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Instructions

1. This workbook will guide you through the suggested activities for the completion of the Community Living, Residential Transition, and Residential Diversion Outcome Payment projects. It is a required tool that can be used in conjunction with the optional *Community Living Checklist* or as a standalone document.
 - a. The same information identified on the *Community Living Checklist* is found within this workbook, however additional space is provided here for specific activity documentation.
 - b. You are able to document your project experiences in whatever manner works best for you as

- long as you are completing the identified “Activities to Complete” in the selected areas.
- c. You will receive similar questions to those outlined in this workbook at the completion of the project via the Project Plan Upload located on the Inclusa website, or you can upload a copy of your completed workbook.
 - d. Taking pictures is a great way to capture the confidence building experiences and for the member to remember and share their newfound skills. You will be able to share these pictures with us via the Project Plan Upload if you choose and given the member’s permission.
2. As a team, select all applicable topic areas (with a minimum of three (3) topic areas specifically for the Community Living Outcome) and complete related activities tied to those topics. Within each area are identified tasks to support the activity; it is recommended to review these tasks with the member for informational and educational purposes, and to help build a well-rounded perspective of the “Activity to Complete.”
 - a. Note: this workbook is not an evaluation of the member’s ability to complete tasks. It is simply intended to be an opportunity for the member to explore new skills, gain confidence, and ensure a holistic plan is considered when working towards Community Living.
 3. Please ensure the completed workbook and/or checklist and any associated documentation or project details are submitted via the Project Plan Upload prior to the deadline of **December 31, 2021**.

Support Tips

- Identify individual skills and abilities
 - Explore what parts of the activities and tasks the individual can complete
 - Focus on strengths vs limitations
 - Online Resource: <https://www.endeavour.com.au/media-news/blog/guide-developing-life-skills-adults-disability-2>
- Imitation
 - Coach by demonstration, prompting, and fading
 - Online Resource: <https://www.verywellfamily.com/teach-self-care-skills-to-children-with-special-needs-4128821>
 - Watch training videos together
 - Post instructional pictures around related areas of your residence
 - Online Resource: <https://do2learn.com/picturecards/DailyLivingSkills/index.htm>
- Communication
 - Use verbal communication as well as acknowledge non-verbal communication
 - Stay positive and encouraging while letting go of control or judgement as they are learning
 - Frequent reminders may be necessary
 - Breakdown the task/activity to a step-by-step process
- Simulation control
 - Before teaching a skill, it is important to identify the stimuli that will prompt the action
 - Example: to prompt washing hands, the stimulus can be dirty hands or a routine of washing hands before a meal
 - Ensure the member is ready to focus on the task or activity

Topic Areas (select all applicable areas as part of the Transition/Diversion project plan or a minimum of 3 as part of the Community Living project plan)

Member Name: _____ Facility Name: _____

Module 1: Belonging

Belonging is being included, feeling accepted, and having meaningful relationships. You are an important and valued member of a group. Within this module you will find activities to help you recognize how we all need a little help sometimes, and by building connections within your community anything can be achievable.

Community Connecting

Activity to Complete: Watch 2-3 videos with the member on Inclusa’s Provider Learning Management System (LMS) that are under the Community Connecting category. Answer related questions within the LMS and document the member’s reaction or thoughts regarding each video you watch.

Tasks to Support Activity:

- Map out the local community and identify where resources and favorite places are located
 - Task can be partnered with the Transportation topic area
- Identify local community groups reflecting member interests
- Visit local community centers and identify services received at each location (library, post office, bank, police station, fire station, parks, community centers, etc.)
 - If practicing Social Distancing, use creative solutions and explain the adjustments made
- Learn about making good choices when it comes to making new friends (all identified resources are located on Inclusa Community Living Outcome webpage under Topic Area Activity Resources > Community Connecting)
 - Complete “Do2Learn Choosing Friends Quiz PDF”
 - Complete “Do2Learn How to Start a Conversation PDF”
 - Complete “Do2Learn About Me Worksheet PDF”
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Community Connecting Activity Documentation (please attach additional pages as needed):

- **Completed Video #1 (Video Title):** _____
 - Results (What was the experience in the completion of this task? Can you relate to this video?)

- Tell us at least one thing you learned from this video:

○ Date Completed: _____

● **Completed Video #2 (Video Title):** _____

○ Results (What was the experience in the completion of this task? Can you relate to this video?)

