Providing Future Planning Support to Families and Individuals with Intellectual and Developmental Disabilities

A Guide for Professionals

Supplemental Materials Provided by The Arc’s Center for Future Planning® and The Arc Wisconsin
AGENDA

Providing Future Planning Support to Families and Individuals with Intellectual and Developmental Disabilities

8:45 am – 9:15 am
- Registration and breakfast
- Pre-survey

9:15 am – 11:00 am
- Welcome and Introductions
- Future Planning Small Group Breakout
- Why conduct outreach to aging caregivers? The importance of future planning

11:00 am – 11:10 am
- Morning break

11:10 am – 12:30 pm
- Advancing self-advocacy for a self-determined life
- Breaking it down: areas and process of future planning
  - Telling our story
  - Deciding where to live
  - Financing the future

12:30 pm – 1:30 pm
- Lunch

1:30 pm – 3:30 pm
- Breaking it down: areas and process of future planning
  - Supporting major and daily life decisions
  - Employment, retirement and daily activities
  - Making social connections
  - Health and wellness
  - The Center for Future Planning Build Your Plan® Tool
  - Wisconsin State System and Resources

3:30 pm – 3:45 pm
- Afternoon Break

3:45 pm – 5:00 pm
- The Professional’s Role: Techniques and Skills for Practice
- Final Reflections and Post-Survey
Table of Contents

1. Future Planning: A Guide for Professionals
   A resource guide developed by the Institute on Disability and Human Development at University of Illinois at Chicago for The Arc

   Supplemental Materials Provided by The Arc of the United States and The Arc Wisconsin

2. Overview of Center for Future Planning

3. Center for Future Planning Letter of Intent

4. Wisconsin State Resources

5. Barriers and Solutions Outreach to Aging Caregivers Tip Sheet and Outreach Log

6. Center for Future Planning: Future Home Wish List and Support Needs

7. Center for Future Planning: Sibling and Finding a Lawyer Tip Sheets
Future Planning: A Guide for Professionals

A resource guide developed by the Institute on Disability and Human Development at University of Illinois at Chicago for The Arc
Acknowledgements

This Guide was developed in part under the University of Illinois at Chicago grants from the United States Department of Health and Human Services, Administration for Community Living (ACL), National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) Grant # 90RT50320-01-00 and 90RT5020-01-00. However, those contents do not necessarily represent the policy of the Department of Health and Human Services (DHHS), and you should not assume endorsement by the Federal Government.

Parts of this Guide have been adapted from:


CITATION:

Why Future Planning?

Over 71% of adults with intellectual and/or developmental disabilities (IDD) live with their families, and of those roughly 3.5 million individuals, 24% live with caregivers aged 60 or older (Braddock et al., 2015; Fujiura, 2012; Larsen et al., 2001). While aging caregivers often look to siblings as the successor caregiver, parents do not always communicate their intentions either to the sibling or to the individual with IDD (Heller and Caldwell, 2006; Heller and Kramer, 2009). Communicating and coordinating future plans is an important process for families of individuals with disabilities. Addressing financial, healthcare and residential arrangements, among other areas of life, is central to a smooth transition in the event of a current caregiver unable to be involved in their family member with a disability’s life (Heller and Caldwell, 2006). However, researchers have identified barriers to future planning, including lack of access to financial and legal information, interpersonal conflict, difficulty addressing one’s mortality, and little or no involvement with the service system (Heller and Factor, 1991).

Almost all of the interventions developed to mitigate these barriers and facilitate successful future planning focused on the families of the individual with IDD. The notable exception is a peer-led curriculum titled, “The Future is Now,” developed by the Rehabilitation Research and Training Center on Aging with Developmental Disabilities Family Future Planning Project at the University of Illinois at Chicago (Factor et al., 2010; Heller and Caldwell, 2006). “The Future is Now” was successful in reducing caregiver burden and getting families to complete letters of intent, but the program also featured people with IDD as co-leaders of the group. The program’s emphasis on person-centered planning signals a shift toward maximizing self-determination in all areas of life, including planning for the future.

The role of professionals in future planning is less well-known. While legal and financial experts have been consistently consulted for their expertise regarding special needs trusts and other financial and legal processes, little is known about how professionals who work with individuals with IDD and their families approach or handle future planning. The Arc of the United States, along with its many chapters, is well-placed to provide targeted trainings to its dedicated staff, who understand the experiences of individuals with IDD and their families so well.

Advancing Self-Advocacy and Self-Determination: Using Person-Centered Approaches in Future Planning

What is self-advocacy?¹

Self-advocacy is a set of skills that can lead to living a self-determined life. Like any skillset, self-advocacy takes practice and professionals can support people with disabilities by providing spaces to practice self-advocacy. Some components of self-advocacy are:

- Speaking up for yourself and others
- Getting information in a way you can understand it
- Making meaningful choices about your life
- Participating in life roles and activities that you choose

What is self-determination?

Self-determination is the power to make independent decisions, make decisions with supports, and/or provide input on decisions that other people make about someone’s life. Self-determination includes several skills sets that can and should be developed, including:

- Choice-making
- Problem solving
- Practicing leadership
- Practicing self-advocacy

Remember:

- Practicing self-advocacy takes time. This might mean having a pre-meeting with the person with a disability so you can talk about what will happen at the meeting. Or, it might mean checking in with the person with a disability several days after the meeting, instead of asking them to make a decision at the meeting itself.
- Person-centered approaches always ask the person with the disability what they want throughout the discussion. The person with the disability’s ideas, desires and dreams remain at the core of any discussions about his or her life.
- Support people with disabilities to get involved in a self-advocacy group. For example, help research local groups, if needed, and work with the person with disabilities on logistics such as transportation.
- Educate families about self-advocacy and self-determination. Through the learning process, families may make progress on dealing with fears they may have, how to really listen to what the person with disabilities really wants, and how to support the person to make his or her own decisions. Some good resources to use are the National Gateway to Self-Determination, the Pacer Center, and the National Resource Center for Supported Decision-Making.

Guiding Families Through Future Planning: The Professional’s Role

Here are some ways you as a professional can guide families through the future planning process. Think about your current scope of work with families as well as new ideas you can incorporate into your work.

- Promote self-advocacy initiatives (e.g., self-advocacy groups) within my chapter
- Use person-centered approaches when helping families navigate future planning
- Develop and share resources with families in the following areas:
  - Help create a letter of intent (a letter of intent is a non-legal document that contains important information about the individual with a disability, their family and their desires for the future)
  - Help locate an attorney knowledgeable about disability-related legal and financial issues (including legal guardianship, supported decision-making, powers of attorney, and special needs trusts)
  - Identify a successor to follow the current family caregiver
- Explore future housing options
- Secure future housing arrangements
- Discuss educational, vocational and/or retirement plans
- Discuss future plans with families. Engage everyone, including:
  - Person with Disabilities
  - Siblings
  - Parents
  - Other relatives
- Share future planning knowledge and resource with other staff at my chapter
- Collaborate with community organizations, including philanthropic clubs, churches and civic groups to increase social relationships for people with disabilities
Future Planning Organizational Checklist

These areas can help chapters effectively support families in the future planning process. Think about the areas that your chapter currently works in and the areas that your chapter could build on to better support families.

**Does your chapter consistently practice the following?**

- Provides training for **staff** on person-centered approaches (e.g., Future is Now, PATH, Essential Lifestyle Planning)
- Provides training for **families and people with I/DD** on person-centered approaches (e.g., Future is Now, PATH, Essential Lifestyle Planning)
- Demonstrates commitment to person-centered future planning through actions throughout chapter
- Advocates for the voice of people with I/DD to be included in service planning
- Includes families and chosen friends in service planning
- Fosters self-advocacy initiatives through financial, administrative or other support avenues (e.g., People First groups, self-advocacy committees, people with I/DD on boards)
- Partners with non-disability specific organizations (e.g., YMCA, Rotary or Lions’ Clubs or faith communities) to promote community inclusion of people with I/DD
- Provides resources for planning (e.g., written materials about legal/financial and benefits)
- Collaborates with aging networks to provide resources to aging caregivers
The Arc’s Center for Future Planning®
futureplanning.thearc.org/101
The Arc’s Center for Future Planning aims to support and encourage adults with intellectual and developmental disabilities (I/DD) and their families to plan for the future. The Center provides reliable information and practical assistance to individuals with I/DD, their family members and friends, professionals who support them and other members of the community on areas such as person-centered planning, decision-making, housing options, and financial planning.

National Association of State Directors of Developmental Disabilities Services
nasddds.org
The National Association of State Directors of Developmental Disabilities Services (NASDDDS) represents the nation’s agencies in 50 states and the District of Columbia providing services to children and adults with intellectual and developmental disabilities and their families. The association’s goal is to promote and assist state agencies in developing effective, efficient service delivery systems that furnish high-quality supports to people with intellectual and developmental disabilities. In pursuit of this goal, NASDDDS strives to provide member state agencies with timely analyses of federal statutory and regulatory policies that affect people with disabilities; disseminate cutting edge information on state-of-the-art programs and service delivery practices; provide technical assistance and support to member states; and offer a forum for the development of state and national policy initiatives.

National Association of Councils on Developmental Disabilities
nacdd.org/home
The National Association of Councils on Developmental Disabilities (NACDD) is the national association for the 56 Councils on Developmental Disabilities (DD Councils) across the United States and its territories. The DD Councils receive federal funding to support programs that promote self-determination, integration, and inclusion for all Americans with developmental disabilities.

Person Centered Planning
pacer.org/transition/learning-center/independent-community-living/person-centered.asp
Person Centered Planning is an ongoing problem-solving process used to help people with disabilities plan for their future. In person centered planning, groups of people focus on an individual and that person’s vision of what they would like to do in the future. This “person-centered” team meets to identify opportunities for the focus person to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve these goals. Person Centered Planning depends on the commitment of a team of individuals who care about the focus person. These individuals take action to make sure that the strategies discussed in planning meetings are implemented.
Resources

**The Future is Now Curriculum**
rrtcadd.org/blog/files/c640b98a22c0251fd9d4ea8f1e8f615b-5.html
This curriculum equips families and their adult relative with a disability with the communication skills and information to jointly plan for the future.

Participants learn how to overcome the emotional and systematic barriers to planning with the support of peer mentors who have made plans. They prepare a letter of intent that lays out their dreams for the future and identifies the steps required to transform this dream into a reality. This state-of-the-art approach to future planning was developed, implemented and evaluated by the RRTCADD. It is an excellent resource for agencies, family organizations and advocacy groups. The Future is Now received a National Alliance for Caregiving 2008 innovative program award. The revised third edition broadens the training’s focus to include adult siblings without disabilities in the planning process and contains an updated and expanded resource list. It comes with a CD-ROM so that users can easily replicate copies of handouts for class exercises and homework assignments, English and Spanish versions of the letter of intent, and assessment tools.

**My Life Book: Future Planning for People with Developmental Disabilities**
This DVD and scrapbook-style activity book is a comprehensive future-planning guide for teens and adults who have developmental disabilities. Students and families learn to plan for work and leisure, establish a network of friends, assure good housing options, make financial arrangements, and document personal, medical and emergency information.

