

Planning for your future

A ROADMAP TO YOUR GOALS



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PLANNING FOR YOUR FUTURE. Soon your Harbor Regional Center Counselor will meet with you and the important people in your life. This meeting is a chance for you and your family and friends to sit down and think about where you are now, where you want to be in the future, and what support you might need to help you get there. If you fill out this form, or even if you just think about some of the questions it asks, you will be better prepared for your planning meeting. You can fill out this form by yourself, or you can ask a family member or friend to help you fill it out or just think about it together. If you don't want to fill out this form, that is okay too.

However, we think that you will find it useful and fun too!

This is about you. What is your name? _____

Who is on your team? Who helps or supports you? Who are your friends? Whom do you turn to for help when you need it? Whom do you want to invite to your planning meeting? _____

THINGS ABOUT YOU

About you

1. What are some great things about you? What do people like about you?

What can you do well? _____

2. What things do you like to do? Around town? At home? For fun? _____

3. What NEW things would you like to do? Around town? At home? For fun? _____

4. What makes you happy? _____

5. What makes you mad or sad or frustrated? _____

6. Who is your favorite person to talk to and do things with? (You can name more than one person if you want to.) _____

THINGS ABOUT WORK. If you are not interested in working, please turn to page 4.

If you have never worked before, please skip to question #8. If you are already working, please skip to question #10.

7. If you have worked in the past, what jobs did you like best? _____

8. If you are interested in working, what kinds of jobs interest you? _____

9. Do you need help in getting a job? Yes No

Does it take you a long time to learn a job? Yes No

Do you get SSI? Yes No

Do you need help in using money or in using transportation to get to work? Yes No

If you answered “yes” to any of these questions, you may need some help in getting and keeping a job.

Already Working? How's Your Job?

10. Is it the kind of job you like? Yes No

Are the hours and days okay? Yes No

Do you get the support you need? Yes No

Are you satisfied with the amount of pay you get? Yes No

Do you get benefits from your job? Yes No

Is your job close enough to where you live? Yes No

Is there anything you need more help with? Yes No

How do you get along with the people at work? Great Okay Not very well

When you think about your job (check the one that shows how you feel most of the time)

You are glad that you got it It's okay that you got it You are sorry that you got it

THINGS ABOUT DAYTIME ACTIVITIES.

If you work during the daytime, skip to question #16.

11. If you are not working now, what do you do during the day? _____

12. What do you like best about what you do during the day? _____

13. What are the things you don't like about what you do during the day? _____

14. If you go to a day program with other people with disabilities:

Do you like what you do at the day program? Yes No

If no, would you like a different day program? Yes No

15. If anything were possible, what would you most like to do during the day? _____

THINGS ABOUT WHERE & WITH WHOM YOU LIVE

16. How do you live now?

- Alone? With one or more roommates? With your parents?
 With other relatives? In a group home?

Other? _____

17. What do you see as the best things about where you live right now? _____

18. What are the things that you don't like about where you live right now? _____

19. What kind of help do you need where you live right now? _____

20. Are you living where you want to live and with whom you want to live? Yes No

If no, explain: _____

If you are living where you want to live for now, please go to question #24.

21. If anything were possible, where would you like to live and with whom? _____

THINGS ABOUT YOUR HEALTH

22. How are you feeling? Do you have any health problems that concern you or your family?

23. Do you have a doctor and, if so, when did you last see him or her? What for?

24. Is the doctor treating you for something? Do you take any medications? If so, what are they?

25. Do you have a dentist and, if so, when did you last see him or her?

26. Do you need help going to the doctor or dentist, and if so, who helps you?

27. How tall are you and how much do you weigh? Do you think you weigh too much or too little? Are you on a special diet?

THINGS ABOUT YOUR SPIRITUAL LIFE

28. Do you go to a church or synagogue or other place of worship? Yes No
29. Do you need assistance in getting to your place of worship and, if so, who helps you?
 Yes No

30. If you do not go to church or another place of worship, is this something you would like to do? Yes No

THINGS ABOUT YOUR HELPERS

31. If you have a job, do you have someone like a “job coach” who helps you when you work? Yes No
If you have a job coach, is it someone that you feel is helpful? Yes No
If no, would you like a different job coach? Yes No
32. Do you have someone who helps you at home? Someone like a “supported living coach” who helps you budget your money, shop, cook and things like that? Yes No
If you have a supported living coach, is it someone that you feel is helpful? Yes No
If no, would you like a different supported living coach? Yes No
33. Do you have enough contact with your Harbor Regional Center Counselor? Yes No
When you call your Harbor Regional Center Counselor, does he or she call you back in a reasonable time? Yes No
Are you satisfied with your Harbor Regional Center Counselor? Yes No

34. Do you have any other helpers? If so, who are they and how do they help you? Are you satisfied with how they help you? Would you like help in finding someone different to assist you with these things?

THINGS ABOUT YOUR FUTURE

35. What are your hopes and dreams for the future? Think about what you want for yourself in the next year. What about three or four years from now?

36. What kinds of support will you need from your family, friends, neighbors, and others in the community who can help you reach your goals?

37. What kinds of support will you need from Harbor Regional Center to help you reach your goals?

38. What worries you most about your future?

39. If your family is not available, whom would you turn to for support? _____

OTHER THINGS THAT ARE IMPORTANT TO YOU. You can use this space to write about any other things that you think are important for the people who will help you plan for your future to know. _____



HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION, INC.
21231 Hawthorne Boulevard, Torrance, CA 90503
(310) 540-1711 www.harborrc.org