○ Tell us at least one thing you learned from this video:

○ Date Completed: _____

● **Completed Video #3 (Video Title):** _____

○ Results (What was the experience in the completion of this task? Can you relate to this video?)

○ Tell us at least one thing you learned from this video:

○ Date Completed: _____

Support System

Activity to Complete: Develop a support plan identifying paid and non-paid supports within the individual’s life. Identify proper utilization of those supports and how often the plan needs to be updated and reviewed. Provide details of what the support plan looks like and your overall experience throughout development.

Tasks to Support Activity:

- Identify all areas where short- and long-term supports may be needed
- Identify which supports will be provided informally (naturally/un-paid) and determine how they may be coordinated
- Collaborate with the Inclusa care team to determine which supports may need an authorization (formal/paid)
- If Transition/Diversion plan - Facilitate appropriate assessments and referrals to secure supports
- Identify a location where the support plan can be housed and easily accessed
- List all emergency and non-emergency contacts and identify appropriate usage for each
- Document all important information that should be kept within the support plan (phone numbers, addresses, reason to contact the individual or organization, role in members life, etc.)
- Ensure back-up plans are identified and well thought out, and how to support creative problem-solving strategies when things do not go as planned
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Support System Activity Documentation (please attach additional pages as needed):

Name (who to contact)	Contact Information (how to contact)	Support Focus (why to contact)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

What is your plan for updating and review?: _____

What risks were discovered and the identified plan for mitigating them? _____

What supports will be provided informally (natural/un-paid/friends/family)? _____

What supports will be provided formally (paid provider)? _____

Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

Tell us at least one thing you learned from this activity: _____

Date Completed: _____

Module 2: Accessibility

Accessibility focuses on entering, participating, and easily moving in places of importance. You have the freedom, the ability, and the invitation to participate. Within this module you will discover different forms of accessibility and identify how supportive technology options can be an opportunity in everyone's life.

Transportation

Activity to Complete: Choose 2-3 places within the community you can go to together using transportation without relying on the residential provider supplying the direct transportation. Provide details of the places you went and your overall experience (If practicing social distancing, use creative solutions and explain the adjustments made).

Tasks to Support Activity:

- Identify address of destinations and where to locate them (phonebook, internet, call the location, etc.)
- Identify different transportation types available in your area (city bus, taxi, train, paid and unpaid volunteer drivers, carpooling, going places within walking distance, etc.)
 - Review transportation routes related to different transportation types
 - Review related rates or fees associated with the different transportation types
- Read maps and learn how to navigate through the community
- Review proper use of map technology such as Google Maps, MapQuest, GPS systems
- Identify safe use of available smartphone apps related to transportation such as Uber, Lift, etc.
- If using a taxi, know when to call to request and cancel the scheduled service
- Identify how to connect with unpaid community resources (organizing carpool, connecting family members/friends going to the same destination, identifying unpaid volunteer driver
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Transportation Activity Documentation (please attach additional pages as needed):

- **Community Location Title #1** _____
 - Steps to get to the location
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 - Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

 - Results (Tell us at least one thing you learned from this experience): _____

○ Date Completed: _____

● **Community Location Title #2** _____

○ Steps to get to the location

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

○ Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

○ Results (Tell us at least one thing you learned from this experience): _____

○ Date Completed: _____

● **Community Location Title #3** _____

○ Steps to get to the location

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

○ Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

- Results (Tell us at least one thing you learned from this experience): _____

- Date Completed: _____

Environmental Safety

Activity to Complete: Identify 3-5 areas within Inclusa’s Member Safety Companion Guide to review and teach back on what was learned, giving one example on how to stay safe. The Safety Companion Guide is meant for use with Inclusa Members to provide education on several topics related to safety of their person and property and to prevent incidents that may involve injury, theft, or the need for police contact. Within the guide you will find information for specific types of prevention that can be tailored to meet individual needs.

Tasks to Support Activity:

- Learn your personal information and the importance of safeguarding this information
 - Date of Birth
 - Social Security Number
 - Address
 - Phone Number
- Appointment Scheduling (Doctor, dentist, etc.)
 - Finding contact number
 - Checking calendar for availability
 - Make phone call
 - Ensuring transportation to appointment
 - Can be partnered with Transportation topic area
- Provide education & proper preparation for different alarms, sirens, etc.
 - Smoke alarms
 - Tornado sirens
 - Monthly Tornado Test sirens
 - Severe weather warnings
- Become familiar with prescribed medications and proper utilization
 - See related documents/PDFs on Community Living Outcome website
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Environmental Safety Activity Documentation (please attach additional pages as needed):

1. Steps taken during this activity

- a) _____
- b) _____
- c) _____

- d) _____
- e) _____
- f) _____

2. Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

3. Results (Tell us at least one thing you learned from this experience): _____

4. How will this learned information be used on an ongoing basis?: _____

5. Date Completed: _____

Supportive Technology

Activity to Complete: Complete an Inclusa Tech Consultation by emailing innovation@inclusa.org. Within the email, please state the name of the individual being supported and your interest in “participating in a Tech Consultation for the Community Living Outcome.”

