

# Independent Living Toolkit



**AUTISM ALLIANCE**  
OF MICHIGAN

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*Help. Hope. Answers. Today.*



## AUTISM ALLIANCE OF MICHIGAN

### Person Centered Planning

# PERSON-CENTERED PLANNING:



## What's It All About?

Michigan Developmental Disabilities Council

### What is Person-centered planning?

The Mental Health Code says supports must be delivered in a Person-centered way. Person-centered planning (PCP), is the entire process of planning and supporting the focus person, not just the written plan. PCP for minors is a family driven and youth guided practice that involves the whole family. For an adult, the planning process focuses on the person, not the system or person's family, guardian, or friends.

### Essential elements

There is no one, "right," way of doing a PCP, as each focus person is a unique individual. There are however, some essential elements.

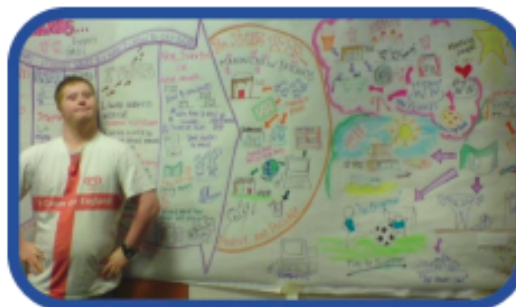
- ✓ **Person-Directed:** The person directs the planning process (with necessary support and accommodations), deciding when and where the meeting will be, and what will be discussed
- ✓ **Person-Centered:** The person's goals, interests, desires, and choices are identified with a positive view of the future and plans for a meaningful life in the community
- ✓ **Outcome-based:** The person identifies outcomes to achieve in pursuing his or her goals. Progress is measured toward achievement of outcomes
- ✓ **Information, Support and Accommodations:** The person receives complete and unbiased information on services and supports available, community resources and options for providers. Accommodations are made for understanding
- ✓ **Independent Facilitation:** Individuals have the information and support to choose an independent facilitator to assist them in the planning process

- ✓ **Pre-Planning:** Is for the purpose of gathering the information and resources necessary for an effective PCP process and agenda
- ✓ **Wellness and Well-Being:** PCP highlights personal responsibility. The dignity of risk is honored
- ✓ **Participation of allies:** Through the pre-planning process, the person selects allies to support him or her through the process

### Styles of planning should be individualized

There is no one, "right," way of completing a PCP, as each focus person is a unique individual. Many different types of tools to assist with developing a person-centered plan exist. Some common examples of planning tools include:

- ✓ Planning Alternative Tomorrows with Hope (PATH)
- ✓ Making Action Plans (MAPS)
- ✓ Essential Lifestyle Planning (ELP)
- ✓ Personal Futures Planning (PFP)



All of these tools share common values and have similar steps. You can ask your case manager or support broker for more information about different types of planning tools and pick the one that works best for you. You may choose to develop your own tool that is ok. The planning tool you use is not as important as the outcomes of the plan.

For information or questions contact the Developmental Disabilities Council at: (517) 335-3158, or on the web at: [www.michigan.gov/ddcouncil](http://www.michigan.gov/ddcouncil)



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# Augmentative and Alternative Communication

Some individuals with complex communication disorders may communicate through Augmentative and Alternative Communication (AAC).

## Unaided

- Facial Expressions
- Natural Gestures
- Manual Sign Language
  - English: American Sign Language, Signing Exact English



## Aided & Low-tech

- Writing
- Picture Communication Systems
- Symbolic Communication Systems
- Miniature Objects
- Alphabet Board
- Pragmatic Organized Dynamic Display



## High-tech

- Static or dynamic
- Digitized or Synthesized voice
- Frequently touch screen
- Keyboards
- Access to text messaging and social media networks





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### Calling 911

#### When to call 911:

- Non Responsive
- Shortness of Breath
- Chest Pains
- Sudden Vision Problems
- Drowning
- Severe Burns
- Poisoning/Drug Overdose
- Fire
- Someone threatening to kill or hurt themselves or others
- Serious Car Accident

