

Dressing:

Preferences:

- Changes clothes multiple times daily
- Choose own clothes
- Female support person
- Male support person
- Same clothing daily
- Velcro closures
- Wears loose clothing
- Other _____

Guidance:

- Able to direct support person
- Behavioral health challenges
- Can button clothing
- Can lift arms
- Medical/physical symptoms interfere with performing task
- Persons providing support dress individual's lower body
- Persons providing support dress individual's upper body
- Gets dressed with cueing
- Persons providing support help select appropriate, clean, and/or matching clothes
- Persons providing support label/organize clothing by color, style, etc.
- Able to manage his/her own need
- Persons providing support put on/take off footwear
- Persons providing support put on/take off sock/TED hose
- Two-person assist
- Able to tie
- Able to zip
- Uses assistive device
- Will attempt to wear dirty clothes
- Other _____

Transferring and Positioning:

Preferences:

- Support persons use a gait belt
- Someone to assist
- Mechanical and/or ceiling lifts
- Use a transfer board/pole
- Weight bearing transfer
- Other _____

Guidance:

- Asks for assistance
- Persons providing support assist with all wheelchair transfers
- Behavioral health challenges
- Can transfer self-using a lift
- Persons providing support cue to use adaptive equipment
- Medical/physical symptoms interfere with performing task
- Has good upper body strength
- Persons providing support maintain contact until steady
- Individual able to manage his/her own need
- Regular repositioning required
- Persons providing support should talk individual through each transfer
- Transfer quickly
- Transfer slowly
- Transfers with some support
- Two-person transfer
- Steady during transfer
- Use mechanical lift for ALL transfers
- Use transfer board for transfers
- Other _____

Mobility:

Preferences:

- Can walk, but prefers wheelchair
- Cane
- Contact guard when walking
- Crutch
- Electric wheelchair
- Gait belt
- Manual wheelchair
- Pushed in wheelchair
- Walker
- Walker with fold-down seat
- Walker with permanent seat
- Other: _____

Guidance:

- Access to backup equipment or same day repair necessary
- Individual is afraid of falling
- Persons providing support should assist individual over thresholds
- Can self-propel wheelchair
- Behavioral health challenges
- Medical/physical symptoms interfere with performing task
- Evacuation plan: call neighbor or friend
- Evacuation plan: support person assistance
- Evacuation plan: use personal emergency response system (PERS)
- Has a steady gait
- Persons providing support keep walkways clear
- Individual leans to one side
- Persons providing support leave assistive device within reach
- Individual able to manage his/her own need
- Good navigation
- Persons providing support provide contact guard when walking
- Persons providing support provide physical support with stairs
- Persons providing support should remind individual to use assistive device
- Batteries recharged daily by support person
- Sees well enough to navigate independently
- Two-person assist
- Able to exit in emergency
- Able to walk/bear weight
- Persons providing support hold the gait belt to steady the individual
- Other:

Eating and Tube Feeding:

Elimination:

Preferences:

- Bland diet
- Cold food
- Eat/tube feed alone
- Eat/tube feed with others present
- Finger foods
- Hot food
- Large portions
- Small portions
- Snacks
- Use own recipes
- Support person to inject formula slowly
- Tube feeding to be done discretely
- Environmental preferences – likes to be warm, watch TV, etc.
- Other

Preferences:

- Adult protection/absorbent products
- Diapers
- Bed pan only
- Bedside commode
- Female support person
- Male support person
- Pads/briefs when going out
- Specific products
- Urinal
- Other _____

Guidance:

- Behavioral health challenges
- Can cut food
- Persons providing support cut food into small pieces
- Medical/physical symptoms interfere with performing task
- Has a good appetite
- Independent with equipment/adaptations
- Individual has food allergies
- Persons providing support monitor liquids
- Individual has mouth pain
- Persons providing support provide cues for eating
- Uses tube feeding pump
- Uses gravity method
- Uses syringe method
- Strategic timing of tube feeding to maximize participation in other activities
- Must stop and start tube feeding process frequently - tube clogs easily, person gets up frequently, etc
- Two-person assist
- Other: _____

Guidance:

- Able to use incontinence products
- Assists support person with transfer
- Aware of need to use toilet
- Behavioral health challenges
- Persons providing support provide assistance finding the bathroom
- Able to change incontinence pads
- Able to complete own perineal care
- Able to empty ostomy/catheter bag
- Does not need assistance at night
- Experiences urgency
- Painful urination
- Will use pads/briefs
- Two-person assist
- Condom catheter used with support person assistance
- Pads changed by support person, as needed
- Medical/physical symptoms interfere with performing task
- Other _____

Showering and Bathing:

Preferences:

- Bath
- Bed bath
- Female support person
- Male support person
- Shower
- Sponge bath
- Specific products
- Other _____

Guidance:

- Able to direct support person
- Able to manage his/her own needs
- Afraid of bathing
- Persons providing support assist with drying and dressing
- Bathes self with cueing
- Behavioral health challenges
- Can be left unattended
- Can judge water temperature
- Can adjust water temperature
- Medical/physical symptoms interfere with performing task
- Enjoys bathing
- Persons providing support give bed/sponge bath
- Individual is weight bearing
- Skin checks are completed by support person
- Persons providing support soak the individuals feet
- Standby during bathing
- Two-person assist
- Able to transfer in/out of tub/shower
- Able to shampoo hair
- Able to stand alone
- Persons providing support wash the individuals back, legs, feet
- Other _____

Oral Hygiene:

Preferences:

- Assistance after eating
- Assistance during morning routine
- Assistance before bedtime
- Prefers a female support person
- Prefers a male support person
- Electric toothbrush
- Other _____

Guidance:

