

RESIDENTIAL OUTCOME PAYMENTS

COMMUNITY LIVING WORKBOOK

This workbook will guide you through activities to complete the Residential Transition Outcome Payment Project.

[INCLUSA.ORG/PROVIDERS](https://www.inclusa.org/providers)

WORKBOOK STEPS TO COMPLETE

Note: It is recommended that each step is reviewed with the member.

Step One:

- Read through the modules and determine which apply.
- **Complete all workbook activities.**

Step Two:

- Document your experiences using this workbook or in whatever manner works best for you. (You will be asked similar questions with the Project Upload or you can simply upload the workbook.)
- Taking pictures is a great way to capture the experience and for the member to remember and share their new found skills. You will be able to share these pictures with us via the Project Upload. Make sure to get the member's permission before sharing any pictures.

Important 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.

Please ensure the completed workbook, and any associated documentation or project details are submitted via the Project Upload prior to the deadline.

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](#)

Imitation

- Coach by demonstration, prompting, and fading
 - [Online Resource](#)
- Watch training videos together
- Post instructional pictures around related areas of your residence
 - [Online Resource](#)

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 what will prompt the action. (For example, having dirty hands prompts the member to wash their hands, or washing hands is a routine before eating dinner, etc).
- Complete activities and tasks at a pace and time that works best for the member to be engaged in the process.

Optional Resource:

[Provider Learning Management System](#)

TABLE OF CONTENTS

MODULE 1: BELONGING

Community Connecting - Page 6

Support System - Page 11

MODULE 2: ACCESSIBILITY

Transportation - Page 16

Environmental Safety - Page 21

Supportive Technology - Page 24

MODULE 3: CONTRIBUTION

Financial Management - Page 29

Employment - Page 33

MODULE 4: HOME

Housing - Page 37

Meal Preparation - Page 41

Housekeeping & Home Management - Page 46

MODULE 5: CHOICE

Design Your Own Activity - Page 53

Shopping - Being a Good Consumer - Page 56

Wellness - Page 60

A grayscale photograph of an elderly man with a white beard and mustache, smiling warmly. He is sitting at a white table, with his hands clasped in front of him. On the table, there is a dark mug and a smartphone. The background is a bright, out-of-focus indoor space.

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 or 3 videos with the member on Inclusa's **Provider Learning Management System** that are under the Community Connecting category. Document the member's reactions or thoughts about each video.

TASKS TO SUPPORT COMMUNITY

CONNECTING ACTIVITY:

☐ **MAP OUT THE LOCAL COMMUNITY**

Identify where resources and favorite places are located. (This could be partnered with the Transportation topic on page 16.)

☐ **IDENTIFY COMMUNITY GROUPS**

This can include local groups that reflect member interests.

☐ **VISIT LOCAL COMMUNITY CENTERS**

Identify services received at each location. (library, post office, bank, police station, fire station, parks, etc.)

☐ **MAKING NEW FRIENDS**

Help the member learn to make good choices when it comes to making good friends. See the [resources page](#) for activities.

☐ **EXPLORE SUPPORTIVE TECHNOLOGY**

This includes options that can promote greater independence. (See the Supportive Technology section on page 24.)

COMMUNITY CONNECTING ACTIVITY DOCUMENTATION

Completed Video #1 (Video Title)

Results: What was the experience in the completion of this task?

Tell us at least one thing the member learned from this video:

NOTES:

COMMUNITY CONNECTING ACTIVITY DOCUMENTATION

Completed Video #2 (Video Title)

Results: What was the experience in the completion of this task?

Tell us at least one thing the member learned from this video:

NOTES:

COMMUNITY CONNECTING ACTIVITY DOCUMENTATION

Completed Video #3 (Video Title)

Results: What was the experience in the completion of this task?

Tell us at least one thing the member learned from this video:

NOTES:

Support System



Activity to complete:

Develop a support plan identifying paid and non-paid supports within the members life. Identify proper use 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 when developing the plan.

