

6

Independent Living

This section has information you may need to get ready to live on your own. It is important to keep this information handy in case you need it.

Examples of information to keep in this section might include:

- ☐ **Independent living assessment**
- ☐ **Transition Planning Inventory**
- ☐ **Life Centered Career Education – life skills inventory**
- ☐ **Assistive Technology needs – see checklist**
- ☐ **Emergency contact numbers**
- ☐ **Name and contact information for your doctor**
- ☐ **Contact information for health insurance or Medicaid**
- ☐ **Contact information for your Circle of Support**
- ☐ **Sample housing application**
- ☐ **Local Independent Living Center information**

Independent Living Assessment

Directions: Please read each statement carefully. Make a check in the “Yes” column if the statement is true for you. Make a check in the “No” column if the statement is not true for you. You do not have to check “yes” for every item before you are ready to live on your own. But these things are important to think about and decide what will work for you.

Understanding My Disability

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. I know about my disability and the words used to describe it. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I can explain my disability to others if I need to. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I know when I need to tell about my disability and when I do not. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I know how to ask for the accommodations I need. | <input type="checkbox"/> | <input type="checkbox"/> |

Life Skills

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. I do my own laundry. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I do my own cooking. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I do housekeeping chores. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I schedule my own appointments for the doctor/dentist. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I use a calendar to organize my personal or school responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I use the telephone, internet, or other assistive technology device to get information I need. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I manage my own personal care. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have a plan for eating well and getting exercise. | <input type="checkbox"/> | <input type="checkbox"/> |

Financial/Economic

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. I have a checking or savings account. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have/use an ATM card. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I use a budget to plan my finances/expenses. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I currently pay taxes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I pay for car insurance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I currently get funds from social security. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I currently get a weekly/monthly paycheck. | <input type="checkbox"/> | <input type="checkbox"/> |

Career/Employment**Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 1. I know the job/career field I will enter after high school/college. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am currently employed in a part-time job. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am currently employed in a full-time job. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I plan on joining the military after high school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I know what kind of training I need to do the job I want. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I know how to contact possible employers about a job. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I know how to fill out a job application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I feel comfortable doing a job interview on my own. | <input type="checkbox"/> | <input type="checkbox"/> |

Training/Education**Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 1. I plan on attending a four year college after high school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I plan on enrolling in a technical school after high school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I plan on enrolling in a vocational training program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am currently enrolled in a training program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am participating in an apprenticeship program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am undecided about my education/training after high school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am currently participating in an apprenticeship program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Transportation**Yes No**

- | | | |
|---|--------------------------|--------------------------|
| 1. I have taken or am enrolled in Driver's Education or Training. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have my driver's license. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I own my own car. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I use my parent's car for transportation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I use the public bus system. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I use a bicycle for transportation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I currently depend on friends for rides. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Housing**Yes No**

- | | | |
|---|--------------------------|--------------------------|
| 1. I currently live with my parent or guardian. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I rent a room in a house. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I live in my own apartment / with roommates. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Recreation/Leisure**Yes No**

- | | | |
|---|--------------------------|--------------------------|
| 1. I am part of one or more school clubs. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am on one or more sports teams. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I belong to one or more social or recreational groups. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am active in community sponsored activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have one or more hobbies. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I spend time doing things with one or more friends. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am involved in volunteer activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Community Resources**Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 1. I am currently using services provided by community agencies:
(developmental disability agency, independent living center,
vocational rehabilitation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I use the public library regularly. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I go to the local YMCA or a parks and recreation program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I don't know what community resources are available. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Check the topics you would like to learn more about:

Finances/Money

- ☐ Counting money and change
- ☐ Opening and using a checking or savings account
- ☐ Balancing a checkbook
- ☐ Making a budget for your money
- ☐ Using a debit card to get cash
- ☐ Using a credit card to buy things

Health/Life Skills/Transportation

- ☐ Health insurance/ways to pay for medical and dental care
- ☐ Finding a doctor
- ☐ Learning how to drive a car
- ☐ Using the bus or other public transportation
- ☐ How to apply for adult services

Education and Training

- ☐ Applying for college or other training programs
- ☐ How to find money for college or other training
- ☐ Who to contact to help find training

Housing

- ☐ Housing options in my community
- ☐ Paying for rent and utilities
- ☐ Finding roommates

Community Resources

- ☐ Resources and services in my community
- ☐ Recreational activities in my community

Idaho Help

Check out Idaho's new comprehensive web-based community resource directory...