- Able to manage his/her own need
- Persons providing support cue to brush teeth
- Persons providing support assist to clean teeth/dentures
- Medical/physical symptoms interfere with performing task
- Aware of hygiene needs
- Behavioral health challenges
- Other _____

General Hygiene:

Preferences:

- Assistance after eating
- Assistance during morning routine
- Assistance before bedtime
- Electric razor
- Prefers a female support Person
- Prefers a male support person
- Other _____

Guidance:

- Able to manage his/her own need
- Support person applies the individuals deodorant
- Support person combs the individuals hair as needed
- Able to comb hair
- Able to wash face/hands
- Medical/physical symptoms interfere with performing task
- Needs reminders to use/change feminine hygiene products
- Individual knows how to use feminine hygiene products
- Persons providing support shave the individual daily or as needed
- Persons providing support trim the individuals fingernails as needed
- Aware of hygiene needs
- Behavioral health challenges
- Other _____

Housekeeping:

Preferences:

- Likes a neat house
- Wants items left where they are
- Prefers others to complete
- Other:

Guidance:

- Able to sweep
- Allergies to dust, pollen, etc.
- Behavioral health challenges
- Individual can do dishes
- Individual can instruct support person
- Individual can take out garbage
- Individual can wash windows
- Individual can make or change bedding
- Individual can see when surfaces need cleaning
- Persons providing support change/wash linens weekly
- Support person cue the individual to perform tasks
- Medical/physical symptoms interfere with performing task
- Persons providing support dust/vacuum as needed
- Individual has chemical sensitivities
- Persons providing support mow lawn as needed
- Persons providing support shovel snow as needed
- Persons providing support sweep/mop floors as needed
- Persons providing support take out garbage
- Other:

Meal Preparation:

Preferences:

- Bland diet
- Casein free diet
- Foods from my culture
- Fresh fruits and vegetables
- Gluten free diet
- Halal diet
- Home-cooked meals
- Home delivered meals
- Kosher diet
- Smaller meals, more than three times per day
- Large portions
- Other religious/ethnic foods
- Salt-free foods
- Small portions
- Sugar-free foods
- Vegetarian diet
- Vegan diet
- Other therapeutic diet:

- Other: _____

Guidance:

- Individual assists with meal preparation
- Behavioral health challenges
- Individual can prepare food with cueing
- Individual can use the microwave
- Individual can cut/peel/chop
- Individual can plan meals
- Individual directs support person to prepare meal
- Individual needs assistance when using kitchen
- Medical/physical symptoms interfere with performing task
- Individual knows how to cook
- Individual has food allergies
- Individual has accessible kitchen
- Individual keeps spoiled food
- Persons providing support label/organize food products
- Individual leaves burners on
- Individual makes appropriate meal choices
- Persons providing support make food accessible to the individual
- Persons providing support prepare all meals
- Persons providing support prepare meals for individual to reheat
- Individual has special diet
- Work out a menu with individual
- Other: _____

Laundry:

Preferences:

- Prefers to fold certain items, describe: _____
- Prefers others to complete
- Wants items left where they are
- Other:

Guidance:

- certain detergents or soaps
- Behavioral health challenges
- Individual can fold clothes
- Individual can instruct support person
- Individual can operate washer/dryer
- Persons providing support cue the individual to perform tasks
- Medical/physical symptoms interfere with performing task

Transportation:

Preferences:

- Accessible Bus
- Bike
- Taxi
- Ride sharing (e.g., Uber)
- Use own car, individual drives
- Use own car, other person drives
- Other:

Guidance:

- Persons providing support accompany person on bus/van
- Persons providing support arrange medical transportation
- Behavioral health challenges
- Individual able to communicate with drivers
- Persons providing support use own car
- Persons providing support drive individual to appointments
- Has handicap parking sticker/license
- Knows bus routes
- Persons providing support make arrangements for accessible bus
- Persons providing support take portable oxygen tank
- Persons providing support take wheelchair/walker
- Persons providing support assist with securing wheelchair in accessible vehicle
- Medical/physical symptoms interfere with performing task
- Individual needs orientation and mobility training for new routes
- Individual able to arrange own transportation
- Persons providing support use supportive seating
- Support person assists the individual to use vest/harness
- Other: _____

Money Management:

Preferences: (none listed)

Guidance:

- Able to budget income and expenses
- Persons providing support arrange credit counseling
- Support person balances individuals checkbook monthly
- Behavioral health challenges
- Can use EBT card
- Can use debit card
- Can write checks and pay bills
- Can see/read bills and account information
- Persons providing support contact POA regarding finance issues
- Support person contacts representative payee regarding financial issues
- Individual signs own checks
- Medical/physical symptoms interfere with performing task
- Has a representative payee
- Has direct deposit
- Has guardian/POA
- Needs Power of Attorney (POA)
- Support person pays bills for the individual
- Needs automatic payment plan set up
- Needs assistive/adaptive equipment to see paperwork
- Needs budget set up
- Needs utility payment set up
- Vulnerable to financial exploitation
- Relies on others to understand that money has value
- Other:

Light Shopping:

Preferences:

- Shop at a specific store
- Shop weekly
- Specialty items
- Use coupons
- Other:

Guidance:

- Able to communicate with store personnel
- Persons providing support arrange to have groceries delivered
- Behavioral health challenges
- Can carry small items
- Can navigate within the store
- Can see/identify needed items
- Can carry heavy items
- Can reach items
- Can read labels
- Can shop online
- Medical/physical symptoms interfere with performing task
- Support person assists with comparison shopping
- Persons providing support do all shopping for the individual
- Support person guides individual within store, find/describe items
- Persons providing support help individual make shopping list
- Persons providing support read labels to the individual
- Persons providing support put items away
- Persons providing support take the individual to store
- Other: