



Tralee Residential Services

SERVICES TO INDIVIDUALS WITH DISABILITIES

Individual's Name

Lifestyle Plan

This Plan covers the period from May 2011 to May 2012

TRALEE RESIDENTIAL SERVICES

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1.0 GENERAL INFORMATION

Name:

Address:

Phone:

Date of Birth:

Gender:

Social Insurance Number:

AISH Number:

Alberta Health Care Number:

Medical Services Number:

Special Status:

Guardian:

Trustee:

Siblings:

PDD Client Services Worker:

Tralee Key Worker:

Day Program Contact:

2.0 LIFESTYLE ASSESSMENT

<p>2.1 Communication Profile</p> <ul style="list-style-type: none"> • • • • • • 	<p>Support Requirements/Recommendations</p> <ul style="list-style-type: none"> • • • • • •
<p>2.2 Behavioral Profile</p> <ul style="list-style-type: none"> • • • • • • 	<p>Support Requirements/Recommendations</p> <ul style="list-style-type: none"> • • • • • •
<p>2.3 Community Participation</p> <ul style="list-style-type: none"> • • • • • 	<p>Support Requirements/Recommendations</p> <ul style="list-style-type: none"> • XXX requires supervision and encouragement. • Staffs ensure that XXX has access to a variety of activities (always bearing in mind choice, respect and empowerment) so she can make informed decisions as to activities that she enjoys. • • • •
<p>2.4 Home Management/Self Help</p> <p>Menu Planning & Groceries</p> <ul style="list-style-type: none"> • Initiate Grocery Trip • Prepare Grocery List • Going Shopping • Find Items on Shelves • Places Items in Cart • Places Items on Counter • Pays the Bill • Bags Groceries 	<p>Support Requirements/Recommendations</p> <ul style="list-style-type: none"> •

- Calls Cab
- Loads & Unloads Groceries
- Puts Groceries Away

Personal Hygiene

- Initiates Bathing
- Gets Towels
- Measures Water Temperature
- Showers
- Brushes Teeth
- Shaves
- Cleans Shaver
- Combs Hair
- Cleans Sink
- Cleans Tub
- Cleans Face

Laundry Skills

- Initiates Laundry
- Separates Colors
- Loads Washer
- Adds Laundry Soap
- Checks Water Temperature
- Checks Water Level
- Checks Washer Cycle
- Loads Dryer
- Adds Softener Sheet
- Turns to desired Cycle
- Fold Clothes
- Irons Clothes
- Hangs Clothes
- Puts Clothes Away
- Socks & Underwear

Meal Preparation/Sanitary Skills

- Initiates Cooking
- Completes on Designated Day
- Identifies Meal on Menu
- Retrieves Recipe Card
- Gathers Cooking Utensils
- Gathers Ingredients
- Follows Directions on Card
- Cutting/Opening/Mixing/Inserting
- Adjust Temperature on Stove
- Clean-up

Household Chores

- Initiates Cleaning
- Cleans Bed Posts
- Dresser Top Front & Sides
- Change & Wash Bedding
- Electronics
- Trophies & Pictures
- Vacuum
- Empty Garbage
- Bathroom Mirror
- Sink and Surround
- Toilet In/Out
- Toilet Area
- Shower
- Shower Door
- Vanity In/Out
- Vacuum/Wash Floor
- Remove Garbage
- Replace Garbage Bag
- Clean Bathroom Mats

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Specific Support Requirements (*)

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2.5 Health/Safety/Sexuality

Support Requirements/Recommendations

Health

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Health

- Ensure prescriptions are renewed as required.
- Ensure Standing Order is renewed as required and that PRN medications are available.
- Staffs are to assist XXX with booking and attending all of XX medical appointments and promote good health by encouraging proper diet and exercise.

Safety

- XXX participates in the monthly Fire Drills.
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Safety

- Staffs are to continue to encourage XXX participation in monthly Fire Drills.
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Sexuality

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Sexuality

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2.6 Spirituality

Support Requirements/Recommendations

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- Staff will support and encourage XXX in her beliefs.
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2.7 Educational/Vocational

Support Requirements/Recommendations

Education

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Day Program

- Monday -
- Tuesday –
- Wednesday –
- Thursday –
- Friday -

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- Staffs facilitate communication between the day programs and the residence.
- Assistance to pay fees is to be provided.
- Staffs are to arrange transportation to and from all day program activities.

Banking & Budgeting

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2.8 Transportation

Support Requirements/Recommendations

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3.0 DOCTORS AND SPECIALISTS

Name & Profession	Address & Phone Number	Date of Last Appointment	Date of Next Appointment
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4.0 SIGNATURES

Content of Lifestyle Planning document, Risks Identified and Goal Development approved by Planning Team Members on _____, 20__.

(Individual)

(Signature)

(Parent/Guardian)

(Signature)

(Tralee Team Leader)

(Signature)

(Tralee Management)

(Signature)