**National Resource Center for Supported Decision-Making**
supporteddecisionmaking.org
The National Resource Center for Supported Decision-Making (NRC-SDM) builds on and extends the work of Quality Trust’s Jenny Hatch Justice Project by bringing together vast and varied partners to ensure that input is obtained from all relevant stakeholder groups including older adults, people with intellectual and developmental disabilities (I/DD), family members, advocates, professionals and providers. The NRC-SDM partners bring nationally recognized expertise and leadership on SDM, representing the interests of and receiving input from thousands of older adults and people with I/DD. They have applied SDM in groundbreaking legal cases, developed evidence-based outcome measures, successfully advocated for changes in law, policy and practice to increase self-determination and demonstrated SDM to be a valid, less-restrictive alternative to guardianship.

**Sibling Leadership Network**
siblingleadership.org
The Sibling Leadership Network (SLN) is a national nonprofit with state chapters dedicated to providing siblings of individuals with disabilities the information, support, and tools to advocate with their brothers and sisters and to promote the issues important to them and their entire families.
Resources

Sibling Survival Guide
astore.amazon.com/thesibsupro-20
Edited by experts in the field of disabilities and sibling relationships, The Sibling Survival Guide focuses on the topmost concerns identified in a survey of hundreds of siblings. The chapter authors, experienced siblings and service providers, offer practical information and anecdotes about sibling-related research, impact on your life decisions, caring for multiple generations, aging and disability, self-care, advocating for services, and future planning.
Complete this action plan for yourself as a professional. Think of the areas you can focus on to continue to improve your work with families in future planning. Use this as a template and create 1-3 goals to make change.

**GOAL:**

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<th>POTENTIAL BARRIERS</th>
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<td>What Will Be Done?</td>
<td>Who Will Do It?</td>
<td>By When? (Day/Month)</td>
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**Evidence of Success** *(How will you know that you are making progress? What are your benchmarks?)*

**Evaluation Process** *(How will you determine that your goal has been reached? What are your measures?)*
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B. 

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B. 

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B. 

**Evidence of Success** *(How will you know that you are making progress? What are your benchmarks?)*

**Evaluation Process** *(How will you determine that your goal has been reached? What are your measures?)*
Learn more about The Arc’s Center for Future Planning®

There are 600,000-700,000 families in the United States in which an adult with an intellectual or developmental disability (I/DD) is living with aging family members and there is no plan for the individual’s future. The Arc’s Center for Future Planning supports and encourages adults with I/DD and their families to plan for the future.

The Center offers a website that provides reliable information and practical assistance to families and individuals with I/DD on areas such as person-centered planning, decision-making, housing options, financial planning, employment and daily activities, and making social connections. The website also features stories of people and families who have created future plans or who are in the planning process. Finally, the Center also offers webinars to chapters of The Arc and other professionals who support people with I/DD to help them learn how to assist families in the future planning process.

In late 2015, the Center also launched additional features to the website. The Professional Services Directory enables families to identify professionals in their communities that can help them create and implement future plans. The second feature is, Build Your Plan®, a customized tool that will allow families to create accounts and begin to develop their plans within the Center.

The Future Planning Training has been designed to help you gain an understanding of the obstacles and core aspects in future planning. We hope this training will provide you with the strategies to engage families in future planning and build skills to provide these services to families and individuals with intellectual and developmental disabilities (I/DD).

You can learn more about the resources the Center for Future Planning provides at futureplanning.thearc.org. Please contact futureplanning@thearc.org to learn more the Center’s plans to develop more resources and training opportunities.
There are almost a million adults with intellectual and/or developmental disabilities (I/DD) in the U.S. living with caregivers age 60 and over. In approximately two-thirds of these families, there is no plan in place for the future. The Arc’s Center for Future Planning’s mission is to support and encourage these families to plan for the future.

**What is future planning?**

Future Planning is creating a guide for a person with I/DD to lead a good life as independently as possible. A person-centered future plan reflects the wishes of the person with I/DD, as well as his or her parents, siblings, extended family members and friends, and other important people in his or her life.

**Why don’t families plan?**

Many barriers exist that can discourage families from future planning, including:

- a lack of understanding of the steps involved in planning,
- fears related to a caregiver’s mortality,
- families feel that planning is not available to them because they don’t have any money to leave to an adult son or daughter with I/DD or can’t afford a lawyer or estate planner,
- a shortage of appropriate disability services and/or distrust of the service system.

**What should be included in a future plan?**

The plan should include information about all aspects of a person’s life. These are the major areas the plan should include:

- **Expressing Wishes For The Future:** The first step in future planning is to develop a letter of intent that outlines information about the person’s daily routine, support needs, as well as legal and financial matters. This is not a legal document, but it serves as an important resource during times of transition. It communicates the family and person’s history, likes and dislikes, and intentions for the future.
Deciding Where to Live: People with disabilities live in a wide variety of settings. They may choose to live independently or with other family members, friends, roommates, or a spouse after they leave their parents’ home. When selecting a future home, families and professionals should consider the preferences of the individual, supports needed to live independently, access to public transportation and other services, as well as finances.

Financing the Future: Making sure that there are funds available to pay for the basic and supplemental needs of a person with I/DD is an essential element of future planning. Families should create a comprehensive financial plan that includes appropriate public benefits and private resources such as special needs trusts and ABLE accounts.

Employment & Daily Activities: Adults with I/DD are employed in many different settings. In the planning process, families should explore opportunities to work in the community, either in competitive employment or in a supported employment program, as well as participation in volunteer activities or day programs. Families should consider ways to translate personal interests into career opportunities and think about gaining job skills through internships and volunteer activities.

Supporting Daily & Major Life Decisions: Most people with I/DD can make their own decisions independently or with support. It is important to identify a trusted family member, friend, or professional to provide support who will respect the wishes of the person with I/DD and who will help strengthen the person’s decision-making skills. Support options include representative payees, powers of attorney, and supported decision-making. If these supports are found ineffective, guardianship or conservatorship may be considered. Individuals with I/DD should always have the opportunity to participate to the fullest extent possible in making and executing decisions about themselves.

Making Social Connections: Personal relationships and social networks can be vital support systems for people with I/DD. The plan should establish opportunities to create and maintain social relationships. Ensuring that the person participates fully in social activities, promoting healthy dating relationships, and strengthening self-advocacy skills are also important elements of the plan.

What happens in an emergency?

If a person with I/DD is in urgent need of temporary or permanent support because a caregiver has become unavailable, the state I/DD agency should be contacted immediately. Every state has different ways of providing services, and the state I/DD agency will identify short and long-term options for the person with I/DD. It is helpful to the state agency to have as much information as possible about the person with I/DD.
"The Arc.
For people with intellectual and developmental disabilities"
PART 1: ABOUT ME

General information

Full name: __________________________________________

Nicknames, other names used? __________________________________

Current Address: __________________________ State: ______ Zip: ________

Phone: ________

Email Address: __________________________

Date of birth: __________________________

Primary Language Spoken: __________________________

Citizenship Status: __________________________

My Family Members

List two people who play primary support roles. They may include:
• Your parents, step-parents
• You and your other siblings, step-siblings
• Your aunts/uncles, cousins
• Other family members

Name: __________________________

Address: __________________________ State: ______ Zip: ________

Email Address: __________________________

Phone: __________________________

Citizenship Status: __________________________

Name: __________________________

Address: __________________________ State: ______ Zip: ________

Email Address: __________________________

Phone: __________________________

Citizenship Status: __________________________
PART 1: ABOUT ME

General information, About My Family

Where I’ve Lived:
In the space provided, list previous places your son or daughter has lived. Make sure to indicate the amount of time your son or daughter lived there and what type of home it was (e.g. family home, apartment).

Past addresses: ________________________________
______________________________
______________________________

Where I’ve Studied:

Schools attended: ________________________________
______________________________
______________________________

ABOUT MY FAMILY:

Who We Are

My family identifies ourselves as this race/ethnicity: ________________________________

My family belongs to this religion/belief: ________________________________

Here are our important traditions/holidays/pastimes:

Sometimes, we have struggles. Here are some of our family’s strengths and challenges:
PART 1: ABOUT ME

Professional Contacts

For the following people:

- Trusted clergy or spiritual advisory
- Case worker and/or support staff
- Teacher or former teachers
- Your family’s attorney (if you have one)
- Primary care doctor, specialists, therapists, pharmacists, and mental health professionals
- Trustee, representative payee, financial planner, and/or insurance agent

Name: ____________________________

Agency/Organization: ____________________________

Address: ____________________________ State: _____ Zip: _________

Email Address: ____________________________

Phone: ____________________________

Name: ____________________________

Agency/Organization: ____________________________

Address: ____________________________ State: _____ Zip: _________

Email Address: ____________________________

Phone: ____________________________
PART 2: WHERE I LIVE

I live...

☐ with Family Members
☐ in a Home I Own
☐ in a Home I Rent
☐ in someone else’s home (often called “shared living”)
☐ in housing owned by a service provided (like a group home)
☐ somewhere else (describe): ________________________________

Complete below only if “I own my home”:

Value of Property: ________________________________

Who should be contacted if I need spare keys? ________________________________

Phone number for contact: ________________________________

Mortgage information:

Bank Name: ________________________________ Monthly Payment: ________________

Automatic withdrawals? ☐ Yes ☐ No

Home owner’s insurance:

Insurer: ________________________________ Monthly Payment: ________________

Automatic withdrawals? ☐ Yes ☐ No

Security Information:

Security system in home? ☐ Yes ☐ No

Company Name: ________________________________ Code: __________________________
PART 2: WHERE I LIVE

Complete below only if “I rent a home”:

Landlord or Rental Company Name: ______________________________ Phone: ____________________

On-Site Property Manager: ______________________________ Phone: ____________________

Who should be contacted if I need spare keys? ______________________________

Phone number for contact: ______________________________

Rental Agreement: How long is the rental period?

☐ Month-to-Month

☐ 12 Months

☐ 24 Months

☐ Other (describe): ______________________________

Complete below only if “I live in shared living” or “I live in a home owned by service provider”:

Agency>Contact: ______________________________ Phone: ____________________

Who should be contacted if I need spare keys? ______________________________

Phone number for contact: ______________________________

Bank Name: ______________________________ Monthly Payment: ________________

Automatic withdrawals? ☐ Yes ☐ No

Security Information:

Security system in home? ☐ Yes ☐ No

Company Name: ______________________________ Code: ______________________________

Complete only if I live with family members...

Family Contact: ______________________________ Phone: ____________________

Who should be contacted if I need spare keys (if not family contact)? ______________________________

Phone number for contact: ______________________________
PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS

Likes & Dislikes

I like:

I dislike:

Daily Activities:

<table>
<thead>
<tr>
<th>Day</th>
<th>What I Like to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
<td></td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tr>
</tbody>
</table>
PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS
Guidelines for Supporting My Independence

Describe any help needed below. Make sure to include time(s) of day and amount of time needed for help.

