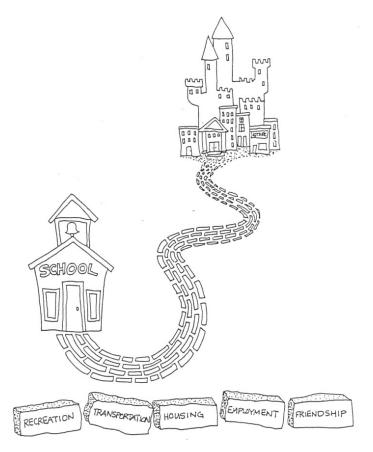
## PLANNING FOR THE FUTURE



A Workbook to Help Young Adults with Disabilities, Their Families and Professionals to Plan For Living, Working, and Participating in the Community

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### **Personal Profile**

Name

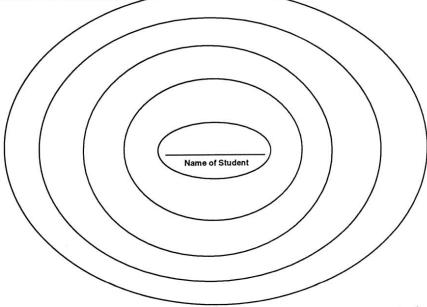
\* What does he/she like to do? With whom?

Describe \_

- \* Where does he/she like to go? With whom?
- \* What is her/his personality like?
- \* What are her/his strengths & positive contributions to your family and community?

## **Relationship Map**

Put your child's name in the center. Put those people who are closest to him/her in the next circle. These would be people who spend the most time with her/him. Include family members, teachers, friends, neighbors, service providers, etc. In the next circle, put people who spend some time with him/her, but not as much as those in the first circle, etc.



\* Who spends the most time with your child? Family? Friends? Professionals? Do you want to change this?

# **Envision the Future** Where does he/she want to be living? - Will she/he need support? What kind? Where does she/he want to be working? - Will he/she need support? What kind? How will he/she get to work and around town? - Will he/she need support? What kind? What does she/he want to do in her/his free-time? - Will he/she need support? What kind? Who will be his/her friends? - Will he/she need support? What kind? Are there post-secondary education/learning experiences that he/she wants? - Will he/she need support? What kind?

The goal that I will begin planning for is	*-
Be specific. How will you know when you have reached your goal? When	do you want to
have achieved this goal? Will you realistically be able to achieve this goal	
Trave acriteved this goal: Will you realistically be able to acriteve this goal	•
	X
Obstacles	
What stands in the way of me meeting my goal?	
What stands in the way of me meeting my goal?	
What stands in the way of me meeting my goal? Include such things as lack of: information, services, time, money, et	c.
	<b>c.</b>
	c.

Available Resources to Help Overcome the Obstacles
Physical Resources - What things (money, equipment, etc.) do I have that might be helpful in working on this goal?
People Resources - What might some of these people do to help me work on this goal?
(refer to relationship map)
Community Resources - What community groups/organizations (church, civic groups, clubs) might be helpful?
Social Service Resources - What social service agencies (school, vocational rehabilitation, etc.) are available to help with this goal?
What adult service providers are available to help with this goal?
What financial supports (SSI, Medicaid waiver, etc.) are available to help with this goal?

Prioritize Your Options and Resources Which resources look most promising?	
Which ones would be easiest to mobilize?	
Which ones will give you the most results with the least effort?	
(e) <b>v</b>	
Which ones should you start with first?	
1.	
2.	
3.	
4.	
5.	

## **Develop Your Action Plan**

What can you immediately begin to work on?
When will you have it done?
Who will help you?
What is the desired outcome?
How will you know when you have accomplished it?
What will take more time?

**USE THE ATTACHED ACTION PLAN FORM** 

### **ACTION PLAN**

What need:	s to take place immed s to take place down	the road? within the	e next 3 - 6 mont		
mmediate Steps		Who	By When	Outcome	Evaluation
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		•			
2.	*	•			
	1				
3.	Ē	•			
		:	:		
4.					
		: .;	: :		
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Down the Road • • •	••••••	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••
1. ,		:			
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2.		:			
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J.		•			
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4.		•	:		
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