TASKS TO SUPPORT SUPPORT SYSTEM ACTIVITY:

- ☐ **IDENTIFY SHORT AND LONG TERM SUPPORTS NEEDED**
Identify which of those supports will be provided informally (naturally/un-paid) and how they may be coordinated.
- ☐ **COLLABORATE WITH INCLUSA CARE TEAM**
Determine which supports may need to be authorized. (formal/paid)
- ☐ **FACILITATE APPROPRIATE ASSESSMENTS AND REFERRALS**
This is only needed for a transition plan, to ensure secure supports.
- ☐ **IDENTIFY WHERE SUPPORT PLAN CAN BE HOUSED**
Work with the member to document all important information and determine where that should be kept. (Phone numbers, addresses, reason to contact, role in members life, etc.)
- ☐ **CREATE A BACK-UP PLAN**
Talk about problem-solving ideas when things don't go as planned.
- ☐ **EXPLORE SUPPORTIVE TECHNOLOGY**
Provide options that can promote greater independence. (See the Supportive Technology section on page 24.)

SUPPORT SYSTEM ACTIVITY DOCUMENTATION

Attach additional pages if needed.

NAME & PHONE NUMBER (WHO AND HOW TO CONTACT)	SUPPORT FOCUS (WHY TO CONTACT)

SUPPORT SYSTEM ACTIVITY DOCUMENTATION

☐

**WHAT IS THE PLAN FOR
UPDATING AND REVIEW?**

☐

**WHAT RISKS WERE
DISCOVERED AND THE PLAN
FOR MITIGATING THEM?**

☐

**WHAT SUPPORTS WILL BE
PROVIDED INFORMALLY?**

☐

**WHAT SUPPORTS WILL BE
PROVIDED FORMALLY?**

☐

**WHAT ARE SOME CHALLENGES
FACED AND WHAT SOLUTIONS
WERE EXPLORED?**

☐

**WHAT IS ONE THING LEARNED
FROM THIS ACTIVITY?**



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 or 3 places within the community you can go to together using transportation without relying on the residential provider supplying the transportation. Provide details of the places you went and the overall experience.

(If practicing social distancing, use creative solutions to explain the adjustments made.)

TASKS TO SUPPORT TRANSPORTATION ACTIVITY:

☐ IDENTIFY ADDRESSES

Identify addresses of destinations and where to locate them. (phonebook, internet, call the location, etc)

☐ IDENTIFY TRANSPORTATION TYPES

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 different transportation types.

☐ READ MAPS

Read maps and learn how to navigate through the community. Consider reviewing proper use of map technology such as Google Maps, MapQuest, and GPS Systems.

☐ SAFE USE OF APPS

Identify safe use of available smartphone apps related to transportation such as Uber and Lyft.

☐ TAXI

If using a taxi, assist the member to know when to call to request and cancel the scheduled service.

☐ COMMUNITY RESOURCES

Identify how to connect with unpaid community resources, such as organizing a carpool, utilizing family members/friends going to the same destination, etc.

☐ TECHNOLOGY OPTIONS

Explore technology options that can promote greater independence. (See the supportive technology section on page 24.)

TRANSPORTATION ACTIVITY DOCUMENTATION

Community Location Title #1

Steps to get to the location:

☐☐☐☐☐☐

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

RESULTS:

TRANSPORTATION ACTIVITY DOCUMENTATION

Community Location Title #2

Steps to get to the location:

☐☐☐☐☐☐

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

RESULTS:

TRANSPORTATION ACTIVITY DOCUMENTATION

Community Location Title #3

Steps to get to the location:

☐☐☐☐☐☐

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

RESULTS:

Environmental Safety



Activity to complete:

Identify 3 to 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 ENVIRONMENTAL SAFETY ACTIVITY:

PERSONAL INFORMATION

Talk to the member about personal information and the importance of safeguarding this information.

- Date of Birth
- Social Security Number
- Address
- Phone Number

APPOINTMENTS

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 on page 16)

PROVIDE EDUCATION ON ALARMS/SIRENS

Provide education & proper preparation for different alarms and sirens.

- Smoke alarms
- Tornado sirens
- Monthly tornado test sirens
- Severe weather warnings

BECOME FAMILIAR WITH PRESCRIBED MEDICATIONS

See related documents on [Community Living Outcome website](#).

EXPLORE SUPPORTIVE TECHNOLOGY

Explore supportive technology options that can promote greater independence. (See the supportive technology section on page 24.)

