



# PERSON-CENTERED MODULE

## Key

**Aqua Highlighted:** Narrative to be seen (online) or stated (if participant does not prefer to use the online system) to the participant.

**Green:** Skip Patterns

**Red:** Additional instructions

## INTRODUCTION TO MODULE

The Person-Centered module is an opportunity for you to provide information about yourself and to “tell your story”. This information should include things that you feel are important for service providers to know so that they can better support you.

The module is divided into five sections. The first section is a chance for you to talk about your life, such as your home, pets, or interests. The second section includes talking about people in your life who are important to you. In the third section you will be asked about how you want your support planning meeting set up. The fourth section asks about goals and outcomes of service that are most important to you. The fifth and final section includes some items about your preferences for how services are provided. These sections and items are voluntary, so if you do not want to provide information about something, you are not required to do so. Also, if you remember something later that you want to add, you can add new information or make changes to information you already provided. If at any point you need to stop, you may do so and return to the items later.

### Participant Information

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. County where services will be delivered: \_\_\_\_\_
4. Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_
5. Gender:  M  F
6. Preferred telephone number: \_\_\_\_\_
7. Email: \_\_\_\_\_
8. Assessor Name (if module completed in-person): \_\_\_\_\_

## I. PERSONAL PROFILE

This section allows you to create a personal profile that includes information you think is important for others providing you with help to know. The purpose of this is to tell service workers and providers about yourself so that they can do a better job of providing support. For example, if you have a pet, you may want an in-home worker to know more about how to act around the pet to avoid any problems. Or, you may want a provider to know that you may practice certain traditions or customs while workers are in your home.

*Online version will say:* These items are voluntary and will not be shared unless you decide to allow sharing, and the information will only be shared with people you approve.

*If assessor is interviewing an individual who does not want to use the online version, use the following:* My job will be to make a record of the information you share with me. If you want to provide information, you may, but you are not required to do so. I will also ask you about who you want to allow to access the information.



**Do you want to create a personal profile?**

- Yes
- No (Skip to Section II. People Important to Me)

*Write a brief description for the items below. If recorded by the assessor, the assessor will read back the description to make certain it has been correctly documented.*

**1. Family, Home and Pets-** What would you like others to know about your home, family or pets?

**2. Work and Education-** What would you like others to know about your work (employment, volunteering) and education/training?

**3. Leisure Time/Personal Interests-** What would you like others to know about your leisure time or personal interests?

**4. Religion/Culture/Traditions/Personal Values-** What would you like others to know about your religious practices, culture, traditions or personal values?

**5. Environment-** What would you like others to know about the environment which allows you to feel your best or do well with activities? For example, you may need quiet or may react to certain smells (like perfumes).



**6. Health-** What would you like others to know about your health?

**7. Responsibilities-** What responsibilities do you have that you want others to know about? These might include people, pets or other areas of responsibility.

**8. Strengths-** What would you like others to know about your capabilities and strengths?

**9. Challenges-** What would you like to others to know about your challenges?

**10. Worries or Concerns-** What would you like others to know about worries or concerns you have? These can be about any area that effects your life now or it can be a concern for your future.

## II. PEOPLE IMPORTANT TO ME

This section is used to identify people who are important in your life. The reason for asking you about people in your life is to find out who you are most connected to and if you want assistance to remain connected or want to make changes in your relationships. For example, you may need help with traveling to visit friends or family more frequently. It is also important to identify people who provide you with help so that during your support plan meeting we can talk about whether the help you need will be provided by your service provider or will continue to be provided by people you know. It is your choice to provide this information.



**Are you willing to talk about this area of the assessment?**

- Yes
- No (Skip to Section III. My Support Planning Meeting)

**1. Are there family members who are an important part of your life that you'd like to mention?**

Name of Person: \_\_\_\_\_

a) What would you like to tell us about this person?

b) Does this person provide help or support?

- Yes, how often? \_\_\_\_\_
- No

➤ Is there any training or guidance that could assist this person in providing you with help?

c) Do you have opportunities to spend as much time as you'd like with this person?

- Yes
- No

If no, why not and what would you like to see happen?