Tasks to support Activity:

- Identify what technologies you may already be accustomed to and/or using on a regular basis (smart phone, computer, medication reminder, personal emergency response system, fire alarm, mechanical lift, door sensors or other types of sensors, etc.)
- Review with the member what areas they would like to gain more independence.
- Through the Tech Consultation, explore supportive technology options that can promote greater independence

Supportive Technology Activity Documentation (please attach additional pages as needed):

1. Date Tech Consultation was completed: _____
2. In what areas does the member want to achieve greater independence through supportive technology?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. Were any supportive technology recommendations identified? If so, what were they?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. Were any of those recommendations used? (yes or no) _____

a. Please explain either what was used, or why those recommendations were not used:

5. On a scale of 1-5 where 1 is not helpful at all and 5 is very helpful; how helpful was the supportive technology in gaining greater independence?

(Not at all Helpful) 1 2 3 4 5 (Very Helpful)

a. Please provide additional details related to your experience:

6. Tell us at least one thing you learned from this experience:

a. _____

7. On a scale of 1-5 where 1 is not likely at all and 5 is very likely; how likely are you to consider the use of supportive technology for other areas of independence?

(Not at all Likely) 1 2 3 4 5 (Very Likely)

Module 3: Contribution

Contribution is an act of giving, doing, and sharing. You have gifts, talents, and valuable offerings others benefit from. In this module you will discover how we all have something to share with others, and by doing so it can bring add value to not only our own life, but also to those around us.

Financial Management

Activity to Complete: Create a financial plan to support independent living. Identify and review what needs to be paid when one lives on their own and how these might get paid for. Provide details of what the financial plan looks like and your overall experience throughout development.

Tasks to Support Activity:

- Create a monthly or weekly budget
- Identify a routine for payments
 - Set up direct deposit options or automatic payments
- Learn how to properly identify correct currency
 - Research available smartphone apps such as LookTel Money Reader and EyeNote
- Practice counting out change or smaller dollar bills in exchange for larger dollars, to ensure proper change is received when paying in cash
- Identify what financial options are available at a local bank
- Incorporate safe online practices when it comes to purchases or automatic payments
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Managing Finances Activity Documentation (please attach additional pages as needed):

Item Name (what is purchased)	Payment Amount (how much it costs)	Payment Frequency (when will it be paid)	Payment Plan (how will it be paid)
1.			
2.			
3.			
4.			
5.			

6.			
7.			
8.			
9.			
10.			

Plan for Updating and Review: _____

Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

Tell us at least one thing you learned from this experience: _____

Date Completed: _____

Employment

Activity to Complete: Review Interest Inventory options with member and determine together which one (1) to complete. Then review the career planning guides with the member and determine together which one (1) to complete. Submit results with the Community Living Workbook within the specific outcome Project Upload.

Note: If interested and applicable, please see Competitive Integrated Employment (CIE) Outcome for an additional payment opportunity: <https://www.inclusa.org/providers/resources/residential-outcome-payments/competitive-integrated-employment-outcome/>

Tasks to Support Activity:

Note: All identified resources are located on Inclusa Community Living Outcome webpage under Topic Area Activity Resources > Employment.

- Identify individual gifts and talents by completing “Gifts Worksheet PDF”
- Allow family or other close supports to participate by completing “Employment Family Support Worksheet PDF”
- Help see past current challenges and focus on positive traits by completing “Positive Personal Profile PDF”
- Worried about how employment may impact current Disability Benefits? Then review “Common Myths and Their Facts – Working and Disability Benefits”
- Explore supportive technology options that can promote greater independence in the workplace (see Supportive Technology section for additional details)

Employment Activity Documentation (please attach additional pages as needed):

Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

Tell us at least one thing you learned from this experience: _____

Date Completed: _____

Module 4: Home

Home is more than a place of residence. You have a space of your own, where you are secure, supported, and able to be yourself. Within this module we will explore different areas of home life and the day-to-day activities associated with living on one’s own.

