**PERSON-CENTERED AND POSITIVE SUPPORT STRATEGIES**

**Person’s Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

We want to provide good support and services to you. It is your life, and you get to decide how you want to live it. This is an opportunity to share what is most important TO and what is most important FOR you. You may not get all of the information down perfect the first time and you can change your mind and add things at any time. Your voice and your choices matter.

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| **What do people like and admire about you? What nice things do people say about you?**  Click or tap here to enter text. |
| **What are some things you are good at?**  Click or tap here to enter text. |
| **What are things you are proud of?**  Click or tap here to enter text. |
| **What do you need help with each day?**  Click or tap here to enter text. |
| **How do you want staff to help you with your daily needs?** *(For example: remind you, help you make a check list, do it with you, etc.)*  Click or tap here to enter text. |
| **Describe the qualities of a support person that you really like:**  Click or tap here to enter text. |
| **What are things you like to do for fun?**  Click or tap here to enter text. |
| **How do you want staff to support you in having fun?**  Click or tap here to enter text. |
| **What is important TO you? What matters most to you?**  Click or tap here to enter text. |
| **What do you like to do (in your home and out of your home?**  Click or tap here to enter text. |
| **What things so you really like to have?**  Click or tap here to enter text. |
| **What are the things that you like to have control over in your life?**  Click or tap here to enter text. |
| **What gives you purpose, makes you feel really good about yourself?**  Click or tap here to enter text. |
| **What would your dream life look like?**  Click or tap here to enter text. |
| **How do you want staff to support you in getting your dream life or what matters most to you?**  Click or tap here to enter text. |
| **What is important FOR you regarding your health?**  Click or tap here to enter text. |
| **What is important FOR you regarding your safety?**  Click or tap here to enter text. |
| **How do you want staff to help you with your health and safety needs?**  Click or tap here to enter text. |
| **What makes you happy?**  Click or tap here to enter text. |
| **What things do you like to do in your community?**  Click or tap here to enter text. |
| **How do you want staff to help you in doing things in your community that you enjoy?**  Click or tap here to enter text. |
| **What is something you want people to know about you?**  Click or tap here to enter text. |
| **Who are the people in your life that you trust the most?**  Click or tap here to enter text. |
| **How can staff help you to stay in contact with those people?**  Click or tap here to enter text. |
| **What are your hopes?**  Click or tap here to enter text. |
| **Is there an activity or skill that you want to learn?**  Click or tap here to enter text. |
| **How can staff help you to learn something new?**  Click or tap here to enter text. |
| **Describe a really good day for you?**  Click or tap here to enter text. |
| **Describe a bad day for you?**  Click or tap here to enter text. |
| **How can staff help you to have more good days than bad days?**  Click or tap here to enter text. |
| **What IS working in your life right now?**  Click or tap here to enter text. |
| **What is NOT working and should change in your life right now?**  Click or tap here to enter text. |
| **How may staff support you to create a great quality of life with you? How can staff help you to have your best life?**  Click or tap here to enter text. |
| **What does respect look like to you? How do you want to be treated?**  Click or tap here to enter text. |
| **Is there something specific that you want staff to know about you, in order to be respectful when working with you?**  Click or tap here to enter text. |
| **Is there anything else you want to share about yourself?**  Click or tap here to enter text. |
| **Staff are here to help and support you. How can we best do that?**  Click or tap here to enter text. |
| **As you were going through this, what other things were running through your mind?**  Click or tap here to enter text. |
| **Are there other questions we forgot to ask?**  Click or tap here to enter text. |

Thank you for taking the time to complete this! Since things may change with your answers, we will review this with you every six months.