*Additional people can be added.*

**2. Are there friends who are an important part of your life that you'd like to mention?**

Name of Person: \_\_\_\_\_

a) What would you like to tell us about this person?

b) Does this person provide help or support?

- Yes, how often? \_\_\_\_\_
- No

➤ Is there any training or guidance that could assist this person in providing you with help?

c) Do you have opportunities to spend as much time as you'd like with this person?

- Yes
- No

➤ If no, why not and what would you like to see happen?

*Additional people can be added.*



3. Are there other people, such as neighbors or paid helpers who are an important part of your life that you'd like to mention?

Name of Person: \_\_\_\_\_

a) What would you like to tell us about this person?

[Empty text box for answer a)]

b) Does this person provide help or support?

Yes, how often? \_\_\_\_\_  No

➤ Is there any training or guidance that could assist this person in providing you with help?

[Empty text box for answer b)]

c) Do you have opportunities to spend as much time as you'd like with this person?

Yes  No

➤ If no, why not and what would you like to see happen?

[Empty text box for answer c)]

*Additional people can be added.*

4. Are there any individuals that you do not want to be in contact with or who should not be around you?

Yes  No (Skip to item 5. Socializing with Others)

- Name of person \_\_\_\_\_
- What is this person's relationship to you? \_\_\_\_\_
- What instructions do you have if this person tries to make contact?

[Empty text box for answer 4]

If you are experiencing abuse or being financially exploited, you can report the problems and obtain protection assistance.

*Additional people can be added.*

5. Socializing with Others

a) How are you able to spend time with family/friends or get chances to meet new people?

[Empty text box for answer a)]

b) What are the challenges or barriers that prevent you from spending time with others as much as you would like?

[Empty text box for answer b)]



### III. MY SUPPORT PLANNING MEETING

After completing the assessment, there will be a meeting scheduled to develop a plan for your services. Items in this section will be used to set up your meeting.

*(If the participant has not been through the process, assessor should explain what the plan is intended to do.)*

This will be a meeting that includes you, people you want to have attend, and your case manager. You can lead this meeting and help will be provided if you would like. It is important that you feel that your needs and preferences are being heard and that the plan supports your goals for services. The following questions are intended to make sure the meeting is set up so that this can happen.

**1. What days of the week or times of the day are most convenient for you to meet?**

Days of week: \_\_\_\_\_ Times of day: \_\_\_\_\_

**2. Where would you prefer to hold this meeting? It can be held in your home or at another place convenient for you and others you want to invite.**

Preferred location(s): \_\_\_\_\_  
\_\_\_\_\_

**3. Who should be invited to the meeting? *(A legal guardian must attend if applicable.)* You may want to invite someone you trust to assist you, or you can decide not to invite anyone else.**

Name	Relationship	Preferred Contact Information	
		Phone	Email

**4. Do you or any of the people you want to attend need a reasonable accommodation to fully engage in your meeting? *(Note to assessor: If necessary, provide examples of reasonable accommodation.)***

Yes *(If yes, document what is needed below.)*     No

Name	Accommodation Needed	Who Will Follow Up

**5. It is important that your support plan meeting be led by you as much as possible and as much as you want. What help would you like to have in the meeting? *(Assessor: Discuss options and help that can be provided by case manager or others the person wants at the meeting.)***

- I (participant) will lead meeting without assistance.
- I want some assistance. *(Describe below.)*
- I want someone else to lead meeting. *(Describe below.)*



**6. Your case manager will be at the meeting to record information and to help explain the purpose of the meeting to others attending the meeting. Is there other help you want from your case manager or someone else?**

**7. Do you or anyone else who will be attending the meeting have special traditions or cultural practices that need to be kept in mind?**

- Yes *(If yes, document what is needed below.)*  No

**8. Is there anything else you want others to know before your meeting?**

- Yes *(If yes, document what is needed below.)*  No

## IV. MY FUTURE

This section of the module covers what you want to see happen in the future. The purpose of this is to help make sure your support plan is designed in a way that helps meet these personal goals. You can add more information at any time during the assessment and support plan process if you think of something later.