Dressing
I can: __________________________________________

I can use some help to: __________________________________________

Grooming and other personal care
I can: __________________________________________

I can use some help to: __________________________________________

Eating and nutrition
I can: __________________________________________

I can use some help to: __________________________________________

Household Chores
I can: __________________________________________

I can use some help to: __________________________________________

Money management and budgeting
I can: __________________________________________

I can use some help to: __________________________________________

Transportation
I can: __________________________________________

I can use some help to: __________________________________________

Mobility/Ambulation
I can: __________________________________________

I can use some help to: __________________________________________

Assistive Devices/Technology
List Item & Purpose __________________________________________
PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS
Where I Work/Volunteer

Place of Employment/Volunteering: _______________________________________
Address: _______________________________________________ State: ___ Zip: ________
Hours Per Week: ____________
Supervisor/Contact Name: __________________ Phone: __________________
How long I have known supervisor ________________________________
Receiving Vocational Rehabilitation (DVR) services? ☐ Yes ☐ No
Contact Name: __________________ Phone: __________________
Other employment services? ☐ Yes ☐ No
Contact Name: __________________ Phone: __________________
Do I have a job coach? ☐ Yes ☐ No
Job Coach Name: __________________ Phone: __________________
Other comments: ________________________________________________
PART 3: MY DAILY ACTIVITIES AND SOCIAL CONNECTIONS
What I Like to Do Each Day

Attend a day program?  ☐ Yes  ☐ No

Day Program:  ___________________________  Phone:  ___________________________

Part of a recreation group?  ☐ Yes  ☐ No

Group contact:  ___________________________  Phone:  ___________________________

City where this happens:  ___________________________  Activity:  ___________________________

Participate in fitness or athletic program?  ☐ Yes  ☐ No

Contact name:  ___________________________  Phone:  ___________________________

Places I like to go/visit in the community:  ___________________________

__________________________________________________________________________

People I like to spend time with:  ___________________________

Special events that are important to me:  ___________________________

__________________________________________________________________________

What I like to do for fun:  ___________________________

__________________________________________________________________________

Things I want to do in the future:  ___________________________

__________________________________________________________________________

Things I like to do...

In the spring:  ___________________________

In the summer:  ___________________________

In the fall:  ___________________________

In the winter:  ___________________________
PART 4: SUPPORTING MY DAILY & MAJOR LIFE DECISIONS

About Me

I...

○ am responsible for making my own legal decisions
○ have someone help me with decisions
○ have a guardian or conservator to make decisions for me
○ am under 18

Contact information as needed:

Full guardian? ○ Yes ○ No

Guardian name: ___________________________ Phone: ___________________________

Back-up name: ___________________________ Phone: ___________________________

Partial legal guardian? ○ Yes ○ No

For what issues? ___________________________

Guardian name: ___________________________ Phone: ___________________________

Back-up name: ___________________________ Phone: ___________________________

General power of attorney? ○ Yes ○ No

Power of Attorney: ___________________________ Phone: ___________________________

Back-up name: ___________________________ Phone: ___________________________

Is there any other legal arrangement to know about? ○ Yes ○ No

Contact Person: ___________________________ Phone: ___________________________

Where can these documents be found? ___________________________
PART 4: SUPPORTING MY DAILY & MAJOR LIFE DECISIONS

About My Health Care

Diagnosis(es): ____________________________________________________________

Allergies: ______________________________________________________________

Current medications: ______________________________________________________

Insurance Provider: _____________________________ Phone: __________________

Insurance Provider: _____________________________ Phone: __________________

Who is responsible for making decisions about health care?

☐ I am (with or without help)

☐ Health Care Agent/Power of Attorney

Contact Name: _____________________________ Phone: __________________

☐ Guardian

Do I have a patient advocate? ☐ Yes ☐ No

Patient Advocate name: _____________________________ Phone: ________________

Back-up name: _____________________________ Phone: __________________

Medical wishes in place:

☐ Plan of care

☐ Advanced directive

☐ Living will

☐ Do not resuscitate order

☐ Other (describe): _____________________________

Where can these documents be found? _____________________________
PART 5: FINANCING MY FUTURE

About Me

Who is responsible for my finances?

- I am responsible for handling my money and finances
- I am responsible for handling my money and finances, but may need advice from others
- I am responsible for handling some of my finances, but need help to manage them
- I need someone to handle my finances

Financial Resource Name: _________________________________

Type of Account:
- Bank Account
- Life Insurance Policy
- Stock/Bond
- Other (describe): _________________________________

Person helping managing resource: ___________________________ Phone: ___________________________

Government Resources Received:
- Supplementary Security Insurance Amount: ___________ Frequency: ___________
- Social Security Disabled Adult Child Amount: ___________ Frequency: ___________
- Social Security Disability Insurance Amount: ___________ Frequency: ___________
- State Disability Benefits Amount: ___________ Frequency: ___________
- Veteran’s Benefits Amount: ___________ Frequency: ___________
- Medicaid
- Medicare
- EBT Cash/Food Benefits Amount: ___________ Frequency: ___________
- Employment Benefits Amount: ___________ Frequency: ___________
- Other (describe): ___________________________ Amount: ___________ Frequency: ___________
PART 5: FINANCING MY FUTURE
About My Disability Services

Services Used:

- Medicaid Waiver Services
  Contact: __________________________ Phone: ______________
- School-Provided Services
  Contact: __________________________ Phone: ______________
- Private Services
  Contact: __________________________ Phone: ______________
- Other services (describe): ________________________________
  Contact: __________________________ Phone: ______________

Am I on waiting list for services?  
☐ Yes  ☐ No

What is the status of the application? ________________________________
PART 5: FINANCING MY FUTURE

About My Finances

I have...

A trust ☐ Yes ☐ No

What type of trust is it?

☐ 1st Party – Funded with my money
☐ 3rd Party – Funded with someone else’s money
☐ Pooled trust account
☐ Other (describe): ____________________________

Trustee/Administrator: ____________________________ Phone: ____________________________

Back-up name: ____________________________ Phone: ____________________________

A representative payee? ☐ Yes ☐ No

Representative payee: ____________________________ Phone: ____________________________

Back-up name: ____________________________ Phone: ____________________________

A financial power of attorney? ☐ Yes ☐ No

Power of Attorney: ____________________________ Phone: ____________________________

Back-up name: ____________________________ Phone: ____________________________

Additional Information: ____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
El Plan Futuro de

Parte 1: Acerca de Mí
Parte 2: Dónde Vivo
Parte 3: Mis Actividades Diarias y Mis Contactos Sociales
Parte 4: Apoyar Mis Decisiones Cotidianas e Importantes de la Vida
Parte 5: Financiar Mi Futuro
PARTE 1: ACERCA DE MÍ

Información general

Nombre completo: ______________________________________

¿Apodos, otros nombres usados? ______________________________________

Dirección Actual: ___________________________________________ Estado: _____ Código Postal: ______

Teléfono: ________________________________________________

Dirección de Correo Electrónico: ______________________________

Fecha de Nacimiento: _______________________________________

Idioma Principal: __________________________

Estado de la Ciudadanía: ___________________________________

Mis Familiares

Enumere a dos personas que desempeñan roles de apoyo primario. Pueden ser:
- Sus padres, padrastros
- Usted y sus otros hermanos, hermanastros
- Sus tíos/tíos, primos
- Otros familiares

Nombre: ________________________________________________

Dirección: _____________________________________________ Estado: _____ Código Postal: ______

Dirección de Correo Electrónico: ______________________________

Teléfono: ________________________________________________

Estatus de Ciudadanía: ___________________________________

Nombre: ________________________________________________

Dirección: _____________________________________________ Estado: _____ Código Postal: ______

Dirección de Correo Electrónico: ______________________________

Teléfono: ________________________________________________

Estatus de Ciudadanía: ___________________________________
PARTE 1: ACERCA DE MÍ
Información general, Acerca de mi familia

Dónde He Vivido:
En el espacio proporcionado, enumere los lugares anteriores donde su hijo o hija ha vivido. Asegúrese de indicar cuánto tiempo su hijo o hija vivió allí y qué tipo de hogar fue (por ejemplo: si fue, casa familiar o apartamento).

Direcciones anteriores: __________________________________________

_______________________________________________________________

Dónde He Estudiado:

Escuelas a las que asistí: _________________________________________

_______________________________________________________________

ACERCA DE MI FAMILIA:
Quiénes Somos

Mi familia se identifica con esta raza/etnia: _________________________

Mi familia pertenece a esta religión/creencia: _________________________

Estas son nuestras tradiciones/días feriados/ /pasatiempos importantes:


A veces, tenemos luchas. Aquí hay algunos de los desafíos y fortalezas de nuestra familia:
PARTE 1: ACERCA DE MÍ
Contactos Profesionales

Contactos Profesionales
Para las siguientes personas:
• Clero de confianza o consejeros espirituales
• Trabajador de caso o personal de apoyo
• Maestro o ex maestros
• Abogado de su familia (si tiene uno)
• Médico de atención primaria, especialistas, terapeutas, farmacéuticos y profesionales de la salud mental
• Fideicomisario, representante del beneficiario, asesor financiero o agente de seguros

Nombre: ____________________________________________________
Agencia/Organización: __________________________________________
Dirección: ___________________________________ Estado: _____ Código Postal: _______
Dirección de Correo Electrónico: ______________________________________
Teléfono: ______________________________________________________

Nombre: ____________________________________________________
Agencia/Organización: __________________________________________
Dirección: ___________________________________ Estado: _____ Código Postal: _______
Dirección de Correo Electrónico: ______________________________________
Teléfono: ______________________________________________________
Vivo...

- con familiares
- en un hogar que me pertenece
- en un hogar que alquilo
- en un hogar de otra persona (a menudo conocida como “vivienda compartida”)
- en una vivienda de propiedad de un servicio prestado (como una casa de grupo)
- En otro lugar (describir): ________________________________

Completer a continuación solo si eres dueño de tu casa:

Valor de la propiedad: ________________________________

¿A quién debo contactar si necesito llaves de repuesto? ________________________________

Número de teléfono de contacto: ________________________________

Información de la hipoteca:

- Nombre del banco: ________________________________ Pago mensual: __________

¿Extracciones automáticas?  ○ Sí  ○ No

Seguro del propietario del hogar:

- Asegurador: ________________________________ Pago mensual: __________

¿Extracciones automáticas?  ○ Sí  ○ No

Información de seguridad:

- ¿Sistema de seguridad en el hogar?  ○ Sí  ○ No

Nombre de la compañía: ________________________________ Código: __________
PARTE 2: DÓNDE VIVO

Completer a continuación solo si alquila un hogar:

Nombre del propietario o de la compañía de alquiler: __________________________ Teléfono: ________________

Administrador de la propiedad en el lugar: __________________________ Teléfono: ________________

¿A quién debo contactar si necesito llaves de repuesto? __________________________________________

Número de teléfono de contacto: __________________________

Contrato de alquiler: ¿Cuánto dura el período de alquiler?

☐ Mes a mes
☐ 12 meses
☐ 24 meses
☐ Otro (describir): __________________________

Completer a continuación si vive en una vivienda compartida o en un hogar de propiedad de un proveedor de servicios:

Agencia/contacto: __________________________ Teléfono: __________________________

¿A quién debo contactar si necesito llaves de repuesto? __________________________________________

Número de teléfono de contacto: __________________________

Nombre del banco: __________________________ Pago mensual: ________________

¿Extracciones automáticas?  ☐ Sí  ☐ No

Información de seguridad:

¿Sistema de seguridad en el hogar?  ☐ Sí  ☐ No

Nombre de la compañía: __________________________ Código: __________________________

Completer solo si vive con familiares...