ENVIRONMENTAL SAFETY ACTIVITY DOCUMENTATION

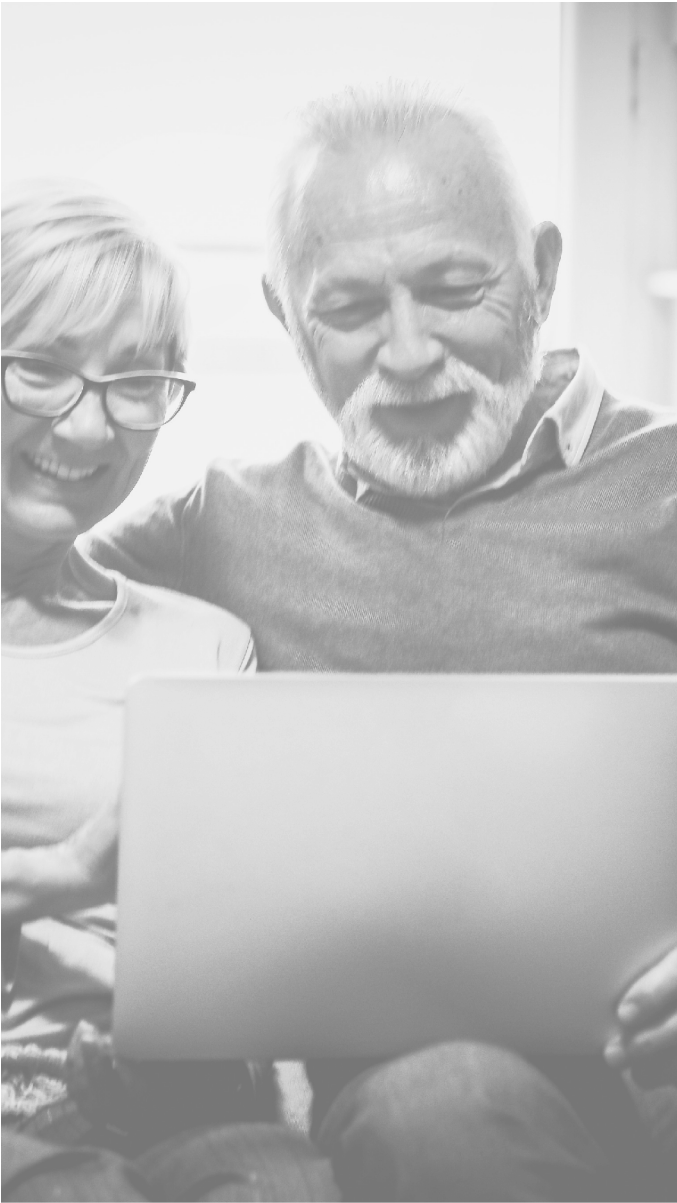
Steps taken during this activity:

☐☐☐☐☐☐

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

RESULTS & NEXT STEPS:

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." Also include the member's IDT team in this email.

TASKS TO SUPPORT SUPPORTIVE TECHNOLOGY ACTIVITY:



IDENTIFY WHAT TECHNOLOGIES USED

Identify what technologies you may already be using on a regular basis (smartphone, computer, medication reminder, personal emergency response system, fire alarm, mechanical lift, door sensors and/or other type of sensors, etc.)



INDEPENDENCE

Review with the member what areas they would like to gain more independence.



TECH CONSULTATION

Through the Includa Tech Consultation, explore supportive technology options that can promote greater independence.

SUPPORTIVE TECHNOLOGY ACTIVITY DOCUMENTATION

Date Tech Consultation was completed:

In what areas does the member want to achieve greater independence through supportive technology?

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

Were any of those recommendations used? Please explain either what was used, or why those recommendations were not used:

NOTES:

