

My Transition Plan

NAME: _____

Date: _____

I can live in a smaller home within the community with sufficient supports and services to meet my needs. Currently _____ is appropriate to meet my needs.

WHERE I'VE BEEN and WHERE I'M GOING

(Previous moves; Understanding/Desire of new living arrangements):

- *When did she/he move to [name of facility]?*
- *Where did she/he live before?*
- *Have there been any moves since then?*
- *How did she/he adjust?*
- *Is there any special information learned from previous moves that would be helpful with this move?*
- *Describe what a good placement would like look for the person.*
- *Where does the person want to live? (ICF/Waiver, etc)*
- *Has the move been discussed with this person?*
- *How does she/he feel about moving?*
- *What supports have been provided to help the person understand why they are moving?*
- *What are the best ways to help this person communicate their feelings?*
- *Ease their anxiety, if any?*
- *How can we engage her/him in positive planning (i.e., specific moving activities)?*
- *Has the person visited the home? If so, what were her/his responses/reactions to the visit?*
- *Document all referrals made and outcomes of those referrals. Maintain a historical listing of all opportunities provided.*

HOW TO HELP ME BE SUCCESSFUL IN LIVING MY LIFE

(How to make the person successful in the community; How to make the person successful in any setting):

- *What education has the individual and guardian received regarding community options? (Choosing a Community Option, IO Waiver Handbook, SSA Handbook, Service Provider Interview Guide, Medication Administration Flow Chart, Transition Plan Flow Chart)*
- *What barriers are preventing me from achieving my hopes, dreams and living in the community?*
- *What action step(s) is the team taking to help me overcome the barriers?*

SPECIAL INFORMATION ON MY PERSONAL ROUTINES

- *Identify specific things that need addressed for the individual to be able to live in the community.*
- *What is important TO me – and – What is important FOR me?*
- *Are there any special approaches or styles to use with this person?*
- *Helpful anecdotes (e.g., prefers eating with a spoon rather than a fork; would rather be approached from the right side)?*
- *Considerations for particular situations?*
- *Preferences for certain routines at certain time (e.g., prefers to sleep late on weekend; always brushes teeth before showering).*

HOW I APPROACH RELATIONSHIPS AND HOW I COMMUNICATE:

- *How does he/she connect with other people?*

- *How does he/she communicate?*
- *Describe the supports which best assist the person to express thoughts, needs, choices, etc.*
- *How do you know what he/she is feeling?*
- *Effective/supportive responses to this person include_____.*
- *Personal fears or unusual responses of the person include _____.*
- *What is known about my possible trauma history (include triggers & related supports)*

MY PHYSICAL CONSIDERATIONS AND MY SUPPORTIVE EQUIPMENT NEEDS: (if applicable)

- *Include provisions for visual or hearing impairments;*
- *Adaptive equipment for positioning, bathing, walking, eating or other personal care routines.*

MY REFERED SOCIAL LIFE:

- *What does she/he do for fun?*
- *Does she/he like to socialize with one other person or in a larger group?*
- *Length of time the person enjoys and activity?*
- *Does the person have special interests or hobbies?*
- *How does she/he make choices regarding her/his social activities? (e.g., needs suggestions presented to her/him? Initiates?)*
- *How does she/he express preferences for different activities?*
- *Spiritual awareness?*
- *Civic connections?*
- *Has this person had the chance to practice self-advocacy or other leadership or self-esteem building skills?*
- *What situations have the potential for the person to become bored or frustrated?*

MY IMPORTANT CONTACTS DURING TRANSITION: People that can provide information about me and assistance regarding my adjustment and comfort in my new home, both during and after the move.

<u>Name</u>	<u>Contact Info</u>	<u>Relationship</u>	<u>Comments</u>
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MY FAMILY SUPPORT/INVOLVEMENT DURING TRANSITION:

- *Have any family members been involved in his/her decision to move (e.g., visited new home, helped plan services)?*
- *In what ways could the person's family best support the person during his/her move? What level of involvement are they most comfortable with (e.g., keeping informed of the transition process, accompanying the person on visits, shopping for new personal items together, etc.)*

EMERGENCY SKILLS:

My ability to recognize an emergency: *(Include level of assistance and adaptive equipment needs, e.g., bed shaker, flashing lights, etc.)*

- *How does the person presently respond when he/she hears a fire alarm?*
- *Does he/she connect the alarm with a possible fire?*
- *Is the person's response different during the day vs night time?*
- *How does he/she respond to staff assistance?*

- *Suggestions for assessment/training in the new home?*
- *What would he/she do if he/she were injured?*
- *If someone else was injured?*
- *How does he/she respond to strangers? Intruders?*
- *Would he/she see out staff if there was a household emergency (e.g., fire, flood, power outage, etc.)?*
- *Would he/she seek assistance if he/she was hurt?*
- *If someone else was hurt?*
- *How would he/she communicate that he/she didn't feel well?*
- *What self-protection skills has he/she demonstrated (e.g., run away from danger, avoid burners on stove)?*

THIS IS WHAT WOULD WORK BEST FOR ME DURING WEEKDAYS:

- *Would he/she like to work?*
- *If so, what skills or interests does he/she have that might be employable?*
- *What is challenging and rewarding to him/her?*
- *What type of supervision style would best support him/her?*
- *If he/she will not be working, what would be meaningful and enriching for him/her?*

RECOMMENDATIONS FOR MOVE:

- *Suggested number/type of visits, length of time, etc.*
- *How will person indicate if move is too fast or too slow?*
- *Suggestions for how new staff could best get to know him/her?*
- *List any specialized supports which need to be coordinated between providers (e.g., nursing, psychology, mobility instruction).*

RECOMMENDATIONS FOR FOLLOW UP:

- *What service issues will require follow up?*
- *What staff from [facility] should be utilized?*
- *Who will coordinate?*
- *What are the time lines for follow-up?*
- *Identify point people for community ISP, notification and involvement.*

My signature

Signature and title of staff that assisted me with my plan

Program Director Approval Signature and Date