Contacto Familiar: __________________________ Teléfono: __________________________

¿A quién debo contactar si necesito llaves de repuesto (si no hay un contacto familiar)? __________________________

Número de teléfono de contacto: __________________________
### PARTE 3: MIS ACTIVIDADES DIARIAS Y MIS CONTACTOS SOCIALES

#### Gustos y aversiones

**Me gusta:**

- ...

**No me gusta:**

- ...

### Actividades diarias:

<table>
<thead>
<tr>
<th>Día</th>
<th>Qué Me Gusta Hacer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunes</td>
<td></td>
</tr>
<tr>
<td>Martes</td>
<td></td>
</tr>
<tr>
<td>Miércoles</td>
<td></td>
</tr>
<tr>
<td>Jueves</td>
<td></td>
</tr>
<tr>
<td>Viernes</td>
<td></td>
</tr>
<tr>
<td>Sábado</td>
<td></td>
</tr>
<tr>
<td>Domingo</td>
<td></td>
</tr>
</tbody>
</table>
PARTE 3: MIS ACTIVIDADES DIARIAS Y MIS CONTACTOS SOCIALES

Descríban cualquier ayuda necesaria a continuación. Asegúrese de incluir la hora(s) del día y la cantidad de tiempo necesario para la ayuda.

Vestimenta
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Higiene y otros cuidados personales
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Alimentación y nutrición
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Tareas del hogar
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Gestión del dinero y presupuesto
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Transporte
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Movilidad/deambulación
Puedo: ________________________________
Puedo necesitar ayuda para: ________________________________

Dispositivos de asistencia/tecnología
Lista los elementos y propósitos ________________________________
PARTE 3: MIS ACTIVIDADES DIARIAS Y MIS CONTACTOS SOCIALES
Dónde trabajo/soy voluntario

Lugar de Empleo/Voluntariado: ______________________________________________________
Dirección: ___________________________________________ Estado: _____ Código Postal: _____
Horas por semana: ___________
Nombre del Supervisor/Contacto: _____________________________ Teléfono: __________________
Cuánto tiempo he conocido al supervisor ___________________________________________
¿Está recibiendo servicios de rehabilitación vocacional?    ☐ Sí    ☐ No
Nombre del Contacto: _____________________________ Teléfono: __________________
¿Otros servicios de empleo?    ☐ Sí    ☐ No
Nombre del Contacto: _____________________________ Teléfono: __________________
¿Tengo un entrenador laboral?    ☐ Sí    ☐ No
Nombre del Entrenador Laboral: _____________________________ Teléfono: __________________
Otros comentarios: _____________________________
PARTE 3: MIS ACTIVIDADES DIARIAS Y MIS CONTACTOS SOCIALES

¿Asiste a un programa de día?  ○ Sí  ○ No
Programa de día: ___________________________  Teléfono: ___________________________

¿El programa de día es parte de un grupo de recreación?  ○ Sí  ○ No
Contacto del grupo: ___________________________  Teléfono: ___________________________

Ciudad donde tiene lugar: ___________________________  Actividad: ___________________________

¿Participa en un programa de aptitud física o atletismo?  ○ Sí  ○ No
Nombre del contacto: ___________________________  Teléfono: ___________________________

Lugares donde me gusta ir/visitar en la comunidad: _______________________________________

Personas con las que me gusta pasar el tiempo: _______________________________________

Eventos especiales que son importantes para mí: _______________________________________

Qué me gusta hacer por diversión: _______________________________________

Cosas que quiero hacer en el futuro: _______________________________________

Cosas que me gusta hacer...

En la primavera: _______________________________________

En el verano: _______________________________________

En el otoño: _______________________________________

En el invierno: _______________________________________
Yo... soy responsable de tomar mis propias decisiones legales.

☐ tengo alguien que me ayuda con las decisiones.

☐ tengo un tutor o conservador que toma decisiones por mí.

☐ soy menor de 18.

Información de contacto según sea necesario:

¿Tiene tutor completo?  ☐ Sí  ☐ No

Nombre del tutor: ___________________________ Teléfono: ___________________________

Nombre de respaldo: _________________________ Teléfono: _________________________

¿Tiene tutor legal parcial?  ☐ Sí  ☐ No

¿Para qué cuestiones? __________________________________________________________

Nombre del tutor: ___________________________ Teléfono: ___________________________

Nombre de respaldo: _________________________ Teléfono: _________________________

¿Tiene un poder general?  ☐ Sí  ☐ No

Nombre de Poder General: _________________________ Teléfono: _________________________

Nombre de respaldo: _________________________ Teléfono: _________________________

¿Hay algún otro arreglo legal a conocer?  ☐ Sí  ☐ No

Persona de contacto: ___________________________ Teléfono: ___________________________

¿Dónde se pueden encontrar estos documentos? ________________________________________
Diagnóstico(s): __________________________________________
Alergias: _________________________________________________
Medicamentos actuales: ____________________________________
Proveedor de Seguros: ___________________________ Teléfono: __________________
Proveedor de Seguros: ___________________________ Teléfono: __________________
¿Quién es responsable de tomar las decisiones sobre el cuidado de la salud?
☐ Yo (con o sin ayuda)
☐ Agente de Salud/Poder General
  Nombre del contacto: ___________________________ Teléfono: __________________
☐ Tutor
¿Tiene un defensor del paciente?  ☐ Sí  ☐ No
  Nombre del defensor del paciente: ___________________________ Teléfono: __________________
  Nombre de respaldo: ___________________________ Teléfono: __________________
Deseos médicos en curso:
☐ Plan de atención
☐ Directiva avanzada
☐ Testamento en vida
☐ Orden de no realizar reanimación
☐ Otro (describir): __________________________________________
  ¿Dónde se pueden encontrar estos documentos? ___________________________
PARTE 5: FINANCIAR MI FUTURO
Acerca de Mí

¿Quién es responsable de mis finanzas?

☐ Soy responsable de manejar mi dinero y mis finanzas

☐ Soy responsable de manejar mi dinero y mis finanzas, pero a veces necesito el consejo de otros

☐ Soy responsable de manejar algunas de mis finanzas, pero necesito ayuda para manejarlas

☐ Necesito a alguien para manejar mis finanzas

Nombre de los recursos financieros: ____________________________________________

Tipo de cuenta:

☐ Cuenta bancaria

☐ Póliza de seguro de vida

☐ Acciones/bonos

☐ Otro (describir): ____________________________________________________________

Persona que ayuda a gestionar los recursos: ___________________________ Teléfono: ____________________

Recursos gubernamentales recibidos:

☐ Monto de la Seguridad de Ingreso Suplementario: ___________ Frecuencia: ______

☐ Monto de beneficios del Seguro Social para un adulto discapacitado desde la niñez: ___________ Frecuencia: ______

☐ Monto de seguro de discapacidad del Seguro Social: ___________ Frecuencia: ______

☐ Monto de beneficios del Seguro Estatal por discapacidad: ___________ Frecuencia: ______

☐ Monto de Beneficios del Veterano: ___________ Frecuencia: ______

☐ Medicaid

☐ Medicare

☐ Monto de Programa de ayuda suplementaria de nutrición: ___________ Frecuencia: ______

☐ Monto de beneficios de empleo: ___________ Frecuencia: ______

☐ Otro (describir): _____________________________ Monto: ___________ Frecuencia: ______
PARTE 5: FINANCIAR MI FUTURO
Acerca de mis servicios de discapacidad

Servicios utilizados:

☐ Servicios de exención de Medicaid
Contacto: ________________ Teléfono: ________________

☐ Servicios proporcionados por la escuela
Contacto: ________________ Teléfono: ________________

☐ Servicios privados
Contacto: ________________ Teléfono: ________________

☐ Otros servicios (describir):
Contacto: ________________ Teléfono: ________________

¿Está en la lista de espera para los servicios?  ☐ Sí  ☐ No

¿Cuál es el estado de la solicitud? ________________________________
Tengo...

Un fideicomiso  ☐ Sí  ☐ No

¿Qué tipo de fideicomiso es?

☐ Primera parte – Financiado con mi dinero
☐ Terceros – Financiado con el dinero de otra persona
☐ Cuenta fiduciaria agrupada
☐ Otro (describir): ____________________________

Fideicomisario/Administrador: ____________________________ Teléfono: ____________________________
Nombre de respaldo: ____________________________ Teléfono: ____________________________

¿Un representante del beneficiario?  ☐ Sí  ☐ No

Representante del beneficiario: ____________________________ Teléfono: ____________________________
Nombre de respaldo: ____________________________ Teléfono: ____________________________

¿Un poder financiero?  ☐ Sí  ☐ No

Poder General: ____________________________ Teléfono: ____________________________
Nombre de respaldo: ____________________________ Teléfono: ____________________________
Información adicional:
________________________________________________________
________________________________________________________
________________________________________________________
## Wisconsin State Resources

### General Information and Navigation

<table>
<thead>
<tr>
<th>Service</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging and Disability Resource Centers</td>
<td>dhs.wisconsin.gov/adrc/index.htm&lt;br&gt;Aging and Disability Resource Centers (ADRCs) are located in most counties and are the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. Go here to learn about program options, benefits and to enroll in adult programs.</td>
</tr>
<tr>
<td>Chapters of The Arcs</td>
<td>arcwi.org/about/affiliate-chapters&lt;br&gt;Wisconsin chapters of the Arc are located statewide and can offer information on local programs and supports for people with Intellectual and Developmental Disabilities (I/DD) across the lifespan.</td>
</tr>
<tr>
<td>Regional Centers for Children and Youth with Special Health Care Needs</td>
<td>dhs.wisconsin.gov/cyshcn/regionalcenters.htm&lt;br&gt;Regional Centers provide free support to families with children and youth with special health care needs and the providers who serve them. The Centers help get answers, find services, and connect to community resources.</td>
</tr>
<tr>
<td>Compass Wisconsin-Threshold</td>
<td>compasswisconsin.org/contact-us&lt;br&gt;Provides outreach, intake, application and eligibility determination for Children’s Long-Term Support services to families living in Adams, Columbia, Dane, Green, Jackson, Jefferson, Kenosha, La Crosse, Lafayette, Marquette, Monroe, Ozaukee, Racine, Rock, Walworth, Washington and Waukesha counties.</td>
</tr>
<tr>
<td>Independent Living Centers</td>
<td>dhs.wisconsin.gov/disabilities/physical/ilcs-contact.htm&lt;br&gt;Independent Living Centers (ILCs) provide assistance to people with disabilities including peer support, information and referral, independent living skills training, coordination of personal care and other services, advocacy and community education.</td>
</tr>
<tr>
<td>Wisconsin First Step</td>
<td>mch-hotlines.org/mch-hotlines&lt;br&gt;Information and links to services for children and youth with special needs, their families and providers. 800-642-7837</td>
</tr>
</tbody>
</table>

### Assistive Technology

<table>
<thead>
<tr>
<th>Service</th>
<th>Website</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin’s Assistive Technology Program (WisTech)</td>
<td>dhs.wisconsin.gov/disabilities/wistech/index.htm&lt;br&gt;<strong>Loan Program:</strong> wisconsinat4all.com/welcome.aspx&lt;br&gt;Provides information on selecting, funding, installing and using assistive technology. 608-266-3118</td>
<td></td>
</tr>
<tr>
<td>IndependenceFirst</td>
<td>independencefirst.org/services/assistive-technology&lt;br&gt;Helps identify useful adaptive equipment, vendor resources, and funding resources. 414-226-8385</td>
<td></td>
</tr>
</tbody>
</table>
### Wisconsin State Resources