Housing

Activity to Complete: Identify the different housing options within the community. If participating in Transition/Diversion – locate the community living environment which meets the needs and desires of the individual. Document your experience. Provide details of the exploration, and the results on how it went.

Tasks to Support Activity:

- Identify any benefits or barriers to different living situations (example: apartment vs house, rural vs urban, rent vs mortgage, roommates vs living along) and how they are applied to the individual's goals/desires
- Explore desired living situation options and identify top three choices for further exploration
- Identify financial obligations needed to secure housing (down payment/security deposit, mortgage/rent)
 - This area can be partnered with the Managing Finances topic area
- If considering a roommate, discuss options on how to find a suitable match for the living situation
- If applicable, complete required applications to locate housing
- Support access to required legal documents for housing such as legal ID, Social Security Card, Birth Certificate, etc.
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Housing Activity Documentation (please attach additional pages as needed):

1. Desired Living Situations:

- a. _____ Choice #: _____
- b. _____ Choice #: _____
- c. _____ Choice #: _____

2. Steps taken during this activity

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____

3. Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

4. Results (Tell us at least one thing you learned from this experience):

5. Date Completed: _____

Meal Preparation

Activity to Complete: Identify 2-3 meals that the individual chooses to learn how to make and prepare them together. Provide details of those meals, the steps you took when preparing them, and the results on how it went.

Tasks to Support Activity:

- Washing Hands prior to cooking and after touching unclean food products (raw meat, eggs, fish, etc.) or unclean surfaces (garbage can, pets, compost bin, etc.) to avoid cross-contamination
- Identifying and locating ingredients for recipes
- Washing and preparing produce prior to cooking or consumption (review peeling techniques and the importance of cleaning off dirt and other contaminants)
- Safe meat preparation to avoid cross-contamination
- Chopping food and using safe knife handling techniques
- Kitchen safety - identifying hot surfaces, shutting off appliances when no longer in use, proper storage of sharp objects such as knives, wiping up any spills right away
- Proper use of appliances such as stove, microwave, oven, blender, mixers
- Food contamination and food safety - avoid leaving food out for longer than two hours at room temperature and ensuring all cooked food is heated to the appropriate temperature
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Meal Preparation Activity Documentation (please attach additional pages as needed):

- **Meal Title #1** _____
 - Meal Details/Description (what does this meal consist of?): _____

 - Steps to Prepare the Meal
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 - Results (Tell us at least one thing you learned from this experience:) _____

 - Date Completed: _____

- Meal Title #2 _____
 - Meal Details/Description (what does this meal consist of?): _____

 - Steps to Prepare the Meal
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 - Results (Tell us at least one thing you learned from this experience:) _____

 - Date Completed: _____

- Meal Title #3 _____
 - Meal Details/Description (what does this meal consist of?): _____

 - Steps to Prepare the Meal
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 - Results (Tell us at least one thing you learned from this experience:) _____

 - Date Completed: _____

Housekeeping & Home Management

Activity to Complete: Develop an initial plan for what tasks the member would like to learn more about and what support is needed. Complete 2-3 of those tasks where additional support is needed. Provide details of the tasks and the overall experience (Example: Do a load of laundry with the member or complete other housekeeping tasks developed from a chores list).

Tasks to Support Activity:

- Identify, and if applicable obtain, household items that are needed to live independently
- If applicable, locate necessary supports to physically move into community living setting
- Identify chores already occurring in your residence and why they are important (Dusting - explain that dusting is important as dust can trigger allergy symptoms)
- Identify what items or supplies are needed for specific tasks and their proper usage (vacuum cleaner, duster, mop, cloth/rag, buckets, etc.)
- Identify what products are needed for specific tasks, the differences of those products, and their safe handling/proper usage (window cleaners, all-purpose cleaners, toilet cleaners and brush, etc.)
- Identify other tasks that may not occur in your residence, but that may be important to member
 - Making the bed - Helps start the day with a feeling of accomplishment
 - Watering plants* - "Put a marked popsicle stick into each plant's pot to indicate how much water needs to be poured"
 - Feeding pets* - "Use a designated container that is marked with a line showing how much food to provide"
 - *Source: <https://online.regiscollege.edu/blog/11-tips-for-teaching-activities-of-daily-living/>
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

House Keeping & Home Management Activity Documentation (please attach additional pages as needed):

Housekeeping/Home Management Task Description or Chores List	Items or Supplies Needed to Complete Task
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

9.	
10.	