IdahoHelp is a website that includes over 11,000 Idaho local and state community resources and a clearinghouse of information to address the needs of individuals with disabilities and their caregivers. People can search a variety of ways including by their local community or zip code.

Check it out at:

www.idahohelp.info

What is Person-Centered Planning?

We all have hopes and dreams for the future. Some we can work for on our own, many take support from others. Person-centered planning helps you think about your hopes and dreams (your life goals) and what kinds of support you need to reach your goals. Part of it is talking about what you like to do and can do well. It is also finding out what things get in the way of doing the things you like to do.

This is a chance to make changes in your life and work towards your goals. The most important thing about person-centered planning is...

YOU are in charge.

You are the person who will make choices and decisions about your life.

A Person-Centered Planning Specialist can help you with the person-centered planning process and to write your plan. You can have your Circle of Support help you do this planning too. To help you decide what support you need, think about what it would be like to have enough support that you are able to do the things you need and want to do.

How do I get ready for a person-centered planning meeting?

Person-centered planning starts with asking yourself what your needs are. Think about things you are interested in, what talents and skills you have and what goals you have for your life.

To get ready for a person-centered planning meeting it is good to think about how you want your life to be and any changes you want to make in your life. It will help you to answer questions about yourself like:

- What is important to me?
- What kinds of things do I like to do each day?
- Who do I like to spend time with?
- What things do I want to do in my community?
- What goals do I have for my life?

It will also help you to think about:

- Things you can do by yourself.
- Things you need help to do.
- Natural (unpaid) supports you have in your life.
- Kinds of supports and services you need.

Questions to ask yourself:

What kinds of changes do I want to make in my life?

- Are there things I do now that I would like to do more often?
- Do I want to be more involved in social activities or events?
- Do I want to get a job or change the job I have?

What kinds of support do I need?

- Do I need help with personal care, like bathing or dressing?
- Do I need help with cooking or cleaning?
- Do I need help with managing money and paying bills?
- Do I need help to get to the places you want to go?
- Do I want to learn something new and need training or a class?



How Can A Person-Centered Planning Specialist Help You?

Person-Centered Planning (PCP) Specialists are trained experts in helping you make a plan for your life. They have the skills needed to make a good planning meeting happen. They want to work with you, your family, and your service

coordinator or support broker to make the best plan possible.

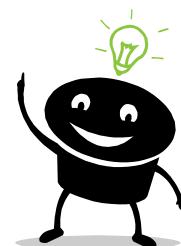
Make sure your ideas are the focus of your plan...

A PCP Specialist can help you get ready for a planning meeting, think about your goals and practice what you want to say.



Find people to help you plan...

the PCP Specialist can work with you, your family, and your service coordinator or support broker to find people to be in a Circle of Support that you choose.



At the planning meeting...

the PCP Specialist will help you talk with your Circle of Support about your ideas and things you want to do. They will use pictures and symbols to record the plan you create. It will have your goals, steps to reach your goals and a list of people that can help you with the things you want to do.



How do I find a Planning Specialist?

More information about PCP Specialists and an interactive map can be found on the Center on Disability and Human Development website at

<http://dev2.idahocdh.org/Default.aspx?alias=dev2.idahocdh.org/personcenteredplanning>

What is a Circle of Support?

A Circle of Support is like a team - your team. You choose who will be in your Circle of Support. These are people that you trust to think about how YOU want your life. They are people you can ask for advice. They listen to what you say and respect your decisions. They also support you to find ways to do the things you want to do in your life.

Who should I choose to be in my Circle of Support?

You might choose family members, friends, neighbors, or anyone who knows you well and knows what you want to do with your life.