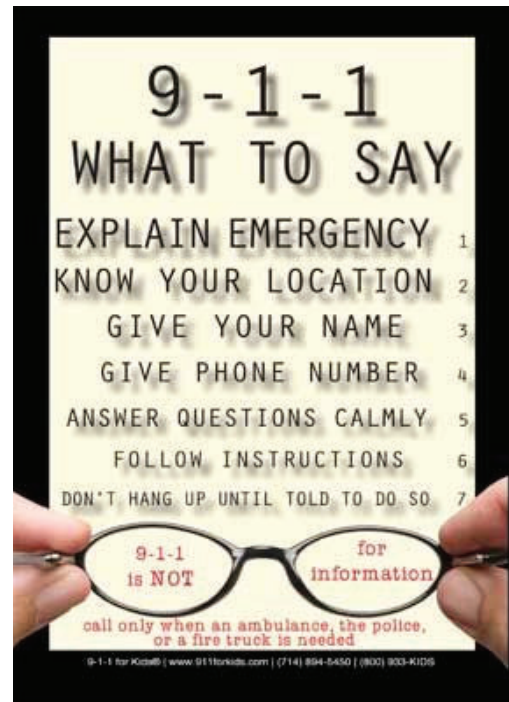


#### What to do:

1. Remain calm.
2. Assess the safety for yourself and client, move to safety if needed.
3. Call 9-1-1.
4. Begin CPR or first aid training if appropriate.

#### Information to Provide:

- a. Location/Address
- b. Details of the Emergency
- c. Persons Diagnosis and other pertinent information, such as:
  - Communication Difficulties
  - Sensory Issues
  - Increased Agitation
  - Difficulty Understanding Directions





## AUTISM ALLIANCE OF MICHIGAN

**NAME:** \_\_\_\_\_

### Personal Information

**Full Name:** \_\_\_\_\_ **SSN:** \_\_\_\_-\_\_\_\_-\_\_\_\_  
**Address:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**City/ST/Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

### In Case of Emergency

**Contact:** \_\_\_\_\_ **Donor:** Y / N  
**Home #:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ **Directives:** \_\_\_\_\_  
**Mobile #:** (\_\_\_\_) \_\_\_\_-\_\_\_\_ \_\_\_\_\_