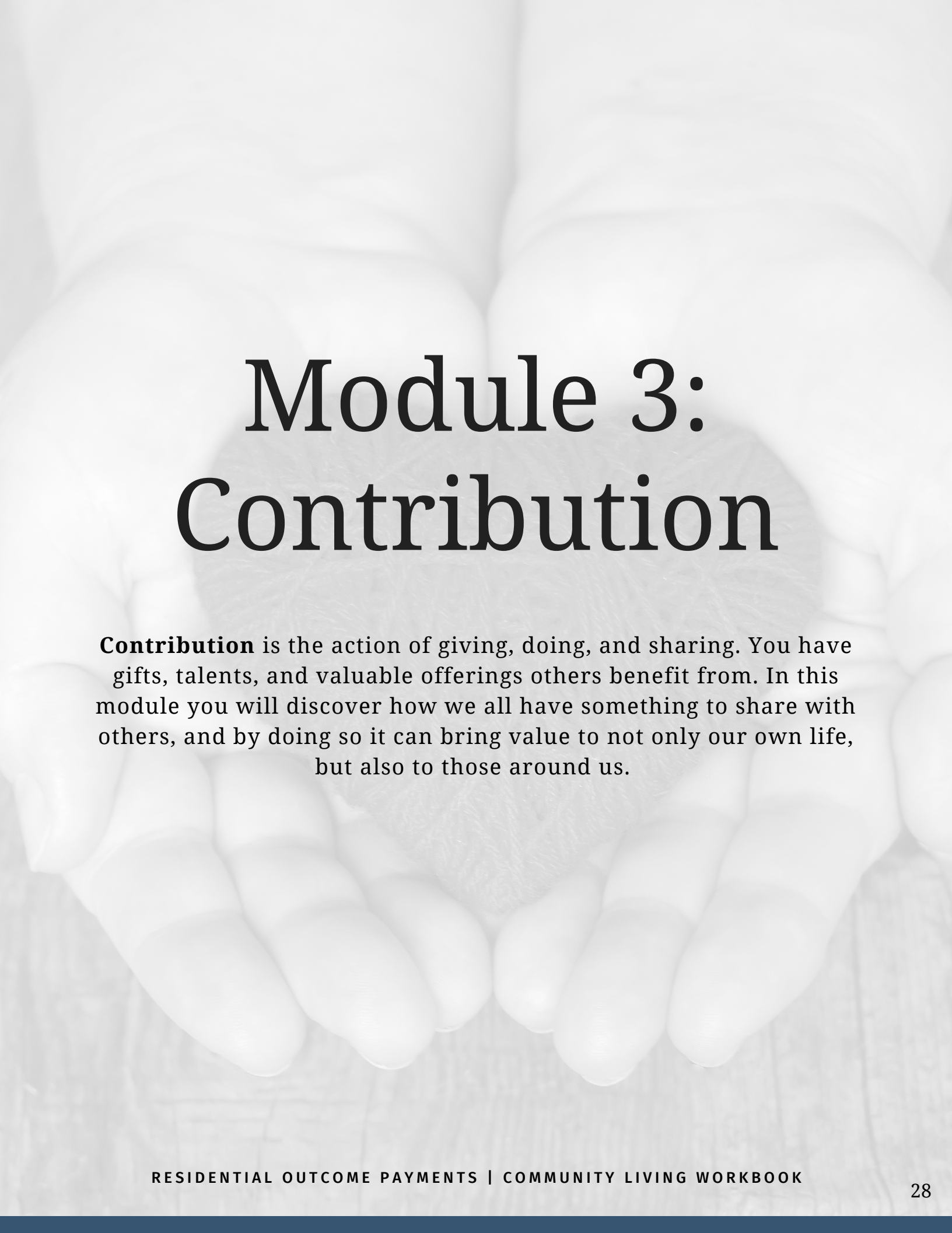
SUPPORTIVE TECHNOLOGY ACTIVITY DOCUMENTATION

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? (*circle a number below*)

1 2 3 4 5

Please provide additional details related to your experience:

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



Module 3: Contribution

Contribution is the action 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 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 the overall experience when making the plan.

TASKS TO SUPPORT FINANCIAL MANAGEMENT ACTIVITY:



BUDGET

Create a monthly or weekly budget.



PAYMENTS

Identify a routine for payments.

- Set up direct deposit options or automatic payments



IDENTIFY CORRECT CURRENCY

Help the member to identify correct currency.

- Research available smartphone apps such as LookTel Money Reader and EyeNote



PRACTICE COUNTING CHANGE

Practice counting out change or smaller dollar bills in exchange for larger dollars, to ensure proper change is received when paying cash.



LOCAL BANKS

Identify what financial options are available at a local bank.



SAFE ONLINE PRACTICE

Use safe online practices when it comes to purchases or automatic payments.