- **Housekeeping & Home Management Completed Task #1:** _____
 - Task Description/Details: _____

 - Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?):

 - Results (Tell us at least one thing you learned from this experience):

 - Date Completed: _____

- **Completed Task #2:** _____
 - Task Description/Details: _____

 - Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

 - Results (Tell us at least one thing you learned from this experience):

-
-
-
-
-
- Date Completed: _____
 - **Housekeeping & Home Management Completed Task #3:** _____
 - Task Description/Details: _____

 - Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?):

 - Results (Tell us at least one thing you learned from this experience):

 - Date Completed: _____

Module 5: Choice

Choice is individual expression, selection, and action defined by you. You have the right, the power, and the liberty to choose. Within this module you will be empowered to be creative and determine the different needs in our life.

Design Your Own Activity

Activity to Complete: Identify an activity that will promote greater independence and improve skills related to Community Living, that is not already stated within this workbook. Provide details of the steps you took within the activity and your overall experience.

Tasks to Support Activity (please identify any support tasks here and attach additional pages as needed):

- _____
- _____
- _____
- _____

Design Your Own Activity, Activity Documentation (please attach additional pages as needed):

- Activity Description/Details: _____

- Action Steps Taken to Complete Activity:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
- Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?):

- Results (tell us at least one thing you learned from this experience):

- Date Completed: _____

Shopping – Being a Good Consumer

Activity to Complete: Create a plan on when shopping is necessary and identify the different store types in your community. Take the member to the store, creating a list of items beforehand, and support them to find those items within the store. Provide details of the places you went and your overall experience (If practicing social distancing, use creative solutions and explain the adjustments made).

Tasks to Support Activity:

- Discuss the typical layout of stores (grocery vs department stores)
 - Identify locations of restrooms, customer service area, checkouts, etc.
- Identify store employees versus other shoppers in case help is needed
 - Identify how/when to ask for support from store employees

- Observe how employees are usually wearing a distinctive uniform, garment, or nametag
- Identify options for online shopping/using specific stores' apps/curbside pickup
 - Incorporate safe online practices
- This area can be partnered with the Managing Finances topic area
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)

Shopping Activity Documentation (please attach additional pages as needed):

- Shopping Plan Details (when is shopping necessary and where to get essential items?):

Item Name (what is needed)	Store Name/Location (where to find it)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

- Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

- Results (tell us at least one thing you learned from this experience): _____

- Date Completed: _____

Wellness

Activity to Complete: Create a plan for a regular hygiene and wellness routine focusing on member independence. Identify and review the importance of why each task is necessary to be healthy, focusing on areas that are most important to the member. Provide details of what the plan looks like and your overall experience throughout development.

Tasks to Support Activity:

- Document the individual’s preferred routine (wake up, get dressed, eat breakfast, brush teeth, wash face, go for walk, go to work, read a book, listen to music, etc.)
- Breakdown the process into specific steps and if supports or visual reminders are needed
- Tape a graphic of the process near the areas each practice is performed as a reminder
- Identify all personal hygiene practices
- Identify the importance of personal care
- Explore supportive technology options that can promote greater independence (see Supportive Technology section for additional details)
- Identify what “wellness” means to the individual member focusing on all areas of wellness (social, physical, spiritual, environmental, intellectual, emotional, occupational, financial)
 - Search “Eight Dimensions of Wellness” online or visit some of these websites:
 - <https://cpr.bu.edu/living-well/eight-dimensions-of-wellness/>
 - https://www.youtube.com/watch?v=2NR4_5dt7JA
 - <https://www.northwestern.edu/wellness/8-dimensions/>
 - Area can be partnered with the topic areas of Meal Preparation, Housekeeping & Home Management, and/or Environmental Safety

Wellness Activity Documentation (please attach additional pages as needed):

Wellness Task (what is being completed)	Task Frequency (when/how often is it completed)	Identified Supports (what may be needed)
1.		
2.		
3.		

4.		
5.		
6.		
7.		
8.		
9.		
10.		

- Plan for Updating and Review: _____

- Barriers and Solutions (what are some challenges faced during this task and what creative solutions were explored to overcome those challenges?): _____

- Results (tell us at least one thing you learned from this experience): _____

- Date Completed: _____

This Workbook has been completed with active participation from the individual who is exploring new skills, gaining confidence, and ensuring a holistic plan is considered when working towards community living and in partnership with the residential provider.

Member Signature: _____ Date: _____

Legal Decision Maker Signature: _____ Date: _____

Residential Provider Signature: _____ Date: _____