#### Benefits

<table>
<thead>
<tr>
<th>Benefit specialists</th>
<th>dhs.wisconsin.gov/benefit-specialists/counties.htm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit specialists provide help to older adults and people with disabilities with questions and problems related to benefits such as Medicare, Medicaid, Social Security, FoodShare, and health insurance. Contact your local ADRC to find a benefit specialist in your area.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Security Income (SSI)</th>
<th>ssa.gov/disabilityssi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security pays benefits to people who can’t work because they have a medical condition or disability. Federal law requires a very strict definition of disability. Apply for Supplemental Security Income at the nearest federal Social Security office. Call 1-800-772-1213</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructions to Apply on-line for SSI</th>
<th>familyvoicesofwisconsin.com/wp-content/uploads/2015/01/Applying-Online-for-SSI-for-your-adult-child.pdf</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FoodShare Wisconsin</th>
<th>dhs.wisconsin.gov/forwardhealth/imagency/index.htm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps low-income families and individuals buy nutritious food. You must apply to find out if you are eligible for FoodShare benefits. Apply on-line or ask at the ADRC.</td>
<td></td>
</tr>
</tbody>
</table>

#### Caregiver Supports & Respite

<table>
<thead>
<tr>
<th>Respite Care Association of Wisconsin</th>
<th>respitecarewi.org/live</th>
</tr>
</thead>
<tbody>
<tr>
<td>A resource and referral agency that assists in locating a respite service and other resources in your area. 608-222-2033</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver Support Programs</th>
<th>wisconsincaregiver.org</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides information and assistance to help people better care for their loved ones—and themselves. Can arrange for services and help families understand their options for care, Caregiver support programs are available in every community. Contact your local ADRC at dhs.wisconsin.gov/adrc/index.htm Or contact a caregiver resource specialist: (866) 843-9810</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dementia Care Specialists</th>
<th>dhs.wisconsin.gov/adrc/dementia-care-specialist-program.htm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide information and assistance about Alzheimer’s disease and other dementias.</td>
<td></td>
</tr>
</tbody>
</table>
## Wisconsin State Resources

### Decision-Making Supports and Guardianship

<table>
<thead>
<tr>
<th>Statewide Resources on Supported Decisionmaking</th>
<th>wi-bpdd.org/SupportedDecision-Making</th>
</tr>
</thead>
</table>

Provides information and assistance on issues related to guardianship, protective placement, advance directives, and more. 855-409-9410

### Client Rights-Guardianship

Takes calls about client rights if someone is receiving services for mental illness, a developmental disability, or substance abuse in Wisconsin and has a guardian. 608-266-9369

### Education

<table>
<thead>
<tr>
<th>Department of Public Instruction—Special Education</th>
<th>dpi.wi.gov/sped/families/rights</th>
</tr>
</thead>
</table>

Information on rights and other resources available to eligible children with disabilities in Wisconsin public schools.

<table>
<thead>
<tr>
<th>Wisconsin FACETS</th>
<th>wifacets.org</th>
</tr>
</thead>
</table>

Connects families to community resources. Educates parents on their rights and how to use those rights to become involved in their child’s education. 877-374-0511

<table>
<thead>
<tr>
<th>Wisconsin Statewide Parent-Educator Initiative (WSPEI)</th>
<th>wspei.org/contact</th>
</tr>
</thead>
</table>

WSPEI assists families and educators to find resources, build relationships leading to positive outcomes for children’s learning. Parent educators provide free support.

<table>
<thead>
<tr>
<th>Transition Improvement Grant</th>
<th>witig.org</th>
</tr>
</thead>
</table>

Provides professional development to Wisconsin youth, parents, educators and all stakeholders in the area of postsecondary transition for students with disabilities. TIG Coordinators are located throughout Wisconsin. Search for transition and other supports by county: witig.org/services-and-resources/
### Wisconsin State Resources

#### Employment

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wisconsin Division for Vocational Rehabilitation</strong></td>
<td>dwd.wisconsin.gov/dvr/referral_request.htm</td>
</tr>
<tr>
<td><strong>Employment Resources, Inc</strong></td>
<td>eri-wi.org</td>
</tr>
<tr>
<td><strong>Medical Assistance Purchase Plan (MAPP)</strong></td>
<td>dhs.wisconsin.gov/medicaid/publications/p-10071.htm</td>
</tr>
<tr>
<td><strong>Wisconsin Employment First</strong></td>
<td>wiemploymentfirst.com</td>
</tr>
<tr>
<td><strong>Employment Success Stories for people with disabilities</strong></td>
<td>letsgettoworkwi.org/index.php/stories/videos</td>
</tr>
<tr>
<td><strong>Work Incentives Benefits Counseling</strong></td>
<td>promisewi.com/category/blog/stories</td>
</tr>
</tbody>
</table>

DVR services are available to people with disabilities who have difficulty finding or keeping a job. After application DVR can take 60 days to determine eligibility. Apply online.

Supports people with disabilities in achieving employment goals, receiving benefits counseling, accessing healthcare, and connecting to financial information and resources. 1-855-401-8549

Offers people with disabilities who are working or interested in working the opportunity to buy health care coverage through the Wisconsin Medicaid Program.

Resources and connections to seek Competitive Integrated Employment Contact the Wisconsin Board for Persons with Developmental Disabilities: 608-267-9897

#### Work Incentives Benefits Counseling

People who receive disability benefits can still work but may need to use work incentives tools and access the guidance of a work incentives benefits counselor. Ask your DVR Counselor or contact the Work Incentives Planning and Assistance (WIPA) program: eri-wi.org/programs/WIPA

#### Family Supports

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Voices of Wisconsin</strong></td>
<td>familyvoicesofwisconsin.com</td>
</tr>
<tr>
<td><strong>Wisconsin Family Ties</strong></td>
<td>wifamilyties.org</td>
</tr>
</tbody>
</table>

Helps families who have children and youth with disabilities and/or special health care needs navigate health care and community supports. 608-828-9959

Information, resources and support for families with children who have emotional, mental health or behavioral disorders. 1-800-422-7145
### Wisconsin State Resources

#### Family Supports

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsibs</td>
<td>wisconsibs.org</td>
</tr>
<tr>
<td>Serving Wisconsin brothers and sisters with siblings with disabilities. Offers Sibshops® and camps for boys and girls, future-planning training and social events for adults and families. 920-968-1742</td>
<td></td>
</tr>
<tr>
<td>Parent 2 Parent of Wisconsin</td>
<td>p2pwi.org/aboutus.html</td>
</tr>
<tr>
<td>Provides support to parents of children with special needs through a one-to-one connection with another parent who has similar experience. 888-266-002</td>
<td></td>
</tr>
</tbody>
</table>

#### Financial and Legal Planning Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Needs Alliance</td>
<td><a href="https://www.specialneedsalliance.org/find-an-attorney/wisconsin">https://www.specialneedsalliance.org/find-an-attorney/wisconsin</a></td>
</tr>
<tr>
<td>A national organization comprised of attorneys who can help answer questions about public benefits, special needs trusts, guardianships/conservatorships, planning for disabilities and special education issues.</td>
<td></td>
</tr>
<tr>
<td>Wispact</td>
<td>revenue.wi.gov/Pages/faqs/ise-ABLEAccounts.aspx</td>
</tr>
<tr>
<td>A private nonprofit organization that administers pooled and community Special Needs Trusts for people with disabilities. 800-943-7386 press 9, press1, enter Ext. 53975</td>
<td></td>
</tr>
<tr>
<td>Opening an ABLE Account in Wisconsin</td>
<td>wspei.org/contact</td>
</tr>
<tr>
<td>Wisconsin residents may establish an ABLE account in another state as Wisconsin does not have its own ABLE program. Wisconsin residents may compare other state ABLE programs through the ABLE National Resource Center: ablenrc.org</td>
<td></td>
</tr>
<tr>
<td>What is a Special Needs Trust?</td>
<td>specialneedsanswers.com/what-is-a-special-needs-trust-13601</td>
</tr>
</tbody>
</table>

#### Future Planning

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Arc Center for Future Planning</td>
<td>futureplanning.thearc.org</td>
</tr>
<tr>
<td>Tools and information to help families with a person with I/DD plan for the future. On-line planning available.</td>
<td></td>
</tr>
<tr>
<td>A Journey Forward</td>
<td>wisconsibs.org/what-we-offer/journey-forward-future-planning</td>
</tr>
<tr>
<td>Training specifically designed for adult siblings of persons with I/DD to plan for the future of their family.</td>
<td></td>
</tr>
</tbody>
</table>
## Wisconsin State Resources

### Healthcare

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wisconsin Medicaid Programs</strong></td>
<td>dhs.wisconsin.gov/medicaid/index.htm</td>
</tr>
<tr>
<td>Wisconsin’s ForwardHealth Medicaid is public health insurance for the elderly, blind or disabled who meet eligibility requirements. You can apply for Medicaid online, by phone, by mail, or in person with your local agency. access.wisconsin.gov</td>
<td></td>
</tr>
<tr>
<td><strong>ABC for Health, Inc.</strong></td>
<td>safetyweb.org/index.html</td>
</tr>
<tr>
<td>Provides health care consumers with the information, advocacy tools, legal services, and expert support they need to navigate the health care financing system. Health benefits counselors are available to answer questions. 800-585-4222</td>
<td></td>
</tr>
<tr>
<td><strong>Provider Search Tool</strong></td>
<td>dhs.wisconsin.gov/guide/provider-search.htm</td>
</tr>
<tr>
<td>A fast method for consumers to find a health care facility or care provider as well as compliance history for Wisconsin providers regulated by the Wisconsin Department of Health Services (DHS).</td>
<td></td>
</tr>
<tr>
<td><strong>Self-Directed HealthCare Kit</strong></td>
<td>wi-bpdd.org/index.php/2017/08/15/bpdd-health-care-kit-available</td>
</tr>
<tr>
<td>A tool to help people with disabilities set up and prepare for healthcare appointments by gathering needed information ahead of time.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Assistance Purchase Plan (MAPP)</strong></td>
<td>dhs.wisconsin.gov/medicaid/publications/p-10071.htm</td>
</tr>
<tr>
<td>Offers people with disabilities who are working or interested in working the opportunity to buy health care coverage through the Wisconsin Medicaid Program.</td>
<td></td>
</tr>
</tbody>
</table>

### Housing

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Movin’ Out Inc</strong></td>
<td>movin-out.org/about.html</td>
</tr>
<tr>
<td>Provides information and resources covering a wide range of housing options to Wisconsin households that include a family member with a permanent disability. Contact: <a href="mailto:info@movin-out.org">info@movin-out.org</a> or 877-861-6746 x7</td>
<td></td>
</tr>
<tr>
<td>Community Supported Living is a flexible partnership that enables a person needing support to live in their own home with support from an entity that provides individualized assistance. (Contact your Family Care or IRIS agency to ask about options for Community Supported Living and providers in your area.)</td>
<td></td>
</tr>
</tbody>
</table>
### Wisconsin State Resources

#### Housing

<table>
<thead>
<tr>
<th>Housing — Where Do We Start?</th>
<th>familyvoicesofwisconsin.com/wp-content/uploads/2015/01/Housing-for-Young-Adults-with-Disabilities.pdf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Discrimination Resources</td>
<td>hud.gov/topics/housing_discrimination</td>
</tr>
<tr>
<td>Housing and Urban Development (HUD) FAQ</td>
<td>hud.gov/faqs</td>
</tr>
</tbody>
</table>

Find out about public housing, Section 8, rental assistance, home buying options and more.