Your Circle of Support SHOULD BE:

- ★ People you feel comfortable with.
- ★ People who think you can make the decisions about your life and respect your choices.
- ★ People who will give you the information and the time you need to make good decisions.
- ★ People who can think of new ways to get things done.
- ★ People who will help you get your life set up the way you want.
- ★ People who can help you make your dreams happen.

Your Circle of Support can HELP YOU:

- write down your dreams and goals for your life.
- write your plan and be part of your person-centered planning.
- find the services and supports you need in your community.
- make sure that you are getting the supports you need in the way that you want to get them.
- make sure that you are safe and healthy.

What are natural supports?

Sometimes you have to pay for supports, sometimes you don't. When you hire somebody to do a job, you pay them for their time. But other times, you might have a friend or a family member who can help you for free.

Natural support is help that you don't have to pay for. Natural supports are everywhere. They might be your family or friends or people you meet in your community. There are times that your family or friends help you out with something and times when you help them too. You are giving each other natural support when you help each other because you want to and nobody is getting paid. Your Circle of Support is a kind of natural support.

Examples of natural support:

- A friend gives you a ride someplace you need to go.
- A family member comes to your house to help you when you are sick.
- Your neighbor takes care of your pets when you are on vacation.
- You bring in your neighbor's mail when they go on vacation.
- At your job, your co-workers help you learn a new task.
- You help a neighbor in their garden

What are paid supports and services?

Paid supports are services and supports that you pay someone to provide to you. Some services are paid for through Medicaid or private insurance, some you pay for with your own money.

Examples of paid support and/or services:

- You pay your personal care attendant or Community Support Worker to help you get dressed.
- You pay to ride the bus or hire a taxi.
- You pay a hairdresser to cut your hair
- You pay someone to cut your lawn.

There are many other kinds of paid services, supports and goods.

Assistive Technology

What is Assistive Technology?

Assistive Technology (AT) is any item, device, or software that helps people with disabilities to be more independent.

AT may help you with:

- Mobility (getting around)
- Communicating
- Completing school work
- Your job
- Independence in your house or apartment
- Recreation
- Transportation

How do I get the Assistive Technology (AT) that I need?

When you are in school (K-12), there will be a meeting to plan your school goals each year and to write your Individualized Education Program (IEP). At this meeting, everyone must spend some time talking about the AT you need to meet your IEP goals. You should be part of this meeting. **The AT that you need should be listed in your IEP, including any changes to your AT needs as you transition.** The school should purchase the AT that you need to meet your IEP goals.

Sometimes Vocational Rehabilitation or the Idaho Commission for the Blind will purchase the AT that you need even when you are still in high school. Medicaid will provide the funds needed for some AT.

What if nobody at my school knows much about AT?

The team can get an AT assessment at no cost from the Idaho Assistive Technology Project, www.idahoat.org 1-800-432-8324.

What if my parents or I disagree with the school about the AT that I need or the school is having trouble with funding for the AT?

The team can get an AT assessment at no cost from the Idaho Assistive Technology Project, www.idahoat.org 1-800-432-8324.

You can also get help from the Protection & Advocacy for Assistive Technology (PAAT) Program at Disability Rights Idaho, 1-866-262-3462.

How do I get AT after high school?

If you qualify for a disability waiver, Medicaid will pay for medically necessary AT and home modifications.

The Idaho Division of Vocational Rehabilitation or the Idaho Commission for the Blind and Visually Impaired may help you with purchasing AT related to employment (or education/training needed for employment).

Every college or university in Idaho has a disability services office to help you with your AT needs. Contact information for these offices is in Chapter 4 of this binder.

Assistive Technology (AT) Resources

Assistive Technology Assessments

AT assessments are free to schools and families. To request an AT assessment, the IEP team should fill out an application found at www.idahoat.org. For questions or more information, call or email Dan Dyer. dyer@uidaho.edu, 1-800-432-8324. To see videos on making AT decisions, go to the Idaho Training Clearinghouse website at <http://www.idahotc.com> (AT Learning Community – Training).

Assistive Technology Training Available to School Districts

Schools are also required to train teachers, students, and families about the student's AT. The IATP Project provides training for all at no cost to schools. To request training, contact Dan Dyer. dyer@uidaho.edu, 1-800-432-8324.

Tools for Life: Secondary Transition and Technology Fair

Tools for Life is a two-day event held each spring for high school students and young adults with disabilities and their families, educators, service providers, counselors, etc., and features national keynote speakers and over 50 breakout sessions on higher education, employment, community life, self-determination, self-advocacy, and assistive technology. For more information go to www.idahoat.org or call 1-800-432-8324.

Device Demonstration Sites

The IATP has four AT resource centers where you can go to see and try AT devices and software.

IATP Resource Center - Moscow
121 W. Sweet Ave.
Moscow ID 83843
1-800-432-8324, 1-208-885-6097

IATP Resource Center – Coeur d'Alene
1031 N. Academic Way, Room 130D
Coeur d'Alene ID 83814
1-800-432-8324, 1-208-292-1406

IATP Resource Center – Boise
(UI Water Center)
322 E. Front St., Ste 324
Boise ID 83702
1-800-432-8324, 1-208-364-4561

LIFE, Inc.
250 S. Skyline, Ste 1
Idaho Falls ID 83402
1-208-529-8610

Idaho Assistive Technology Reutilization Project

The Reutilization Project accepts donations of used equipment such as walkers, wheelchairs, communication devices, computers, etc. Items are cleaned, repaired, and given to people who need them. The devices are kept at offices around the state. In many cases, items can be delivered or shipped at no charge. More information on the Reutilization Project can be found at www.idaho.at4all.com or by calling IATP (800-432-8324) or LINC (208-336-3335).

Computers for Kids

Refurbished computers are available to K-12 students and first and second year college students with disabilities at little or no charge. Contact: email to cfk@cfkidaho.com, phone 1-208-345-0346, or visit the website at <http://www.cfkidaho.org/>. For further information regarding any assistive technology devices or services, please contact The Idaho Assistive Technology Project, 1-800-432-8324.

Assistive Technology Checklist

Have you tried...

Writing with Pencil or Pen

- ☐ Regular pencil/pen
- ☐ Pencil/pen with grip
- ☐ Adapted paper (with raised lines or highlighted lines)
- ☐ Slantboard
- ☐ Use of prewritten words/phrases
- ☐ Templates
- ☐ Portable word processor
- ☐ Computer with word processing software
- ☐ Voice to text software

Composing Written Material

- ☐ Word cards/word book/word wall
- ☐ Pocket dictionary/thesaurus
- ☐ Writing templates
- ☐ Talking dictionary
- ☐ Word processing with spell check
- ☐ Talking word processor
- ☐ Word prediction software
- ☐ Multimedia software
- ☐ Software for organization of ideas and studying (like Inspiration, Draftbuilder, PowerPoint)
- ☐ Voice to text software

Computer Access (Keyboard and Mouse)

- ☐ Word prediction, abbreviation/expansion (to reduce key-strokes)
- ☐ Keyguard (to avoid hitting unwanted keys)
- ☐ Arm support (like Ergo Rest)
- ☐ Trackball/track pad/joystick with on-screen keyboard
- ☐ Alternate keyboard (like Intellikeys)
- ☐ Mouth stick/Head Master/Tracker with on-screen keyboard
- ☐ Switch with Morse code
- ☐ Switch with scanning
- ☐ Voice recognition software

Communication

- ☐ Communication board or book with objects, pictures or words
- ☐ Eye gaze frame
- ☐ Single voice output device (like Big Mack)
- ☐ Voice output device with levels (which can hold more words or phrases)
- ☐ Voice output device used on laptop or palmtop computer
- ☐ Device which turns typing into speech

Recreation and Leisure

- ☐ Toys adapted with Velcro™, magnets, handles, etc.
- ☐ Toys adapted for single switch operation
- ☐ Adaptive sporting equipment (like a lighted or beeping ball)
- ☐ Universal cuff/strap to hold drawing or painting tools
- ☐ Modified arts and crafts tools
- ☐ Arm support for drawing/painting
- ☐ Remote controls for TV, DVD, CD player, etc.
- ☐ Computer art activities
- ☐ Computer games

Activities of Daily Living (ADLs)

- ☐ Nonslip materials to hold things in place
- ☐ Universal cuff/strap to hold items in hand
- ☐ Color coded items for easier locating and identifying
- ☐ Adaptive eating utensils
- ☐ Adaptive drinking devices
- ☐ Adaptive dressing equipment (like button hook, elastic shoe laces, Velcro™ instead of buttons, etc.)
- ☐ Adaptive devices for the bathroom (adapted toothbrushes, raised toilet seat, shower chair, paperless toilet)
- ☐ Adaptive equipment for cooking

Mobility

- ☐ Walker
- ☐ Grab bars and rails
- ☐ Manual wheelchair including sports chair
- ☐ Powered scooter or cart
- ☐ Powered wheelchair
- ☐ Adapted vehicle for driving

Positioning and Seating

- ☐ Non-slip surface on chair to prevent slipping (like Dycem)
- ☐ Bolster, rolled towel, blocks for feet
- ☐ Adapted chair, sidelyer, or stander
- ☐ Custom-fitted wheelchair or insert

Reading

- ☐ Changes in text size, spacing, color
- ☐ Modified books for page turning (like page fluffers or binders)
- ☐ Words paired with symbols or pictures
- ☐ Talking dictionary
- ☐ Reading Pen (scan word and device pronounces word and gives definition)
- ☐ Audio books (CD, DVD, MP3)
- ☐ Text reading software
- ☐ Electronic books

Learning/Studying

- ☐ Print or picture schedule
- ☐ File box or system (like index tabs, color coded folders)
- ☐ Highlight important text with markers, highlight tape, highlighting computer material
- ☐ Recorded material (books on tape, taped lectures)
- ☐ Planner
- ☐ Voice output reminders for assignments, steps of task, etc.
- ☐ Computer or cell phone organizers and calendars

Math

- ☐ Abacus/Math Line
- ☐ Enlarged math worksheets
- ☐ Graph paper to keep work aligned
- ☐ Money calculator
- ☐ Tactile or voice output measuring devices
- ☐ Talking watches or clocks
- ☐ Calculator (with or without print-out)
- ☐ Calculator with large keys and/or large display
- ☐ Talking calculator
- ☐ On-screen calculator
- ☐ Virtual math manipulatives (computer)
- ☐ Voice recognition software

Control of the Environment

- ☐ Light switch extension
- ☐ Controls for battery-operated devices
- ☐ Controls for electrical appliances (like radio, fan, blender, etc.)
- ☐ Remote control for appliances

Vision

- ☐ Eye glasses
- ☐ Magnifier
- ☐ Large print books
- ☐ CCTV (closed circuit television)
- ☐ Screen magnification software
- ☐ Screen color contrast
- ☐ Screen reader, text reader
- ☐ Braille translation software
- ☐ Braille printer
- ☐ Enlarged or Braille/tactile labels for keyboard
- ☐ Alternate keyboard with enlarged keys
- ☐ Braille keyboard and note taker

Hearing

- ☐ Pen and paper
- ☐ Computer/portable word processor
- ☐ TDD for phone access with or without relay
- ☐ Email, text messaging, or instant messaging
- ☐ Signaling device (like a flashing light or vibrating pager)
- ☐ Closed captioning
- ☐ Real time captioning
- ☐ Computer aided note taking
- ☐ Reminder signals on computer
- ☐ Phone amplifier
- ☐ Personal amplification system/Hearing aid
- ☐ FM or Loop system
- ☐ Infrared system

There are many other assistive technology devices and software. For more information on any of the items listed, not listed, or to help you figure out what AT might work for you, please call the Idaho Assistive Technology Project, 1-800-432-8324.

Adapted from: Reed, P. Walser, P. (2000), adapted from Lynch & Reed (1997), Wisconsin Assistive Technology Initiative

Emergency Contact Numbers

Put this in your home where you can find it easily, near the telephone is best. You will find most of this information is listed in the blue pages of your local telephone book.

Emergency – dial 911

Fire Department _____

Police Department _____

Poison Control _____

Family Doctor _____ Phone _____

People I know who I can call in an emergency:

These can be family members, friends, neighbors or others. If they have more than one telephone number, put both phone numbers on this page.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Planning for a community-wide emergency or disaster.

It is a good idea to think about having a plan for what to do in a community-wide emergency or a disaster. Kinds of disasters or emergencies that might happen in Idaho: severe wind, thunder or winter storms, floods, wild fires and things like crime or terrorism. A good plan will help you get the support you need during a community-wide emergency.

If the electricity or water goes out, you might not be able to use your heating system, water, electrical appliances, life-sustaining electrical equipment, or adaptive devices.	Plan for back-up power sources or have a different place to stay if the utilities are out for a long time.
Telephones may not be working and you might not be able to call your work, school or support staff from your home phone.	Think about getting a cellular phone and program numbers for your emergency contacts, family members and support staff into it or ask a neighbor with a cellular phone to check on you.
If roads are closed you may not be able to use your regular transportation to get where you need to go.	Keep extra water, food, important medication and other supplies so that you will be ok if you can not leave your home for several days. Plan for other kinds of transportation.
If you use support staff they may not be able to come to your home.	Keep a list of back-up supports, their names and phone numbers. Talk to a neighbor who has a four-wheel drive vehicle and could get your support staff to you if needed.
You may need to leave your home or workplace (evacuate).	Plan how you can safely and quickly leave your home with support if needed. Make sure you know your workplace or school emergency plans and they understand your needs.

20 Questions to Ask About Housing

When you are looking at a house or apartment that you might like to live in on your own or with a roommate, the answers to these questions might help you decide if you want to live there.

1. Is the house or apartment in a neighborhood that feels safe and I'm comfortable when I walk around?
☐ Yes ☐ No
2. Is the house or apartment close to stores, banks, places to eat?
☐ Yes ☐ No
3. Is the house or apartment close to public transportation such as a bus stop?
☐ Yes ☐ No
4. Will I be able to get to work or school from here?
☐ Yes ☐ No
5. Is the house or apartment clean and well maintained inside and out?
☐ Yes ☐ No
6. Is there good working heat and air conditioning?
☐ Yes ☐ No
7. Do the bathrooms work well? Are they easy to get to?
☐ Yes ☐ No
8. Is the kitchen set up so I can use it?
☐ Yes ☐ No
9. Are there laundry facilities in the house, apartment or apartment building?
☐ Yes ☐ No
10. Will I have my own telephone line?
☐ Yes ☐ No

11. Can I get my own mailbox?
☐ Yes ☐ No
12. Is there staff on-site or the landlord nearby that I can ask for help if I have a problem?
☐ Yes ☐ No
13. Are the neighbors friendly and supportive?
☐ Yes ☐ No
14. Are there things to do at the house or apartment for fun and exercise?
☐ Yes ☐ No
15. Is the building accessible for me? Is there an entrance I can get in no matter what the weather or my ability to move around?
☐ Yes ☐ No
16. Can I get into the laundry room, where the garbage goes, the pool or exercise room if they have one?
☐ Yes ☐ No
17. Is the rent in my price range? Can I afford to live here?
☐ Yes ☐ No
18. Is there a deadbolt on the lock on the front door?
☐ Yes ☐ No
19. If there are other people in the house, is there a lock on the bedroom door? Would I have enough privacy?
☐ Yes ☐ No
20. Did I see a list of all the extra fees (deposits, cost for pets, cost for parking, etc?)
☐ Yes ☐ No

Developed by referencing *My Future My Plan: A Transition Planning Resource for Life After High School*, 2003 State of the Art, Inc., <http://www.ncset.org/publications/mfmp.asp> and *It's My Choice* by William T. Allen, www.mncdd.org