SUPPORTIVE TECHNOLOGY OPTIONS

Explore supportive technology options that can promote greater independence. (See the supportive technology section on page 24.)

FINANCIAL MANAGEMENT ACTIVITY DOCUMENTATION

Item Name	Payment Amount	Payment Frequency	Payment Plan

Payment Amount = How much it costs

Payment Frequency = When it will be paid

Payment Plan = How it will be paid

FINANCIAL MANAGEMENT ACTIVITY DOCUMENTATION

Date activity was completed:

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:

NOTES:

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 to 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.

TASKS TO SUPPORT EMPLOYMENT ACTIVITY:

Note: All identified resources are located on [Inclusa Community Living Outcome webpage](#).

- ☐ **GIFTS & TALENTS**
Identify individual gifts and talents by completing "[Gifts Worksheet PDF](#)."
- ☐ **FAMILY & CLOSE SUPPORTS**
Allow family or other close supports to participate by completing "[Employment Family Support Worksheet PDF](#)."
- ☐ **CURRENT CHALLENGES & TRAITS**
Help see past current challenges and focus on positive traits by completing "[Positive Personal Profile PDF](#)."
- ☐ **DISABILITY BENEFITS**
Worried about how employment may impact current disability benefits? Then review "[Common Myths and Their Facts - Working and Disability Benefits](#)."
- ☐ **SUPPORTIVE TECHNOLOGY OPTIONS**
Explore supportive technology options that can promote greater independence in the workplace. (See the supportive technology section on page 24.)

EMPLOYMENT ACTIVITY DOCUMENTATION

Date activity was completed:

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:

NOTES:



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
- 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 HOUSING ACTIVITY:

EXPLORE BENEFITS OR BARRIERS

Identify any pros and cons to different living situations (example: apartment vs house, rural vs urban, rent vs mortgage, roommates vs living alone) and how they meet the individual's goals/desires. If considering a roommate, discuss options on how to find a good match.

LIVING SITUATION OPTIONS

Explore desired living situation options and identify top three choices to explore further.

FINANCIAL OBLIGATIONS

Identify finances needed to secure housing (down payment/security deposit, mortgage/rent.)

- This area can be partnered with the Managing Finances topic area on page 29.

APPLICATIONS

If applicable, complete required applications to locate housing.

LEGAL DOCUMENTS

Support access to required legal documents for housing such as legal ID, Social Security Card, Birth Certificate, etc.

SUPPORTIVE TECHNOLOGY OPTIONS

Explore supportive technology options that can promote greater independence (See the supportive technology section on page 24.)

HOUSING ACTIVITY DOCUMENTATION

DESIRED LIVING SITUATIONS:

CHOICE #:

Steps taken during this activity:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

HOUSING ACTIVITY DOCUMENTATION

Date activity was completed:

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:

NOTES:

Meal Preparation



Activity to complete:

Identify 2 or 3 meals that the member 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 MEAL PREPARATION ACTIVITY:

☐ **WASH HANDS**

Wash hands prior to cooking and after touching unclean products (raw meat, eggs, fish, etc.) or unclean surfaces (garbage can, pets, compost bin, etc) to avoid contamination.

☐ **INGREDIENTS**

Identify and locate ingredients for recipes.

☐ **WASH & PREPARE PRODUCE**

Wash and prepare produce prior to cooking or eating. Review peeling tips and the importance of cleaning off dirt.

☐ **MEAT PREPARATION**

Use safe meat preparation to avoid contamination.

☐ **CHOPPING FOOD**

Chop food and use safe knife handling techniques.

☐ **APPLIANCE USE**

Apply proper use of appliances such as stove, microwave, oven, blender, and mixers.

☐ **KITCHEN AND FOOD SAFETY**

Identify hot surfaces, shut off appliances when no longer in use, proper storage of sharp objects, wipe up any spills right away. Avoid leaving out food for longer than two hours at room temperature and make sure all cooked food is heated to the right temperature.

☐ **SUPPORTIVE TECHNOLOGY OPTIONS**

Explore supportive technology options that can promote greater independence (See the supportive technology section on page 24.)

MEAL PREPARATION ACTIVITY DOCUMENTATION

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

Steps to Prepare the Meal:

☐

☐

☐

☐

☐

☐

RESULTS:

MEAL PREPARATION ACTIVITY DOCUMENTATION

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

Steps to Prepare the Meal:

RESULTS:

MEAL PREPARATION ACTIVITY DOCUMENTATION

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

Steps to Prepare the Meal:

☐

☐

☐

☐

☐

☐

RESULTS:

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 or 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 HOUSEKEEPING & HOME MANAGEMENT ACTIVITY:

☐ **HOUSEHOLD ITEMS**

Identify and obtain household items that are needed to live independently.

☐ **SUPPORTS**

If applicable, locate necessary supports to physically move into a community living setting.

☐ **CHORES**

Identify chores already occurring at the member's home and why they are important (dusting - explain that dusting is important as dust can trigger allergies.)

☐ **ITEMS NEEDED**

Identify what items or supplies are needed for specific tasks and their proper usage (vacuum cleaner, duster, mop, cloth/rag, buckets, etc).

☐ **PRODUCTS NEEDED**

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.)

☐ **OTHER IMPORTANT TASKS**

Identify other tasks that may not occur in the home, but may be important to the member.

- Making the bed - helps start the day with 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

☐ **SUPPORTIVE TECHNOLOGY OPTIONS**

Explore supportive technology options that can promote greater independence (See the supportive technology section on page 24.)

HOUSE KEEPING & HOME MANAGEMENT ACTIVITY DOCUMENTATION

Housekeeping/Home Management Task Description or Chores List	Items or Supplies Needed to Complete Task

HOUSEKEEPING & HOME MANAGEMENT ACTIVITY DOCUMENTATION

Date activity was completed:

Task Description/Details of Completed Task #1:

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:

HOUSEKEEPING & HOME MANAGEMENT ACTIVITY DOCUMENTATION

Date activity was completed:

Task Description/Details of Completed Task #2:

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:

HOUSEKEEPING & HOME MANAGEMENT ACTIVITY DOCUMENTATION

Date activity was completed:

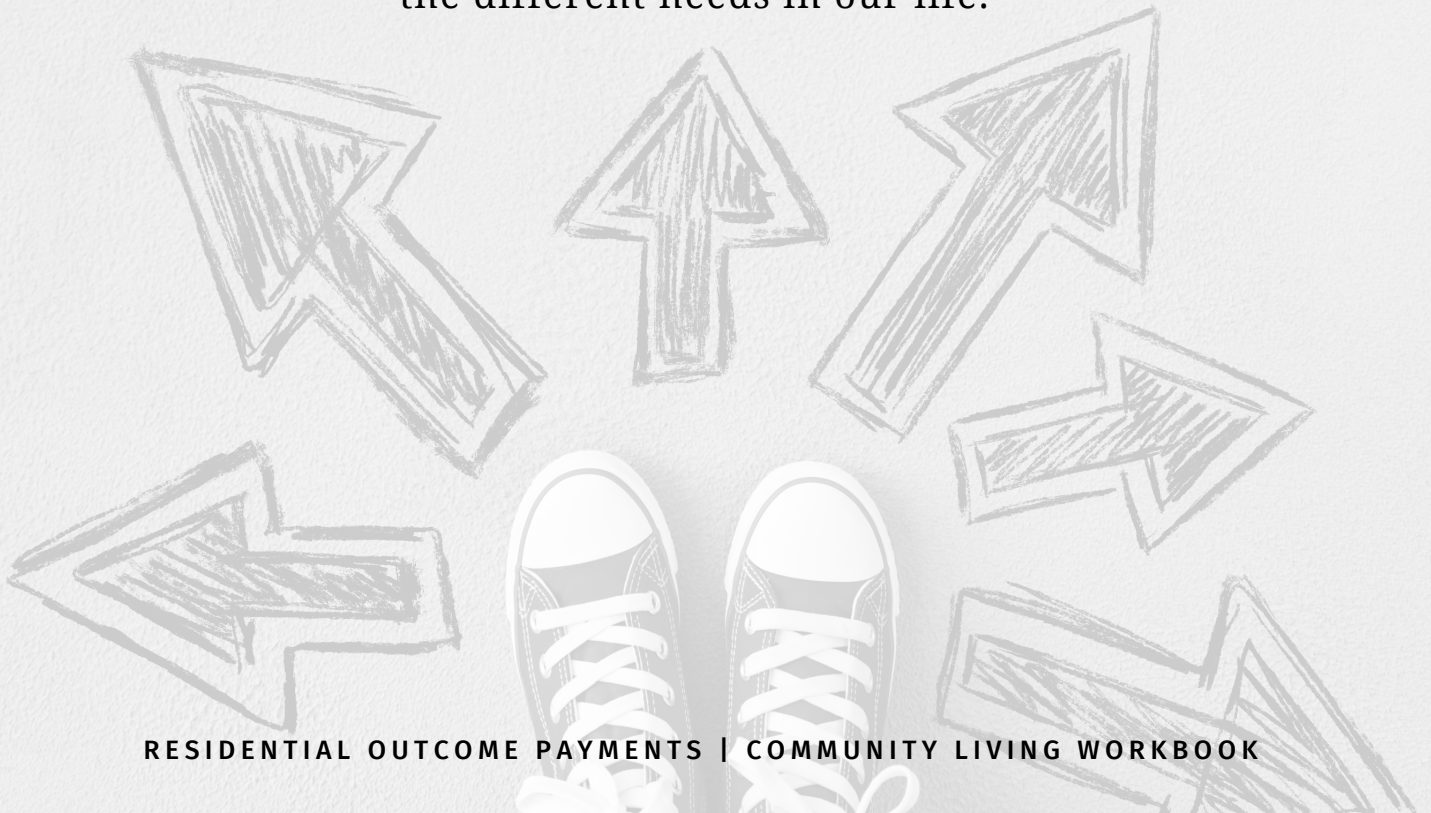
Task Description/Details of Completed Task #3:

