# **Person Centered Information**



Person's legal name:	Date of last update:

Ask the person and those close to them what their current priorities are. What are the things happening right now that the person wants to strengthen or maintain? Are there issues of concern that need to be addressed?

Seek to understand more about the current priorities by asking follow-up questions when needed.

Record what you learn on this form. The amount of information you record in each topic area will vary depending on the person's priorities and how well you know them.

If you don't have information about a particular topic area because it is not a current priority or the person doesn't want to discuss it, note that on this form.

#### Communication

How the person communicates wants/needs/pain, assistive devices used for communication, accommodations needed, receptive and expressive communication skills, reading/writing skills, opportunities to gain or maintain skills, etc.

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# Life in current living arrangements

Where and with whom the person lives, where the person wants to live, options for where the person can live (including non-disability specific options), planning to live more independently or on their own, looking for a new home or moving out of family home, rents or owns, private room, contribution to household, daily routine, activities at home, hobbies, pets, family, roommates, accessibility throughout home, meal planning, shopping, preparing meals and cooking, cleaning, skills for maintaining own household, modifications in home, safety.

Person's perspec	ctive:				
Additional input:	Additional input:				
Pre-employm	ent and/or work				
Career goals, developing job skills, interests, job exploration, financial concerns, social security benefits concerns, job development for self-employment or paid work, current job, job satisfaction, workplace safety, childcare needs, co-workers, work routine, work environment, planning for retirement, etc.					
Person's perspec	ctive:				
Additional input:					
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<b>Employment</b>	-related skills	
writing skills, comr	talents, strengths, prior work emunication skills, computer skill focus if still in school, etc.	experience, education, reading an Ils, organization, timeliness,
Employment	-related preferences	
•		nings, pay, location, environment, n home, type of job, type of tasks,
School and I	ife-long learning	
education, person	would like to learn, classes into al or professional development, ences and diploma options, tran	t, accessing school options,
Person's perspe	ctive:	
Additional input		
Community a	and social life	
	, , , , , , , , , , , , , , , , , , ,	ties, concerts, festivals, churches,
accessing commu	nity locations, shopping, visiting	g triends and family, social
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Person's pers	pective:	
	<u> </u>	
A 1 P4' 1 '	1	
Additional inp	ut:	
Relationshi	p map	
	People who are important to	041
F "	this person:	Others in this person's life:
Family		
Friends		
People at		
work, school		
or in the		
community		
People paid to provide		
support		
<u> </u>		
Relationshi	ips	
Anything about (	current relationships the person w	yould like to change making
, 0	nities to make choices about who	<b>0</b> ,
, , , ,	onnections with distant friends an	,
	traits or people to avoid, etc.	, , percentancy areas or
Person's pers <sub>i</sub>	pective:	
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networking, clubs, social events, volunteer work, safety, opportunities to develop

Additional input:			
Characteristi	cs of people who be	est support th	is person
•	teristics, any personality trait gender, physical attributes, eady identified.	· •	ŕ
Person's perspec	ctive:		
Additional input:			
Health and w	ellness		
themselves, medic successful, skills fo fitness, sports, pre	medical professionals, develoal equipment, things that mater making and keeping medical ventative care, health screer by, dental care, planning for	ke medical appointr cal appointments, ph nings, nutrition, nursi	nents ysical ing services,
Person's perspec	ctive:		
Additional input:			
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Financial life	•		
	ning money, using cash, counti st, benefits, risk of exceeding re ling money, etc.		•
Person's perspe	ective:		
Additional input			
Protection a	nd advocacy		
choices and decis exploitation, partic	lls, skills for saying "no" to thing ions, opportunities to gain or p ipating in self-advocacy group interfere with privacy, identity p	ractice skills, prote s or activities, pers	ection from
Person's perspe	ective:		
Additional input	1		
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# **Cultural considerations**

Family, traditions, stories, faith, heritage, rituals, celebrations, holidays, food, clothing, books or literature, items, planning for end of life, etc.

Cibining, books of interature, items, planning for end of life, etc.		
Person's perspective:		
Additional input:		
Sexuality		
Education, family planning, privacy, anything that interferes with privacy, opportunities to express sexuality, dating, places and events to meet potential partners, online dating, safety considerations, etc.		
Person's perspective:		
Additional input:		
Mental health		
Concerns about mental health; relationship with any mental health professionals; availability of helpline or other resources for the person, family or supporters; things or people that make appointments better; effective strategies; accommodations needed; skills for making health care decisions; support to make informed health care decisions, etc.		

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Person's perspective:
Additional input:
Behavioral health
Concerns about behavioral health, relationship with any behavior professionals, availability of helpline or other resources for family or supporters, effective strategies, etc.
Person's perspective:
Additional input:
Transportation
To/from work, school, activities, learning how to get around independently, learning the bus routes, getting a driver license, vehicle with lift, safety concerns, etc.
Person's perspective:
Additional input:

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Assistive devices (AD) or technology (AT) needed to increase independence, reach personal goals or lessen the need for other paid support.
An assistive technology discussion guide is available to help research options, explore funding, acquire devices or technology, and establish monitoring and maintenance for AD/AT already in place.
Wheelchair, scooter, walker, cane, crutches, prosthetic device, and orthotic device, helmet, emergency alert devices (LifeAlert, MedicAlert), alternative or augmentative communication (AAC) device, iPad/tablet, phone, GPS-enabled device, communication chart, audio reader, alternate keyboards, talking photo album, screen reader, screen magnifier.
Person's perspective:
Additional input:
Environmental modifications needed to increase independence, reach personal goals, or lessen the need for other paid support.
Research options, explore funding, acquiring modification, establish monitoring and maintenance for modifications already in place.
Padded corners and edges, widened doors and hallways, smooth floors (no carpets), roll-in showers, lowered or raised sinks, counters and cabinets, ramps, lifts (hydraulic, manual or electric), hand rails and grab bars, automatic or manual  Person's name:

door openers, doorbells, specialized electrical or plumbing systems, heating and cooling adaptations, emergency indicators such as strobe-light fire or carbon monoxide detectors, bed shakers, etc. Person's perspective: **Additional input: Hopes and dreams** Personal goals, career goals, education goals, vacations to take, purchases to make, things to achieve now or in the future, things to do or try, experiences to explore, marriage and children, long- and short-term. Person's perspective: **Additional input:** Other individualized planning documents Are there others to partner with for services coordination? Check with the family/guardian for other assessments/service plans the person may have to help the DD system better coordinate/maximize supports and services for the person and family/guardian. Examples include Essential Lifestyle Plan (ELP), Personal

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Futures Plan, and also documents from school such as Summary of Performance,

Individual Education Plan (IEP), Individualized Family Service Plan (IFSP),

Individualized Learning Plan (ILP) or a 504 plan.

List other available documents that can be referenced for more information:		

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#### Contributors to person's perspective

Name	Relationship
	Self

# **Contributors to additional input**

Name	Relationship

This form may contain your personal information. There is some risk someone could steal the information from you when you send this form by email. You may want to mail or fax it if you do not want to take the risk.

You can get this document in other languages, large print, braille or a format you prefer. Contact the Office of Developmental Disabilities Services (ODDS) at 503-945-5600. We accept all relay calls or you can dial 711.

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