<table>
<thead>
<tr>
<th>Wisconsin Home Energy Assistance Program (WHEAP)</th>
<th>homeenergyplus.wi.gov</th>
</tr>
</thead>
</table>

Provides assistance for heating costs, electric costs, and energy crisis situations for eligible low-income individuals.

#### Long-Term Services and Supports

<table>
<thead>
<tr>
<th>Comparison chart of Wisconsin Long-Term Care programs for Adults</th>
<th>dhs.wisconsin.gov/publications/p0/p00570.pdf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Services in Wisconsin Long-Term Care Programs</td>
<td>dhs.wisconsin.gov/publications/p0/p00088oa.pdf</td>
</tr>
<tr>
<td>Family Care</td>
<td>dhs.wisconsin.gov/familycare/index.htm</td>
</tr>
</tbody>
</table>

Family Care is a managed care long-term care program that helps frail elders and adults with disabilities get the services they need to remain in their homes. People who are eligible for long-term care have the choice of IRIS or managed care. Must first undergo a functional screen process to determine eligibility. Contact your Local ADRC to find Family Care organizations serving your region.

<table>
<thead>
<tr>
<th>IRIS</th>
<th>dhs.wisconsin.gov/iris/index.htm</th>
</tr>
</thead>
</table>

IRIS is a self-directed long-term care option. The participant manages an Individual Services and Supports Plan within an individual budget and the guidelines of allowable supports and services to meet his or her long-term care needs. The participant has the flexibility to design a cost-effective and personal plan. People who are eligible for long-term care have the choice of IRIS or managed care. Must first undergo a functional screen process to determine eligibility. Call the IRIS Service Center 1-888-515-IRIS (4747).
# Wisconsin State Resources

## Long-Term Services and Supports

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Care and IRIS Ombudsman Program</strong></td>
<td>disabilityrightswi.org/programs/fcop</td>
</tr>
<tr>
<td>Supports people experiencing problems with the Family Care, Partnership, or IRIS programs through independent ombudsman resources. 800-928-8778</td>
<td></td>
</tr>
<tr>
<td><strong>Save IRIS</strong></td>
<td>saveiris.org/home-1.html</td>
</tr>
<tr>
<td>Save IRIS, Wisconsin’s Self-Direction Advocates” is a non-partisan grassroots movement dedicated to preserving and promoting self-direction in Wisconsin.</td>
<td></td>
</tr>
</tbody>
</table>

## Mental Health Supports

<table>
<thead>
<tr>
<th>Service</th>
<th>Website/Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health—Partner/Provider Resources</strong></td>
<td>dhs.wisconsin.gov/mh/index.htm</td>
</tr>
<tr>
<td><strong>NAMI Wisconsin</strong></td>
<td>namiwisconsin.org/find-help-near-you</td>
</tr>
<tr>
<td>Promotes public education and understanding of mental illnesses. Provides follow-up advice and counsel; educational and training programs and materials; access to financial resources as appropriate; and offers conferences, seminars, and presentations. 800-236-2988</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health America of Wisconsin</strong></td>
<td>mhawisconsin.org/about</td>
</tr>
<tr>
<td>Provides information about mental health and mental illness to individuals, professional organizations and the community. 866-948-6483</td>
<td></td>
</tr>
<tr>
<td><strong>Wisconsin Family Ties</strong></td>
<td>wifamilyties.org/</td>
</tr>
<tr>
<td>Information, resources and support for families with children who have emotional, mental health or behavioral disorders. 1-800-422-7145</td>
<td></td>
</tr>
</tbody>
</table>
## Wisconsin State Resources

### Recreation & Social

<table>
<thead>
<tr>
<th>Local Chapters of The Arc</th>
<th>arcwi.org/about/affiliate-chapters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin chapters of the Arc offer a variety of recreational and social opportunities for people with disabilities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Olympics Wisconsin</th>
<th>specialolympicswisconsin.org/who-we-are/regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides year-round sports training and competition in a variety of Olympic-type sports for children and adults with intellectual disabilities. Regional groups. 608-222-1324</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best Buddies Wisconsin</th>
<th>bestbuddies.org/wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers One-to-One Friendship and Leadership Development programs connecting individuals with and without disabilities in Wisconsin. 414-271-1470</td>
<td></td>
</tr>
</tbody>
</table>

### Rights and Discrimination

<table>
<thead>
<tr>
<th>Disability Rights Wisconsin</th>
<th>disabilityrightswi.org</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps people with disabilities gain access to services and supports through its advocacy and legal expertise. Training and rights protection. Toll Free Number for Consumers and Family: 800-928-8778</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Protective Services</th>
<th>dhs.wisconsin.gov/aps/aar-agencies.htm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aid for elder adults and Adults-at-Risk who have been abused, neglected, or exploited. There are agencies and elder agencies in every county in Wisconsin.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Arc’s National Center on Criminal Justice &amp; Disability</th>
<th>thearc.org/NCCJD/about</th>
</tr>
</thead>
<tbody>
<tr>
<td>A national clearinghouse for information and training on the topic of people with I/DD as victims, witnesses and suspects or offenders of crime.</td>
<td></td>
</tr>
</tbody>
</table>
## Wisconsin State Resources

### Self-Advocacy and Leadership

<table>
<thead>
<tr>
<th><strong>People First Wisconsin</strong></th>
<th>peoplefirstwisconsin.org</th>
</tr>
</thead>
<tbody>
<tr>
<td>A statewide self-advocacy organization for people with disabilities. Regional groups. 1-414-483-2546</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Wisconsin Partners in Policymaking</strong></th>
<th>wi-bpdd.org/index.php/partners-in-policymaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>A six-session advocacy and systems change training program designed to develop leaders working to support the full participation and inclusion of people with developmental disabilities in all aspects of life.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Wisconsin Youth Leadership Forum</strong></th>
<th>wi-bpdd.org/index.php/wisconsin-youth-leadership-forum</th>
</tr>
</thead>
<tbody>
<tr>
<td>A week-long leadership training and career awareness program for high school sophomores, juniors and seniors with disabilities.</td>
<td></td>
</tr>
</tbody>
</table>

### Transportation

|--------------------------------------------|-------------------------------------------------------------|

<table>
<thead>
<tr>
<th><strong>Non-Emergency Medical Transportation (NEMT)</strong></th>
<th>dhs.wisconsin.gov/nemt/index.htm</th>
</tr>
</thead>
<tbody>
<tr>
<td>People enrolled in certain Wisconsin benefit programs (including Medicaid) may be eligible for NEMT rides.</td>
<td></td>
</tr>
</tbody>
</table>

**Find Transportation options in your area**

Contact your ADRC: dhs.wisconsin.gov/adrc/consumer/index.htm

**Transportation and Parking Resources**

www.dhs.wisconsin.gov/disabilities/physical/transportation.htm
**Log Your Outreach to Aging Caregivers: Barriers and Solutions**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Description</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barrier 1:</strong> Need for future planning is not recognized by:</td>
<td></td>
<td><strong>Tips:</strong> Start by recognizing the caregiver’s lifelong commitment and love for their family member with a disability. Move on to gentle questions about how the person’s care would be smoothly continued were something to interrupt that care.</td>
</tr>
<tr>
<td>Caregiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Barrier 2:</strong> Lack of knowledge about future planning process and concepts</td>
<td></td>
<td><strong>Tips:</strong> Provide information about the basics of future planning, what elements are involved, and what might be the best place to start. Utilize local resources including your chapter of The Arc as well as The Arc’s Center for Future Planning®:</td>
</tr>
<tr>
<td>futureplanning.thearc.org</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Barrier 3:</strong> Person with a disability is not included in future planning process</td>
<td></td>
<td><strong>Tips:</strong> Whenever possible, include the person with a disability in future planning sessions. Encourage the person to get involved in self-advocacy groups and share person-centered planning resources. Spend extra time with the person with a disability to ensure they understand the process.</td>
</tr>
<tr>
<td><strong>Barrier 4:</strong> Familial conflict over future planning decision-making</td>
<td></td>
<td><strong>Tips:</strong> Acknowledge family members’ ambivalence and anxieties throughout the process. Familial conflict may represent decades of certain patterns, but stay focused on maximizing the outcomes for the person with the disability. Suggest solutions such as dividing up support responsibilities among several individuals.</td>
</tr>
<tr>
<td><strong>Barrier 5:</strong> Lack of knowledge about available future planning resources:</td>
<td></td>
<td><strong>Tips:</strong> Keep an updated list of trusted contacts for the relevant areas. Before referring families to the contacts, be sure that you know each family’s situation, what programs might they be eligible for, or whether they can afford a special needs attorney. Use The Arc’s Center for Future Planning® resources including the Letter of Intent to help guide families through the process. Connect with your local chapter of The Arc for further resources.</td>
</tr>
<tr>
<td>About me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where I Live</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily Activities &amp; Social Connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting Daily &amp; Major Life Decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financing my Future</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Log Your Outreach to Aging Caregivers: Barriers and Solutions

**Barrier 6: Fear of the Future**
Who will provide care for my son or daughter after I die, or if my health declines to the point that I can no longer continue to care for my loved one? What quality of care will he or she receive?

**Tips:** Encourage site visits to possible residential options or potential employment or community-based sites so that caregivers can become familiar with such settings. Stress that future planning is only the next phase of their longstanding commitment to their family member with a disability.

**Barrier 7: Family does not qualify for certain services:**
- Non-Medicaid/Medicare options
- Applying for Medicare/Medicaid

**Tips:** Many aging caregivers may not be familiar with disability-related systems. Ensure that you know your state's non-Medicaid/Medicare programming possibilities, and refer families to those programs when appropriate. Some families may be eligible for Medicaid or Medicare and may never have applied. You can help them through this process.

**Barrier 8: Age-related support needs for caregiver and/or person with a disability**

**Tips:** Keep an updated list of your local aging services so that you can offer that as a resource if the caregiver is experiencing support needs of their own. The family may also benefit from immediate respite services due to an urgent need.

**Barrier 9: Lack of trust for professionals**

**Tips:** You can begin to build trust by validating the caregiver's hard work, skills, and expertise. In providing the family with concrete tools and resources, you will also build trust by following through on what was promised.

**Barrier 10: Language and/or cultural barriers between professional and family members**

**Tips:** Reach out to a local agency that works with that population to mediate the working relationship.

**Barrier 11: Resistance to and lack of awareness of self-advocacy**

**Tips:** Ask about self-advocacy. If talking on phone, ask caregiver what desires person with a disability has expressed: “What does Stella want?” Include focus person whenever possible.
Case Examples

Case examples: (30 mins) Using several narratives that include elements of the training and its objectives created prior to the training, participants will break into groups, read and discuss their given narrative using provided discussion questions.

- Participants’ outreach logs to be included in each narrative

VIGNETTE #1:
Luis, age 46, lives with his mother, Maria, who has just turned 72. Luis attends a day program 4 days a week, but most of Luis and Maria’s family members live in Guatemala. Maria’s primary language is Spanish, and when she calls you, you realize that language issues might be a barrier. From your short conversation, however, you gather that Maria is concerned about what will happen to Luis when she passes away or is unable to care for him. She would prefer not to include him in this process as she does not want to upset him.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?