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:

Module 5: Choice

Choice is individual expression, selection, and action defined by you. You have 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.



Choose 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 CHOOSE YOUR OWN ACTIVITY

Activity Chosen:

☐☐☐☐☐☐

CHOOSE YOUR OWN ACTIVITY: ACTIVITY DOCUMENTATION

Date activity was completed:

Action Steps Taken to Complete Activity:

☐☐☐☐☐☐

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

RESULTS:

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 SHOPPING ACTIVITY:

STORE LAYOUT

Discuss the typical layout of stores (grocery vs department stores).

- Identify locations of restrooms, customer service area, checkouts, etc.

STORE EMPLOYEES VS SHOPPERS

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 certain uniform, garment, or nametag

ONLINE SHOPPING

Identify options for online shopping.

- Incorporate safe online practices
- This area can be partnered with the Managing Finances topic area

SUPPORTIVE TECHNOLOGY OPTIONS

Explore supportive technology options that can promote greater independence (See the supportive technology section on page 24.)

SHOPPING ACTIVITY DOCUMENTATION

Item Name (What is needed)	Store Name/Location

SHOPPING ACTIVITY DOCUMENTATION

Date activity was completed:

Shopping Plan Details:

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:

Wellness



Activity to complete:

Create a plan for 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 WELLNESS ACTIVITY:

PREFERRED ROUTINE

Document the members preferred routine (wake up, get dressed, eat breakfast, brush teeth, wash face, etc.)

- Break down the process into specific steps and if supports or visual reminders are needed
- Take a graphic of the process near the areas each practice is performed as a reminder
- Identify all personal hygiene practices and identify the importance of personal care

IDENTIFY WHAT "WELLNESS" MEANS TO THE MEMBER

Identify what "wellness" means to the individual member by 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:
 - [Eight Dimensions of Wellness](#) Articles
 - [Eight Dimensions of Wellness](#) You Tube Video
 - [Eight Dimensions of Wellness](#) Overview

SUPPORTIVE TECHNOLOGY OPTIONS

Explore supportive technology options that can promote greater independence (See the supportive technology section on page 24.)

WELLNESS ACTIVITY DOCUMENTATION

Wellness Task & Task Frequency	Identified Supports

Wellness Task & Frequency = What is being completed and when/how often it is completed.
Identified Supports = What may be needed.

WELLNESS ACTIVITY DOCUMENTATION

Date activity was completed:

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:

WORKBOOK COMPLETION

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 Name:

Facility Name:

Member Signature:

Date:

Legal Decision Maker Signature:

Date:

Residential Provider Signature:

Date: