Home and Community Living Guide

“To communicate important information about me...

To people who may provide me with support and services.”

ServiceLink
Aging & Disability Resource Center

National Toll-Free 1-866-634-9412
This guide can help you plan for a healthy, long independent life of your choosing.

By thinking and sharing information about your:

- Daily Routines
- Preferences, both likes & dislikes, and
- Choices of how and where you wish to live

people who may provide you with support & services will have the opportunity to understand you better.

A few small steps now can help you live your life as you want to!

This document will help you start an inventory of things you value the most, and give you a chance to reflect on your strengths and abilities.

By putting your ideas on paper, and reviewing this with those close to you, you can help your loved ones carry out your plans, if you are not able to do so.

It is important to remember that asking for help is not a sign of weakness. It is worth the trouble to solve problems you may have, as these successes will help you to live as you want, where you want.
Your connections to people who support you allow you to live and be successful in your community. This section identifies who some of these people are in your life.

Who are the people you rely on for help?

☐ Family ☐ Doctor
☐ Friends ☐ Nurse
☐ Neighbors ☐ Case Manager
☐ Church ☐ Personal Services (hairdresser, housekeeper, lawn care, etc)
☐ Civic group ☐ __________
☐ __________ ☐ __________

Do any of these people help you at present?

Name ☐ Type of Help:

____________ ______________________________
____________ ______________________________
____________ ______________________________

Are there situations in your helpers’ lives which may limit the kind of help they can offer?

☐ Small children ☐ Family issues
☐ Work demands ☐ Lack of skill
☐ Distance from me ☐ Don’t know my needs

Is there anyone who depends on you for help?

☐ Yes ☐ No

If so, who? ______________________________
The people in my life (cont’d)

Who is/are your closest companion(s), whom you can call on anytime?
__________________________________________
__________________________________________

Who are your family members, and where do they live?
__________________________________________
__________________________________________
__________________________________________

When you need something done around your home, who do you call on?
__________________________________________

The most important characteristics or qualities of people you enjoy being with are:
__________________________________________
__________________________________________
__________________________________________

Is there a person you would prefer not visit you?
__________________________________________
Your health and relationship with care providers can influence your decision to seek help, so please let us know about any health conditions affecting your daily life.

What concerns do you have (if any) about your health now?
__________________________________________
__________________________________________
__________________________________________

What concerns would you have if you were told you have an illness that could be disabling?
__________________________________________
__________________________________________
__________________________________________

Thinking of your home, do you expect you would need help with daily tasks such as meals, bathing, housework, yard care or errands?

□ Yes    □ No    □ Maybe

Which tasks do you think might be too difficult for you to continue to do? (Check as many as apply.)

□ Dressing    □ Yard Work    □ Finances
□ Bathing    □ Errands    □ __________
□ Cooking    □ Driving    □ __________
□ Housework    □ Laundry
One of the most important decisions you can make about your future is this: “Where do I want to live?” Our homes reflect our personalities, our life histories & what makes us feel safe, comfortable and happy. These questions ask you to think about & plan for your home.

You may like where you live & want to stay there forever - or not. Which of the following statements best reflects your attitude towards your home?

☐ This place meets all my needs.

☐ This place no longer meets my needs. It is too hard to care for, too big, too isolated. I’m ready to move—tomorrow!

☐ This place does not meet all my needs, but I am not ready to move at this time.

☐ This place meets some but not all of my needs. I think with some adjustments I could continue to live here.

☐ Other ________________________________

What changes or improvements could make it possible for you to continue living in your home?

☐ Wheelchair ramp and/or wider doorways

☐ Bathroom with grab bars, other modifications

☐ Improved security or “Life Alert”

☐ Fewer fall hazards: less clutter/throw rugs

☐ Other ________________________________
My Home (cont’d)

If you had to leave your home for a period of time, you would be worried about: (check as many as apply)

☐ Finances
☐ Pets
☐ Home repair and upkeep issues
☐ Security of my things
☐ Other: ____________________________

In order to stay in your home, you need:

☐ Financial help to afford the oil, electricity, cable bills
☐ Home maintenance assistance
☐ Access to transportation
☐ Someone to make meals, clean-up & do laundry
☐ Other: _________________________________

Would you consider sharing your home, if that meant you would have more independence?

☐ Yes  ☐ No  ☐ Maybe

If yes, under what circumstances?

____________________________________________________________

Who would you consider sharing your home with?

____________________________________________________________

____________________________________________________________
If you could no longer live in your home, you would prefer to live:

□ With a family member

□ In assisted living, or somewhere with help at night and in the morning

□ In senior housing, with meals prepared

□ In an Adult Family home, with meals and limited care by non-professionals

□ Other: ____________________________

Are you interested in finding out about Adult Day Care? You would have a meal, other people around & help with medicines.

□ Yes □ No □ Maybe

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To get to know you better, and to help you return to things you like to do, these are some questions about places you go and things you do in your community.

What are your favorite activities (in order)?

1. ________________________________
2. ________________________________
3. ________________________________

Have you participated in at least one of these activities in the past month? □ Yes □ No

If not, why? ________________________________
My Community (cont’d)

List any group, club or association (service group, book group, quilting circle, bowling, church) that you attend:
1. _______________________________________
2. _______________________________________
3. _______________________________________
4. _______________________________________

Are you a member of a religious congregation?
□ Yes    □ No
If so, which one? __________________________

Do you have a pet? □ Yes    □ No
Or, would you like to have a pet? □ Yes    □ No
If so, what kind:___________________________

The places in your community that you go to most often & would like to go more are:
□ Shopping mall       □ Grocery Store
□ Going out to eat    □ Pharmacy
□ Senior Center      □ Other ______________
□ Park
□ Church
□ Library
□ Family/Friend’s House
□ Museum
Asking for help can be difficult when you need to seek assistance. However, it is very important that those who provide you care honor your choices and preferences in your daily routines.

How important is it to you that an individual who helps you with personal care, such as dressing, bathing, and help getting to the bathroom, be of the same sex as you?

□ Very Important
□ Somewhat Important
□ Not Important

How important is it to you to choose what you wear?

□ Very Important
□ Somewhat Important
□ Not Important

Do you have a dietary preference (low-fat, kosher, vegetarian, etc.)?  □ Yes  □ No

If so, what is it? _______________________

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Daily Routines (cont’d)

What time of day do you like a bath/shower?
_________________________________________

What time of night do you like to go to bed?
_________________________________________

What time of day do you like to get up?
_________________________________________

Do you like to take a nap? □ Yes □ No
If so, when? ____________________________

What other comments would you like to make about your personal care?
_________________________________________
_________________________________________
_________________________________________
_________________________________________

Please remember, this is your Guide. So if something changes in your life, or you just change your mind, be sure to update your answers to keep it current.
Setting personal goals can be a challenge. A key can be to make them easy to reach and to keep setting new ones.

During the next two weeks:
[ex: I will complete my Community Living Guide]

By one month from now:
[ex: I will participate in a favorite activity.]

Personal Resources

In an emergency, this is who I contact:

Name: _________________________________
Address: _______________________________
Phone: ______________________________

My personal providers/caregivers are:
_____________________________________
_____________________________________
_____________________________________

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