys for fun and entertainment
4. Building on Interests	To learn what new things a person may want to become involved in based on their interests
5. People I Do Things With	To learn about relationships at preferred places

1. Going Places and Doing Things

What are the things that you do when you go out (e.g. movies, shopping, ball games, restaurants, concerts, BINGO, bowling, festivals, parades, races?)

- Do you like all of these things or just some of them?
- Favorites
- Any that may increase the need for help or observation?

Planning

Decisions about plans

Things you'd really rather not do

- Who plans those things?

Not working/want to be different?

Would you like help to make it be the way that you prefer?

Would you like help to learn how to do this for yourself? Would you like help in planning/participating in doing things or going places?

What are the things that make you feel unsafe or might lead to risks when you go out?

2. Making Plans to Do Things

What things are you involved in that are important to you (e.g. events, special meetings, voting, lawyer appointments, AA meetings, church, religious activities, clubs/groups, classes, civic organizations and activities)?

- Do you handle these appointments yourself or do you ask someone to help you?
- Do you like getting it done that way? If not, how would you like it to be different
- Ok or need to change?
- Would you like someone to help you make changes?
- Do you want or need anyone to review your rights with you?

Are you interested in participating in or learning about groups that help you speak up for yourself?

Are you interested in finding out about ways to make plans and get connected to groups in your area that interest you?

Getting ready to go somewhere

- Are there certain things that you make sure you have with you (e.g. wallet, purse, money, I.D., cell phone, emergency contact information, inhaler?)
- Do it yourself or have help? If people help, who are they and what kind of help do they give?
- Ok or need to change?
- Would you like to learn how to do this for yourself?

Anything unsafe

3. **Getting There**

How do you arrange transportation to get to the places you need to get to (e.g. appointments, shopping, out to eat/fun places?)

- Working/not working
- supports
- doing for yourself / learn to do

Anything unsafe

4. **Building on Interests**

What are some new things you would like to do when you go out (e.g. church, movies, shopping, ball games, restaurants, concerts, BINGO, bowling, festivals?) Which of these things (named by the person) are you most interested in doing?

- Supports needed
- Do you know someone who could help you with that?
- Doing for yourself
- Would you like help to find someone who can help with planning/arranging/participating in these activities?

Are you or anyone else concerned about the things you want to do or try? Are there any special arrangements that we need to consider (e.g. for safety, accessibility etc.?)

What are those special arrangements/considerations needed so you feel safe?

5. **People I Do Things With**

Tell me about the people you know and talk to when you go places? Are there people that you like to see? Where do you see them and have you learned their names?

- How do you spend your time with the people you like to see? What do these people say about you? How do you help them? How do they help you? (*relates to Like & Admire on the front page of the ISP and Pages 9-10 of the Initial Discovery*)
- Working/ Not Working
- Would you like help to make it be the way that you prefer?

Is there anything unsafe or do you feel unsafe about the people you talk to when you go out? Does anyone else feel unsafe about the people that you talk to when you are out?

When you go out, do you usually go by yourself or with other people?

- How do you get around when you go out by yourself? If you go with others do you help them or do they help you in any way? Do you like how that's working? If not, how would you like it to be different?
- Would you like help to make it be the way that you prefer?

Do you or does anyone else have concerns about what is or isn't safe when you are out (e.g. crossing streets, strangers, traffic, certain parts of town or certain buildings?) If yes, what is unsafe?

Community Membership

Conversation Notes

Community Membership Results

	Abilities	Existing Supports	Supports Requested
Going Places and Doing Things			
Making Plans to Do Things			
Getting There			
Building on Interests			
People I Do Things With			
Interests/Preferences			

Important To		Important For
Short Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Day To Day Life

Topic	Intent Of Information
1. Personal Care	To learn skills related to day to day life including personal hygiene, grooming
2. Meals and Food	To learn how the person has meals prepared and served
3. Shopping	To learn how the person completes shopping for food
4. Taking Care of Personal Items	To learn how the person cares for personal assistive devices, clothing, possessions and pets
5. Taking Care of Home	To learn how the person takes care of their home including chores and maintenance
6. Home Safety	To learn how the person stays safe in their home including staying safe from fire, severe weather situations and the use of alarm systems
7. Neighborhood Safety	To learn how the person keeps themselves safe in their neighborhood
8. Miscellaneous	Areas where additional supports may be revealed

1. Personal Care

How do you get a bath/shower, hair washed and styled, shaving and teeth brushed?
(with an explanation if help is needed)

- Does it for themselves
- If someone else does some of it, describe.
- If someone else does all of it, describe.
 - Is this ok or needs to change?