VIGNETTE #2:
Rose, age 48, lives with her parents, Norm (77) and Madge (76). Madge has reached out to you because although Rose receives in-home services, Madge is worried about the future and wants to look into the residential and non-residential options. She confesses to you that she only started thinking about the eventual transition after Norm had a heart attack last winter, and that she doesn’t really know where to start. She is also unsure what role Rose’s six siblings will play in the future, and asks you to connect her with services as well as try to facilitate a family meeting about Rose’s future.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?

VIGNETTE #3:
Stella (67) contacts you regarding her son, Vincent (34), because he has recently been experiencing some mental health challenges and Stella is concerned she can’t support him at home anymore. While on the phone, she expresses to you that she has been having trouble sleeping and experiences a lot of anxiety. She has a daughter, Anita, who thinks that Stella should place Vincent in a nursing facility, but Stella has been resistant to that. She is worried that if she were to pass away, Anita would take action to place Vincent in a nursing facility.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?
VIGNETTE #4:
Sharon (68), mother to Pam (32), calls you because although Pam has never received services, Sharon thinks she might qualify. Pam was diagnosed as having moderate intellectual disability when she was nine, but Sharon didn’t trust the disability system and decided to homeschool Pam. One of Sharon’s friends, Carrie, just passed away and because her son Charlie was already receiving services, he had a case manager who helped him transition. However, Sharon was shocked at the overall lack of support Charlie received during this time and wants to figure out how to avoid that. Sharon also has financial questions; her uncle left the bulk of his estate to her and Pam and Sharon is not sure how best to ensure Pam receives that money when Sharon passes away.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?

VIGNETTE #5:
Tom (66) and Deirdre (65) contact you at the suggestion of their daughter Heidi’s (27) social worker. Heidi lives in an apartment with two other women, but has recently been asking her parents questions about what will happen to her when they die. Tom and Deirdre, both still working full-time, have a hard time thinking about that possibility and come to you to help Deirdre work through her anxiety issues about this. In addition, Deirdre wants to change jobs, but her parents would prefer she stay in her current job because it’s easier for them to visit her there.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?

VIGNETTE #6:
Terry (50) lives with his mother Cynthia (84). During your initial phone call with Cynthia, it’s clear that she takes great pride in being Terry’s caregiver and, though she was encouraged to contact you by the director of Terry’s day program, she is not convinced that anyone can care for Terry like she does. She asks you to tell her about what is entailed in future planning, and seems surprised when you mention social connections as part of future planning. She immediately starts telling you about her church, where she and Terry are very active. She also shares that Terry’s siblings, Michelle and Thor, both think they should take over as primary guardian/caretaker when Cynthia dies, but she would prefer that neither of them take on that role.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?
VIGNETTE #7:
You get a call from Kent (age 52). His mother June (age 80) was just admitted into the hospital in connection with her congestive heart failure. She’ll probably be in the hospital for about a week. Until now June has lived alone with her daughter Karen (age 48) who had Down Syndrome. Karen and June have done everything together since June left school almost 30 years ago. Kent tells you that Karen is staying with his family while June is in the hospital but that won’t work long term because both he and his wife work and they have three kids of their own, who have their own sets of challenges. June is happy to have Karen staying with Kent, but she is insistent that when she leaves the hospital, she and Karen will go back to living together in their apartment. Kent asks for your ideas about where else Karen might live and how he can convince his mother to start letting Karen build her own life. Karen and Kent have another sibling Susan but no one in the family has spoken to her since their father died 10 years ago.

With your group, talk about what issues or challenges are present in this situation or could arise in this situation. Have you faced similar situations as a professional? After identifying relevant issues, come up with a plan to proceed. How would you log this interaction in your outreach log?
Future Home Wishlist

1. My son or daughter wants to live in... (check the best option)
   - A house
   - An apartment
   - A group home
   - Our current family home
   - Not sure

2. My son or daughter wants to live with... (check the best option)
   - Family
   - A friend or friends
   - A group of people
   - A live-in support professional
   - No one (live by him/herself)
   - Not sure

3. Where does your son or daughter want to live? (check the best option)
   - Someplace busy
   - Someplace quiet
   - Not sure

4. My son or daughter (with or without help) wants to make these decisions about the home.... (select all that apply)
   - Paying rent or a mortgage
   - Hiring people to deal with maintenance issues
   - Paying property taxes
   - Requesting reasonable accommodations
   - Making changes or modifications in the future

5. My son or daughter wants to make these decisions about people in the home... (select all that apply)
   - Setting up rules about the house and how people act in it
   - Being the person who decides who comes/goes in the home
   - Being able to decide his/her own schedule/activities each day
   - Being able to be alone or not be bothered when he/she chooses
   - Selecting and hiring own support providers

6. Which of these are important in your son or daughter’s home? (select all that apply)
   - First-floor or one-floor home
   - Accessible features like step-less entry, roll-in shower, or strobe alarm
   - An on-site manager for the home
   - Direct service workers provided by a home
   - A home that can be visited by those with accessibility needs
   - A place that accepts pets
   - Laundry facility in home
   - Something else (list): ____________

7. What is important to your son or daughter in the community around his/her own home? (select all that apply)
   - To be close to family
   - To be close to friends
   - To be close to work, school, or other daily activities
   - To be close to shops and the grocery store
Future Home Wishlist

- To be near a bus stop or public transportation
- To be near a park or greenspace
- To be near his or her place of worship
- To be near a medical facility
- Something else (list): _____________

8. Does your son or daughter want a home he or she can easily get to by public transportation or by car? (check the best option)
   - Yes
   - No
   - Not sure

9. What resources does your son or daughter and family plan to use to pay for a home? _______________________________
   ____________________________________
   ____________________________________
   ____________________________________
   ____________________________________

10. Have your son or daughter or family applied for affordable housing assistance in your community? (check the best option)

   Affordable housing assistance comes from the government and is given only to people and families that meet certain income requirements.
   - Yes
   - No
   - Not sure

11. What else that you have not already listed is important to your son or daughter in a future home?
   ____________________________________
   ____________________________________
   ____________________________________
   ____________________________________

12. When would you son or daughter want to move to this home? (check best option)
   - Right now
   - In 6 months to 1 year
   - In 2-3 years
   - In 5 years
   - In 10 years
   - Another time (describe): ___________

The Arc would like to thank The Arc of North Carolina for allowing us to use the housing wish list they developed as a part of “A Closer Look at Housing Choices” as the basis for this document.
Step 2: Support Needs

In addition to thinking about your son or daughter’s future home you should identify the support he or she may need to live as independently as possible in the home. You will be asked to complete statements about the type of support your son or daughter may need in a future home. We will hold your place on this path until you complete these statements.

Dressing

My son or daughter can: __________________________________________________________

He or she can use some help to: __________________________________________________

He or she needs help at these times during the day: _________________________________

This help takes this amount of time: _____________________________________________

Grooming and other personal care

My son or daughter can: __________________________________________________________

He or she can use some help to: __________________________________________________

He or she needs help at these times during the day: _________________________________

This help takes this amount of time: _____________________________________________

Eating and nutrition

My son or daughter can: __________________________________________________________

He or she can use some help to: __________________________________________________

He or she needs help at these times during the day: _________________________________

This help takes this amount of time: _____________________________________________

Household Chores

My son or daughter can: __________________________________________________________

He or she can use some help to: __________________________________________________

He or she needs help at these times during the day: _________________________________

This help takes this amount of time: _____________________________________________
Step 2: Support Needs

Money management and budgeting
My son or daughter can: __________________________________________________________
He or she can use some help to: _____________________________________________________
He or she needs help at these times during the day: _____________________________________
This help takes this amount of time: __________________________________________________

Transportation
My son or daughter can: __________________________________________________________
He or she can use some help to: _____________________________________________________
He or she needs help at these times during the day: _____________________________________
This help takes this amount of time: __________________________________________________

Mobility/ambulation
My son or daughter can: __________________________________________________________
He or she can use some help to: _____________________________________________________
He or she needs help at these times during the day: _____________________________________
This help takes this amount of time: __________________________________________________
My son or daughter needs help or supervision during the night (check yes or no)
☐ Yes
☐ No

Assistive Devices/Technology Used:
Item: _______________________________  Purpose: __________________________________
Item: _______________________________  Purpose: __________________________________
Item: _______________________________  Purpose: __________________________________
Your family needs to plan for how your sibling will live in the future, but starting the conversation can be very difficult. Here are some tips to prepare you to start talking with your family.

**What do you want to say to your parents and sibling?**
Think about what you want to tell your family about the importance of planning for the future. What role do you foresee playing in your sibling’s life in the future? What other obligations do you have in your life that you need to balance? What information do you need to know to support your sibling?

- **Who Should Be Part of the Conversation?**
  Think about who in your family should be part of the conversation and whether to start all together or with one or a few people at a time. Would it be best to talk with your parents first, either together or separately? How do you think your sibling with a disability should be brought into the conversation? What about your other siblings and family members? Who could help you start the conversation or join the discussion at another time?

- **When Is A Good Time to Talk?**
  Find a time to talk when there are not a lot of activities or events occurring.

- **Where Do I Feel Comfortable Bringing This Up?**
  Look for a quiet place where your family can have privacy to talk in a safe environment. If you live out-of-state, start the conversation by phone or via Skype.

For more information, contact:
The Arc
1825 K Street NW, Suite 1200
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**MISSION**

The Arc’s Center for Future Planning® aims to support and encourage adults with intellectual and developmental disabilities (I/DD) and their families to plan for the future. The Center provides reliable information and practical assistance to individuals with I/DD, their family members and friends, professionals who support them and other members of the community on areas such as person-centered planning, decision-making, housing options, and financial planning.
Breaking the Ice
Here are examples of things you can say to your family to start the conversation:

- “I love you and I am worried about what will happen to [brother’s or sister’s name] when you aren’t around. I want [brother’s or sister’s name] to have a good life. Can we talk?”
- “I need your help with something I’ve been concerned about”
- “I have been thinking about my own life and future, and it made me realize that [brother’s or sister’s name] may need to think about these things, too…”
- “I know we all have a lot of responsibilities in life, and I want to make sure that I am doing my best for the family. Can we talk about what that will mean in the future?”

Be Patient and Realistic
Your family may not be ready to discuss the subject when you first bring it up. It is important for every family member to share their views of the future. These discussions will help develop a plan for your sibling’s future.

Taking a Break
Think about a natural break to end the first conversation that will allow your family to talk again.

Find more help
Consider checking out these resources for more help and support:

- The Arc’s National Sibling Council (www.thearc.org/siblings) ensures that siblings are well-informed about I/DD related policy updates and developments. The council also engages siblings on national, state, and local policy advocacy efforts.
- A chapter of The Arc (www.thearc.org/find-a-chapter) to learn about the service system and providers within the community.
- Sibling Leadership Network (www.siblingleadership.org) provides siblings of individuals with disabilities support and information to be better advocate for their entire family.
Su familia necesita planificar cómo vivirá su hermano en el futuro, pero iniciar la conversación puede ser muy difícil. Estos son algunos consejos para que se prepare para iniciar la conversación con su familia.