**1. What do you want to see happen in your future (goals)?**

*Assessor: If interviewing, the person may provide a general answer if he/she desires. If the participant has difficulty or needs more structure, suggest considering goals in one or more of the following:*

- *Family, Home and Pets*
- *Work and Education*
- *Health*
- *Leisure/Personal Interests (includes community)*
- *Religion/Culture/Traditions/Personal Values*
- *Friends*
- *Living Arrangement*



2. Based on the above, what specific outcomes would help you feel like you had made progress or reached your goals? *(If helpful, use the same prompt areas as above.)*

3. What can you personally do to help make sure this is your future?

4. What support do you need in moving ahead?

## V. SERVICE RELATED PREFERENCES

This last section of the module covers some of your preferences for how services are delivered. This will help with making decisions (or reviewing decisions) about what programs and services best match up with your preferences. Throughout your assessment you will be asked about your preferences for specific support needs, but before getting into the details, the items below ask you about general preferences.

1. How important are the following to you?

*Indicate the importance of each item. For all responses of SI or VI, describe in the box below:*

- *Not important (NI)*
- *Somewhat important (SI) depending on situation*
- *Very important (VI)*
- Being able to decide which workers help me
- Managing my staff work hours and duties
- Gender of my direct support staff. *If somewhat or very important, indicate preference.*  
 Prefer male staff     Prefer female staff
- Times of service *If specific time is known, describe below.*
- Staff must be able to speak another language in addition to English *(includes signing)*
- Special training to support me
- Staff must have knowledge of special customs, religious practices or traditions practiced by me or my family
- Other





2. *(If participant already receives services, ask the following questions. If not, Skip to 3.)*

**What, if any, changes would you like to make relating to services you receive or want to receive? Check all of those that apply and describe all items checked in the box below.**

- |  |   |
|--|---|
| <input type="checkbox"/> Times of service                                      | <input type="checkbox"/> New safety measures                                      |
| <input type="checkbox"/> Number of service hours                               | <input type="checkbox"/> Home modifications to help with accessibility            |
| <input type="checkbox"/> Activities engaged in when receiving supports         | <input type="checkbox"/> Help with finances                                       |
| <input type="checkbox"/> Supports for increased community activities           | <input type="checkbox"/> Want to move to another location                         |
| <input type="checkbox"/> Supports for more time with friends or family members | <input type="checkbox"/> Increase self-advocacy skills and abilities              |
| <input type="checkbox"/> Employment, volunteer or training activities          | <input type="checkbox"/> Improve skills to help me manage staff and service hours |
| <input type="checkbox"/> Change in provider agency                             | <input type="checkbox"/> Training for workers                                     |
| <input type="checkbox"/> Change in service worker                              | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Able to have same staff on regular basis              |   |

3. **Are there other personal requirements you have for your service provider or how you receive services?** *(Describe below)*



4. *Based on responses to the questions above, the assessor should have a conversation about reasonable alternatives in the event that the first preference is not readily available. Record responses below.*

**If your service preferences cannot be met, are you willing to consider other arrangements until something can be worked out that better meets your first preference?**

- No, the participant is unwilling to accept supports that do not meet requirements
- Yes *(If yes, indicate the types of alternatives that are acceptable to the participant and appropriate to the desired outcome.)*
  - Willingness to train/teach support staff
  - Stay with current provider agency until new provider can be found
  - Keep current worker until new worker can be found and trained to support me
  - Receive alternative services until the preferred service becomes available
  - Use unpaid supports to provide assistance
  - Use other community resources to provide assistance
  - Other \_\_\_\_\_

## VI. WHO SHOULD HAVE THIS INFORMATION

Indicate who you want to have the personal information in this module. You may require that the people you identify can only have access to part or all of the information.

Name of person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Contact information: \_\_\_\_\_

In column 1 indicate which Sections the above person can access. In column 2, you may indicate any items in the section you do not want the named person to access. In column 3, indicate how long you want to allow the named person to access the information.

1: Section	2: Exclude These Items	3: Timeframe to Allow Access
<input type="checkbox"/> Personal Profile		
<input type="checkbox"/> People Important to Me		
<input type="checkbox"/> Service Planning Meeting		
<input type="checkbox"/> My Future		
<input type="checkbox"/> Service Preferences		

*Additional people can be added.*