How do you get dressed for the day (with an explanation if help is needed)?

- Does it for themselves
- If someone else does some of it, describe.
- If someone else does all of it, describe.
 - Is this ok or needs to change?

What are the things that matter most about getting dressed and looking good for the day?

2. Meals and Food

How do you get your meals made and served?

How do you clean up after meals?

How do you store your food?

- Ok or need to change
- Anything unsafe

3. Shopping

How do you:

Get your food shopping done?

Shop for personal items and clothing?
Get your shopping for the house done?

- Ok or need to change
- Anything unsafe

4. Taking Care of Personal Items

How do you care for:

Personal equipment (like glasses, hearing aids, braces, talking devices, etc.)

- Ok or need to change
- What would happen if you weren't able to use your (name of device) because it was lost or broken?

Clothing

Possessions/stuff

- Do you ever break or damage your personal things when you are upset?
 - If yes, would this likely create an unsafe situation and / or require advice, follow-up or supports.

Pets

- How do you take care of your pets?
- Ok or need to change
- Anything unsafe

5. Taking Care of Home

How do you take care of your:

- Home Furnishings (including decorating and making sure that it looks the way you want it to look)
- Daily Chores (e.g. dishes, vacuuming, dusting, cleaning the bathrooms)
- Other Heavy Chores (e.g. taking out the trash, washing windows, washing floors)

What do you do if there is something that is broken around your house?

How do you get things repaired when it is needed?

Regular maintenance (Mowing/Lawn Care, Snow Removal)

- Ok or need to change
- Anything unsafe

Do you ever break or damage things in your home when you are upset?

- If yes, would this likely create an unsafe situation and / or require advice, follow-up or supports?

6. Home Safety

How do you keep yourself safe in your home?

Are there any actions or reactions you have to people or situations that we should be aware of that cause concern by their duration, frequency or intensity?

Using gas and electrical appliances (Do you need help with any of them?)

Medicine and cleaners in a safe place

- Ok or need to change
- Anything unsafe

Fire emergency preparation

Bad weather situations (severe thunderstorms, tornadoes, or snowstorms)

- Ok or need to change

- Anything unsafe

Alarm systems in your home (How do you turn the alarms on and off)

- Ok or need to change
- Anything unsafe

7. Neighborhood Safety

What do you do to keep yourself safe in your neighborhood?

Safety concerns in your neighborhood?

- Do you have family or friends that can help you make those changes?
- If not, would you like help figuring out how to get those changes made?
- Are there places you go or activities you participate in that are always fun and you have a good time there?

8. Miscellaneous

Are there times of the year or seasons that pose a particular challenge?

- If yes, are additional supports helpful and what does that look like?

What could we expect to see from you if you were bored? (I.e. not engaged in meaningful activity for extended periods of time)

Are there supports needed related to:

- Expectations related to tasks of day to day life
- Changed in schedule or routine
- Lack of structure or routine
- Making and / or participating in day to day like choices
- Having ongoing behavior or activity interrupted

If yes,

- Are there circumstances when the behavior does not occur?
- Are there circumstances when the behavior can be anticipated to occur?
- Are there certain times of the day that the behavior can be anticipated to occur?

Day to Day Life

Conversation Notes

Day to Day Life Results

	Abilities	Existing Supports	Supports Requested
Personal Care			
Meals and Food			
Shopping			

Taking Care of Personal Items

Equipment			
Clothing			
Possessions / Stuff			
Pet Care			

Taking Care of Home

Home Furnishing			
Daily Chores			
Lawn Care			
Snow Removal			
Other Heavy Chores			
Maintenance / Repair			

Personal Safety

Home Safety / Weather / Fire / Alarm Systems			
Neighborhood Safety			

Important To		Important For
Short Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Getting Around

Topics	Intent of Information
1. Moving Around at Home	To learn about physically moving around in the home
2. Moving Around the Neighborhood	To learn how the person moves around in their neighborhood
3. Moving Around the Community	To learn how the person moves around in their community in order to get places
4. Moving Around During Transfers	To learn how the person moves onto/off of and into/out of furnishings, bathroom fixtures, private and public vehicles and buildings
5. Vehicle Safety	To learn how the person maintains personal safety in various vehicles
6. Transportation	To learn other methods of transportation that the person uses

1. Moving Around at Home

How do you move around when you are at home? (Inside)

- Is this ok or need to change? Would you like help or want to learn how to do it for yourself?
- Is there anything unsafe about the way this is going?
- Need support or equipment?