¿Qué desea decirles a sus padres y a su hermano?
Piense qué desea decirle a su familia sobre la importancia de planificar el futuro. ¿Qué rol cree que usted tendrá en la vida de su hermano en el futuro? ¿Qué otras obligaciones tiene usted en su vida que necesita equilibrar? ¿Qué información necesita saber para ayudar a su hermano?

- ¿Quién Formará Parte de esta Conversación?
Piense qué familiares formarán parte de la conversación y si es mejor iniciarla todos juntos o con algunas personas a la vez. ¿Será mejor hablar primero con sus padres juntos o por separado? ¿Cómo piensa incluir a su hermano con discapacidad en la conversación? ¿Qué sucede con sus otros hermanos y familiares? ¿Quién podría ayudarlo a iniciar la conversación o unirse a la discusión en otro momento?

- ¿Cuándo Es un Buen Momento para Hablar?
Busque un momento en el que no hayan muchas actividades o eventos.

- ¿Dónde se Siente Cómodo para Hablar?
Busque un lugar tranquilo en donde usted y su familia puedan tener privacidad para hablar en un ambiente seguro. Si vive fuera del estado, inicie la conversación por teléfono o por Skype.
Cómo romper el hielo
Estos son algunos ejemplos sobre qué puede decirle a su familia para iniciar la conversación:

- “Te quiero y estoy preocupado por lo que sucederá con [nombre de su hermano/a] cuando no estés. Quiero que [nombre de su hermano/a] tenga una buena vida. ¿Podemos hablar?”
- “Necesito ayuda con algo que me tiene preocupado/a.”
- “He estado pensando en mi vida y en mi futuro, y eso me hizo pensar que [nombre de su hermano/a] debería pensar en estas cosas, también…”
- “Sé que todos tenemos muchas responsabilidades en la vida y quiero asegurarme de que estoy haciendo lo mejor para la familia. ¿Podemos hablar sobre lo que eso significará en el futuro?”

¿Cómo iniciar la conversación de planificación futura

Sea paciente y realista
Es posible que su familia no esté lista para hablar sobre el tema la primera vez que inicie la conversación. Es importante que todos los familiares compartan sus puntos de vista con respecto al futuro. Estas discusiones los ayudarán a desarrollar un plan para el futuro de su hermano.

Tómese un descanso
Piense en un descanso natural para finalizar la primera conversación que le permitirá a su familia hablar nuevamente.

Busque más ayuda
Considere estos recursos para obtener más asistencia y apoyo:

- El Consejo Nacional de Hermanos de The Arc (www.thearc.org/siblings) se asegura de que los hermanos estén bien informados sobre los desarrollos y las actualizaciones de las políticas relacionadas con l/DD. El consejo también involucra a los hermanos en los esfuerzos de fomento de políticas locales, estatales y nacionales.
- Una división de The Arc (www.thearc.org/find-a-chapter) para obtener información sobre el sistema de servicio y los proveedores dentro de la comunidad.
- La Red de Liderazgo de Hermanos (www.siblingleadership.org) ofrece apoyo e información a los hermanos de personas con l/DD para ser mejores asesores de las familias.

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Planning for the future may require specialized legal assistance. When you are looking for a lawyer to help you plan, he or she should have experience in areas of the law such as:

- Drafting special needs trusts with expertise in Trust and Estate law in your state and in the federal and state tax provisions related to special needs planning.
- Different legal arrangements to support making major decisions, such as a power of attorney, supported decision-making, and guardianship or conservatorship.
- Federal and state law on public benefits for people with disabilities, including Medicaid, Supplemental Security Income (SSI), Social Security, and Medicare.
- The American with Disabilities Act, housing and employment programs for people with disabilities.

Many families of people with intellectual and developmental disabilities (I/DD) also prefer to work with lawyers who maintain an involvement with organizations in the disability community.

**Get Started: Ask for Advice**

1. Request recommendations from friends, families who have a son or daughter with I/DD, or trusted professionals.
2. Schedule an interview with the lawyer to make sure you are comfortable with his or her style and approach to the work.
3. Visit www.lsc.gov to find a Legal Aid office that can provide free or low cost legal services if you cannot afford a private lawyer.

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Choosing a Lawyer to Help Plan for the Future

Choosing a Lawyer: Tips and Questions to Consider

First, make sure that you will be comfortable discussing the difficult personal, financial, and legal choices you are making with the lawyer. The lawyer should respect the wishes of your family member with I/DD and your family’s vision for the future.

The following questions can help you determine if a lawyer is a good match for you and your family:

1. What is your process of working with clients? How will you meet our family’s individual needs?
2. What is your relationship with the disability community? Do you currently work with any disability organizations in the community?
3. Of the people with I/DD whom you have worked with, how many of them live independently in the community?
4. How often do you recommend that guardianship be established for people with I/DD? How often is the guardianship limited to certain areas?
5. What is your view on supported decision-making for people with I/DD?

Second, you should find a lawyer who has experience with issues related to planning for people with disabilities. There are many good lawyers, but you need one who has background in the disability community.

Here are some questions you can ask to help you determine the lawyer’s level of expertise:

1. How many families that include a person with I/DD have you represented?
2. How many years of experience do you have in this area of practice?
3. How many special needs trusts have you drafted?
4. How much of your practice relates to special needs planning?
5. How long have you been admitted to practice law in this state?
6. How much experience do you have in applying for public benefits for people with I/DD in this state?
7. How do you stay aware of the changes in special needs law and planning? Do you go to conferences, participate in list serves or belong to a professional organization?
8. Are you a member of any specialty bar associations that focus on special needs planning?

Third, you should understand what you will be charged for the work and be comfortable with the fee arrangement.

Here are some questions that you may want to ask to determine whether the cost will be reasonable for you:

1. What is your fee structure? Do you charge by the hour or by some other method?
2. What is your hourly rate?
3. What do you estimate the total fee will be for the work we are discussing?
4. What could make your fees exceed that estimate?
5. Will you provide me with a fee agreement?
6. Will there be other lawyers working with you to represent my family? Who are they and how much experience do they have in this area of practice? How will their fees be billed?

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Elección de un Abogado para Ayudar a Planificar el Futuro

Planificar el futuro puede requerir asistencia legal especializada. Si busca un abogado para ayudar a planificar el futuro, este debe tener experiencia en los ámbitos del derecho, como:

- La redacción de un fideicomiso para necesidades especiales con conocimiento sobre las leyes de patrimonio y fideicomiso, y sobre las disposiciones fiscales federales y estatales relacionadas con la planificación de necesidades especiales.
- Diferentes arreglos jurídicos para respaldar la toma de decisiones importantes, como un poder, la toma de decisiones fundamentadas, y la tutela o custodia.
- Las leyes federales y estatales sobre los beneficios públicos para las personas con discapacidades, incluido Medicaid, la Seguridad de Ingreso Suplementario (SSI, por su sigla en inglés), el Seguro Social y Medicare.
- La Ley sobre Estadounidenses con Discapacidades, y los programas de vivienda y empleo para personas con discapacidades.

Muchas familias con personas con discapacidades intelectuales y de desarrollo (I/DD, por su sigla en inglés) también prefieren trabajar con abogados que tengan una participación en las organizaciones de la comunidad de personas con discapacidades.

Comience: Pida Consejos
1. Solicite recomendaciones de amigos o familias que tienen un hijo/a con I/DD, o de profesionales de confianza.
2. Programe una entrevista con el abogado para asegurarse que se siente cómodo con su estilo y enfoque de trabajo.
3. Si no puede pagar un abogado privado, visite www.lsc.gov para buscar una oficina de asistencia jurídica que preste servicios legales gratuitos o de bajo costo.

Para obtener más información, comuníquese con:

The Arc
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futureplanning.thearc.org

MISIÓN

El Centro de Planificación Futura de The Arc tiene el objetivo de apoyar y alentar a los adultos con discapacidades intelectuales y de desarrollo (I/DD, por su sigla en inglés) y a sus familias a planificar su futuro. El Centro brinda información confiable y asistencia práctica a las personas con I/DD, sus familiares y amigos, y a los profesionales que los ayudan, así como a otros miembros de la comunidad en distintas áreas, como la planificación centrada en la persona, la toma de decisiones, las opciones de vivienda y la planificación financiera.
Eligiendo un Abogado para Ayudar a Planificar el Futuro

Eligiendo a un Abogado: Consejos y Preguntas a Tener en Cuenta

Primero, asegúrese que se siente cómodo analizando las difíciles decisiones personales, financieras y legales que tome con el abogado. El abogado debe respetar los deseos de su familiar con I/DD y la perspectiva de su familia para el futuro.

Las siguientes preguntas pueden ayudarlo a determinar si un abogado es adecuado para usted y su familia:

1. ¿Cuál es su proceso de trabajo con sus clientes? ¿Cómo satisfará las necesidades individuales de nuestra familia?
2. ¿Cuál es su relación con la comunidad de personas con discapacidades? ¿Trabaja actualmente con alguna organización para personas con discapacidades en la comunidad?
3. De las personas con I/DD que han trabajado con usted, ¿cuántas viven de forma independiente en la comunidad?
4. ¿Con qué frecuencia recomienda que se establezca una tutela para una persona con I/DD? ¿Con qué frecuencia la tutela es limitada en ciertas áreas?
5. ¿Cuál es su opinión sobre la toma de decisiones fundamentadas para personas con I/DD?

Segundo, usted debería buscar un abogado que tenga experiencia en estos temas relacionados con la planificación para las personas con discapacidades. Existen muchos buenos abogados, pero usted necesita uno que tenga experiencia en la comunidad de personas con discapacidades.

Estas son algunas preguntas para hacerle al abogado que pueden ayudarlo a determinar el nivel de experiencia de este:

1. ¿Cuántas familias con personas con I/DD ha representado?

2. ¿Cuántos años de experiencia tiene en esta área de práctica?
3. ¿Cuántos fideicomisos para necesidades especiales ha redactado?
4. ¿Qué proporción de su práctica se relaciona con la planificación de necesidades especiales?
5. ¿Durante cuánto tiempo ha estado autorizado a ejercer el derecho en este estado?
6. ¿Cuánta experiencia tiene en solicitar beneficios públicos para personas con I/DD en este estado?
7. ¿De qué manera se mantiene al tanto de los cambios en la planificación y las leyes de necesidades especiales? ¿Participa en conferencias, suscribe a listas de correos electrónicos o pertenece a una organización profesional?
8. ¿Es miembro de algún colegio de abogados especializado que se centre en la planificación de las necesidades especiales?

Tercero, debe saber lo que se le cobrará por el trabajo y sentirse cómodo con los honorarios acordados.

Estas son algunas preguntas que puede hacer para determinar si el costo es razonable:

1. ¿Cuál es su estructura de honorarios? ¿Cobra por hora o mediante algún otro método?
2. ¿Cuál es su tarifa por hora?
3. ¿Cuánto calcula que será el precio total por el trabajo que estamos analizando?
4. ¿Qué podría hacer que los honorarios calculados se incremenenten?
5. ¿Me proporcionará un acuerdo de honorarios?
6. ¿Habrá otros abogados trabajando con usted para representar a mi familia? ¿Quiénes son y cuánta experiencia tienen en esta área de práctica? ¿Cómo se facturarán sus honorarios?

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