

# Home and Community Living Guide

*“To communicate important  
information about me...*

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



**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.

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**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?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Family      | <input type="checkbox"/> Doctor   |
| <input type="checkbox"/> Friends     | <input type="checkbox"/> Nurse  |
| <input type="checkbox"/> Neighbors   | <input type="checkbox"/> Case Manager   |
| <input type="checkbox"/> Church      | <input type="checkbox"/> Personal Services (hairdresser, housekeeper, lawn care, etc) |
| <input type="checkbox"/> Civic group | <input type="checkbox"/> _____  |
| <input type="checkbox"/> _____       | <input type="checkbox"/> _____  |

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?

- |   |  |
|---|--|
| <input type="checkbox"/> Small children   | <input type="checkbox"/> Family issues       |
| <input type="checkbox"/> Work demands     | <input type="checkbox"/> Lack of skill       |
| <input type="checkbox"/> Distance from me | <input type="checkbox"/> 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?

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

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

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

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Is there a person you would prefer not visit you?

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**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?

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

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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.)

- |                                    |                                    |                                   |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Dressing  | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Bathing   | <input type="checkbox"/> Errands   | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Driving   | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Housework | <input type="checkbox"/> 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Shopping mall         | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Going out to eat      | <input type="checkbox"/> Pharmacy      |
| <input type="checkbox"/> Senior Center         | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Park                  |  |
| <input type="checkbox"/> Church                |  |
| <input type="checkbox"/> Library               |  |
| <input type="checkbox"/> Family/Friend's House |  |
| <input type="checkbox"/> 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?

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

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What time of day do you like to get up?

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Do you like to take a nap?  Yes  No

If so, when? \_\_\_\_\_

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

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***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]*

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By one month from now:

*[ex: I will participate in a favorite activity.]*

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## **Personal Resources**

In an emergency, this is who I contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My personal providers/caregivers are:

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