What do you do to get into and around the outside of your home right now?

- If there are difficulties getting around, what would make it easier to move about?
- Do you have family or friends that can help you make those changes?
- If not, would you like help figuring out how to get those changes made?

Are there any situations in or around your home where it is difficult or dangerous to move around? How do you handle those situations?

2. Moving Around the Neighborhood

How do you get to places in your neighborhood (e.g. walk, ride bike, use adaptive devices, etc.?)

- Ok or need to change?
- Who or what would be needed to make changes?
- Would you like help or want to learn how to do it for yourself?
- Anything unsafe
- If you use equipment to make this happen, how do you keep it in good working condition?
- Who or what would be needed to make that happen?
- Would you like help or want to learn how to do it for yourself?

3. Moving Around the Community

How do you get places in your community (e.g. walk, ride bike, bus, taxi, neighbor, friend/family?)

- Ok or need to change
- Supports or equipment needed
- Would you like help or want to learn how to do it for yourself?
- Anything unsafe

4. Moving Around During Transfers

How do you get in and out of the shower/bathtub? How do you get in and out of bed? How do you move from your wheelchair (or walker etc.) to the toilet, from your wheelchair (or walker etc.) to a chair or couch?

- Ok or need to change
- Supports or equipment needed
- Anything unsafe
- If you use equipment to make this happen, how do you keep it in good working condition? Who or what would be needed to make that happen? Would you like help or want to learn how to do it for yourself?

How do you get in and out of your home, private vehicles, public buildings, and public transportation?

- Do any of these activities require a transfer from one way of moving to another way of moving? (e.g. from using a wheelchair to using a walker, from walking to using a wheelchair etc.)
- Ok or need to change
- Supports or equipment needed
- Anything unsafe
- If you use equipment to make this happen, how do you keep it in good working condition?
- Who or what would be needed to make that happen?
- Would you like help or want to learn how to do it for yourself?

5. Vehicle Safety

Do you have a vehicle? Do you use any equipment or precautions to keep you safe while traveling on these vehicles?

- Ok or need to change
- Anything unsafe

6. Transportation

What types of transportation do you use or operate (e.g. walk, ride bike/three wheeler, drive car/truck, horse, buggy, public transportation such as bus, taxi, train, plane, other?)

- Ok or need to change
- Anything unsafe

Getting Around Conversation Notes

Getting Around Results

Moving Around

	Abilities	Existing Supports	Supports Requested
At Home			
In Neighborhood			
In Community			
During Transfers			

Safety

	Abilities	Existing Supports	Supports Requested
Vehicle Safety			

Transportation

	Abilities	Existing Supports	Supports Requested
Add Area as Needed: Walk, Ride Bike, Drive, Horse/Buggy, Public Transport, Other			

Important To		Important For
Short Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Health and Wellness

Topics	Intent of Information
1. Food and Nutrition	To learn about the foods that are typically eaten by the person in order to determine abilities related to health and wellness
2. Physical Activity (Moving Your Body)	To learn about the physical activity a person engages in
3. Healthcare	To learn about involvement with medical professionals, routine health needs and issues related to being sick or injured
4. Dental	To learn about involvement and interaction with dentist and tooth care
5. Wellness	To learn how the person addresses needed health screenings

1. Food and Nutrition

What kinds of food do you typically like to eat?

Do you have to eat any special kinds of food or pay attention to any kind of diet?

- Ok or need to change
- Would you like help or want to learn how to do it for yourself?
- Anything unsafe
- Are you interested in learning more about eating healthier?

Doctor Recommendations

If you make changes to eat more of what you want, will that cause any problems with your health? What can help you with that?

Do you need to have your food prepared or served any special way?

- Supports
- What do people who support you need to know about that?
- Would you like to learn how to do more of that for yourself?

Are there any risks for you related to how your food is prepared or served?

2. Physical Activity (Moving Your Body)

What do you do to keep your body active?

Do you like to exercise? Play sports?

Supports (please note if there are any physical, medical, or psychiatric concerns that may require additional supports)

- Ok or need to change
- Supports or equipment needed
- Is there anything you'd like to learn how to do?
- Anything unsafe

3. Healthcare

Do you see any doctors on a regular basis?

- What for? *If this was identified on the Relationship Map, use that as a way to begin this conversation.*

Who helps you with making the appointments and getting there?

- Ok or need to change
- Who or what would be needed to make that happen?
- Would you like help with this or want to learn how to do it for yourself?
- Would you like any help with talking with the professionals who help you stay well?
- Would you like any help following your doctor's instructions and directions?
- Is there anything you would like to change or do you have any concerns about how your health needs are addressed?

What would you do if you were really sick or hurt?

- How do you get help when you don't feel good?
- Ok or need to change

What do you do when you have scrapes, cuts and aches and pains?

How do you take care of an injury?

- Do you know which first aid items to use for which situation and are you able to use these yourself or do you need help?
- Ok or need to change
- Anything you'd like to learn about in order to help yourself when you are sick?

Anything unsafe

4. Dental

Do you have a dentist that you see?

- How often do you see your dentist (regular basis or only when needed)? *Two times a year is recommended.*
- Mouth/Teeth pain
- Do you get a complete exam by the dentist when you go for your appointment? What happens when you go to see the dentist?
- What helps you to feel comfortable when you see the dentist?
- *If the person does not have a dentist or is uncomfortable:* Would you like any help with finding a dentist?
- What kind of help would you like with learning about caring for your teeth?
- Can you tell me about what can happen if you don't take care of your teeth (risks involved)?

Anything unsafe

5. Wellness

How do you take care of any tests you need related to your age and gender to stay healthy? (e.g. mammogram, prostate screening etc.)

- *If indicates not familiar.* Would you like to have help finding out about those screenings (stay healthy tests?) (Link to information page about sex and age screening recommendations)
- Would you like help talking to your doctors about the recommended screenings (stay healthy tests)?
- Do you know about some of the risks of not getting the screenings (stay healthy tests)?
- Is there any family history that would make certain screenings more important?

Anything unsafe

How would we know if you were uncomfortable? (e.g. retreat when you have a headache; experiencing allergic symptoms; dizzy, having blurred vision, pain, etc.)

How would we know if you were thirsty, hungry or tired?

Health and Wellness Conversation Notes

Supports Needed

Explain:

Home and Housing

Topic	Intent Of Information
1. Current Living Arrangement	To learn about the current living situation
2. Want / Need To Move	To learn whether a move is desired and if so, what sort of living situation is preferred or needed. Consider: What are the possible pros / cons of a family member's home, group home, Adult Foster Care home, own apartment, own rental house
3. Living Situation Considerations	To begin planning a change of living situation by considering location, accessibility, finances and roommates <i>*Risk Considerations: steps, no ramp, heavy doors, no air conditioning, no railings, no available transportation, nobody around in the daytime/ evening, etc.</i>

1. Current Living Arrangement

Is the place you're living working out for you? What's the current set-up?

- What do you like about it? What makes sense about where you live?
- What don't you like about it or what would make it better? What doesn't make sense about where you live?
- Ok or need to change
- Anything unsafe

2. Want/Need to Move

Do you want or need to move?

- What kind of place would you like this to be?
- Do you feel safe and comfortable being alone?
- Would you feel more comfortable in a small group setting?
- Do you want to share expenses with a roommate?
- Do you want a setting where you can gradually learn to live more independently?
- What are the possible pros / cons of a family member's home, group home, Adult Foster Care home, own apartment, own rental house?
- What kind of things do you need to have in the new place to make you happy?
- What kinds of things would you need to be healthy and safe?
- Supports
- Budget
- Already looking? Need help?
- Now or in the future?

3. **Living Situation Considerations**

If you would like help planning to move let's talk about things to consider before changing your living situation:

Location Considerations

What kind of location is going to work out best for you? (e.g. close to shopping or your job, a low traffic area like a quiet street or cul de sac, close to family etc.)

Accessibility Considerations

What would make a place unsafe for you to live? (e.g. steps, no ramp, heavy doors, no air conditioning, no railings, no available transportation, nobody around in the daytime / evening....)

Finance Considerations

Do you know the costs associated with the places you would like to live?

Have you thought about which options you can afford? Do you know what your budget for a place to live is?

- Do you have family or friends that can help you figure out the money part?
- If not, would you like help figuring out what you can afford?

Roommate Considerations

One option to consider when choosing to live in your own place is to find a roommate to share your living expenses. There are many advantages and disadvantages to having a roommate....let's talk about those things.

- Have you thought about these things if you are considering getting a roommate: Do I most enjoy living alone or with other people? Do I get lonely when I am alone and wish I had someone to talk to? Do I normally get along well with other people?
- Have you thought about these things if you are considering getting a roommate: Do I like to keep things where I live "just the right way" and do I get upset if someone changes how I have things arranged?
- Have you thought about these things if you are considering getting a roommate: When I think about what I would like in a roommate - is my list long? What are some things on that list?
- What do you think the benefits of having a roommate will be? What do you think the disadvantages will be? Do you want a roommate(s)?

Home and Housing Conversation Notes

Home & Housing Results

Living Arrangements

	What Makes Sense?	What Doesn't Make Sense?	Supports Requested
Current Living Arrangement			
Want/Need to Move			
Living Situation Considerations General			
Location Considerations			
Accessibility Considerations			
Finance Considerations			
Roommate Considerations			

Important To		Important For
Short Name	Risk (describe)	How Addressed

Supports Needed

Explain:

Essential Health (follow up to Discovery Modules)

Note: If you have not previously opened the Health and Wellness module, answers to some of these questions may cause you to go back and open it.

Topics	Intent of Information
1. Diagnoses	To learn what important diagnoses exist that others should be aware of.
2. Allergies	To learn what allergies a person has which would be important for others to know.
3. Adaptive Devices	To learn what adaptive devices the person uses on a regular basis.
4. Medical, Psychological, Dietary, Behavioral	To learn what plans are currently in place to assist the person.
5. Health Care Professionals	To learn what professionals the person sees when needed.
6. Medications (Prescribed & OTC)	To learn what medications (Prescribed & OTC) that the person receives.

1. Diagnoses

- Essential diagnoses that you feel are important for others to know in order to best support you

2. Allergies

- Food allergies or health concerns (regarding what you eat)
- Non-food allergies

3. Adaptive Devices

- Adaptive devices that you use on a regular basis

4. Medical, Psychological, Dietary, Behavioral

- Do you have any medical, psychological, dietary or behavioral information (current or past) that you feel are important for others to know in order to best support you?
- Do you have any Health Related Activities (nursing tasks) that are needed?
- Do you have a DNR?

5. Health Care Professionals

- Physicians, dentist and/or healthcare specialists
- Why you see them

6. Medications (Prescribed & OTC)

- Rx Meds
- OTC Meds routinely
- Do you think that it's important for the people who support you to be aware of what medications you have been prescribed? If so, which ones?
- If you don't know what is important for others to know about your medications, do you want someone to contact your physician or health care agency to find out?
- Do you want support from someone other than your family member to take your medications?
- Do you want your team to be aware of which over the counter medications you prefer for certain situations? (For example: I prefer to take Tylenol for my headaches, etc.) If so, what are these medications?

Medical Assessments

Self-Administration Assessment

Self-Medical Assessment G-J Tube

Self-Medical Assessment Glucometer

Self-Medical Assessment Insulin Injection

Essential Health Conversation Notes

Essential Health Data

Diagnoses (Chronic Health Conditions/Other Disabilities):

Allergies:

Type	Description

Adaptive Devices:

Type	Description

Special Diet:

Type	Description

Health Related Activities:

Health Related Activities Include Only: Taking vital signs, Application of clean dressings that do not require health assessment, Basic measurement of bodily intake and output, Oral suctioning, Use of glucometers, External urinary catheter, Emptying and replacing colostomy bags, Collection of specimen by noninvasive means

Type	Description

Physician & Specialists:

Name	Address	Phone #	Specialty	Emergency Contact? Yes/No

Is there a DNR order? Yes No Unknown

Tube Feeding and Medication per G-J Tube

Food/Medication Name	Times taken	Reason	Level of Support determined by a licensed nurse
			Choose an item.

Glucometer

Level of Support determined by a person who knows how to properly use and maintain the type of glucometer being used by the individual

Choose an item.

Insulin Injection

Medication Name	Times taken	Reason	Level of Support determined by a licensed nurse
			Choose an item.
			Choose an item.