### Insurance Carrier

**Company:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

### Habits

**Smoker:** \_\_\_\_\_ **Drinks/WK:** \_\_\_\_\_  
**Blood Type:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

### Current Medications

**Pharmacy Contact Number:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name	Description	Dosage	Purpose

### Vitamins/Food Supplements

Name	Description	Dosage	Purpose

### Known Conditions, Events, and Previous Surgeries

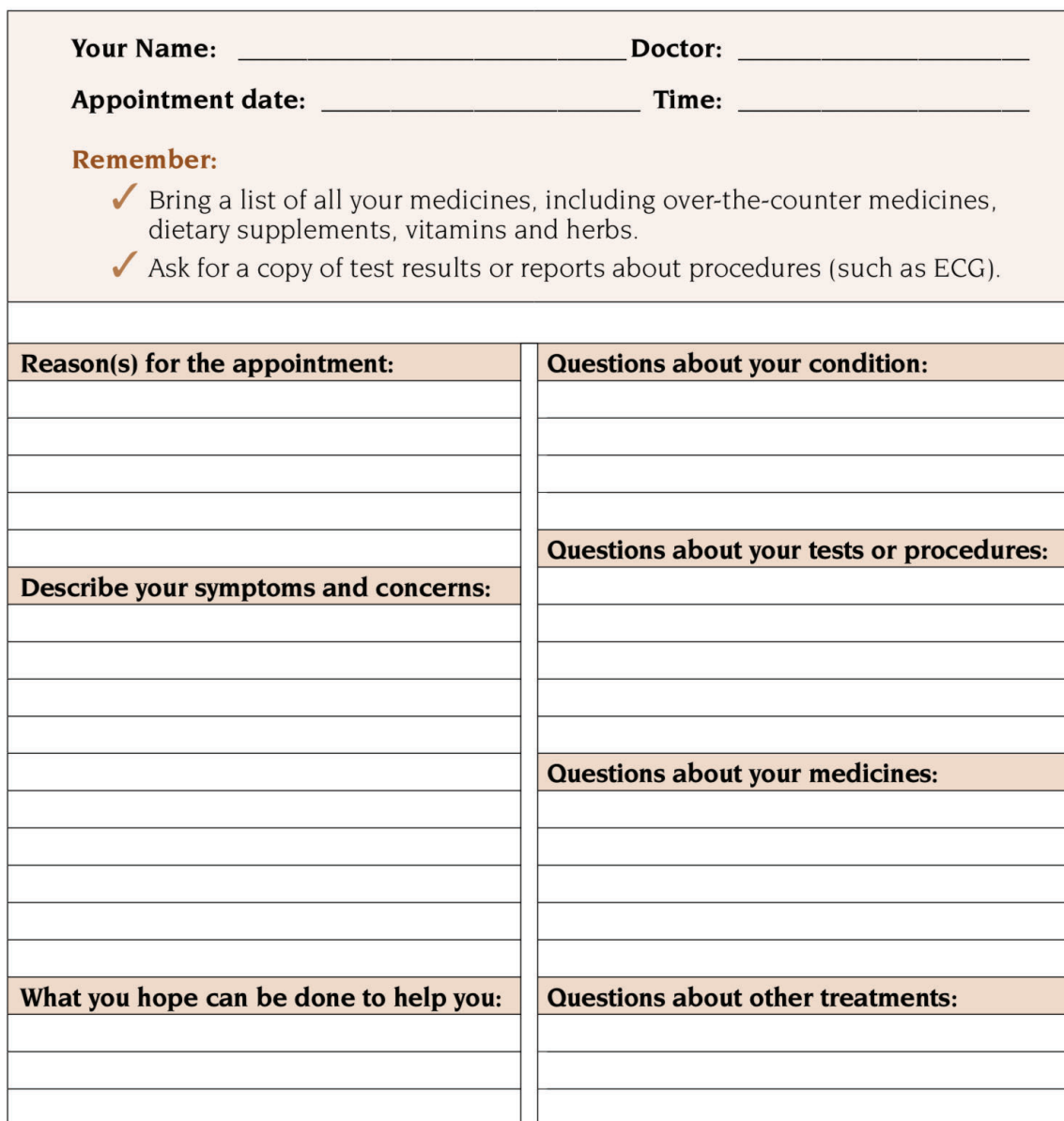
Date	Event

### Current Physicians

Type	Name	Number



## To Help You Prepare for Your Doctor Visits



- ✓ If you don't understand something, ask the doctor to explain.
- ✓ Repeat the doctor's instructions using your own words.
- ✓ At the end of the visit, review what you and the doctor agreed upon.



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## Personal Hygiene Checklist

Checklist:

<input type="checkbox"/>	Brush and Floss Teeth (2X daily)
<input type="checkbox"/>	Shower: Soap and Rinse Whole Body (daily)
<input type="checkbox"/>	Change into Clean Clothing Including: Undergarments and Socks (daily)
<input type="checkbox"/>	Comb Hair (daily)
<input type="checkbox"/>	Use Deodorant (daily)
<input type="checkbox"/>	Cut/Trim/Clean: Fingernails and Toenails (weekly)
<input type="checkbox"/>	Wash Hair (few times a week)
<input type="checkbox"/>	Shave Face/Armpits/Legs (as needed)
<input type="checkbox"/>	Dentist Appointment (every 6 months)
<input type="checkbox"/>	Haircut (every 2-3 months)
<input type="checkbox"/>	Apply Lotion/Makeup (as needed)





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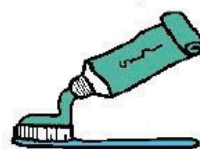
Get toothbrush & Toothpaste



Wet toothbrush



Put on toothpaste



Brush Front of Teeth



Brush Back of Teeth



Spit in sink



Rinse toothbrush



Rinse mouth



Floss in between teeth





## AUTISM ALLIANCE OF MICHIGAN

### Laundry Visual Aids

## Personal Hygiene: Care of Clothes

#### BUYING CLOTHES

Your clothes should say something about you— they should reflect your personality in the best way possible. But they should also be appropriate for the weather, the occasion and in good repair. Buying clothes on a budget can also be tricky when stores at the mall charge you an arm and a leg for a pair of jeans. Keep these tips in mind and you'll be able to make your money go farther where your clothes are concerned.

Check all the clothes you buy for quality. Test the seams to make sure they are strong, make sure zippers work, buttons match up, and that there are no holes or rips.

Shop at non-traditional spots like thrift stores, garage sales, outlet stores, resale stores, consignment shops, rummage sales etc.. You never know what treasures you'll find in unusual places.

Inspect clothes you buy at thrift stores especially carefully. Check for any rips, stains (especially under the arms and around the neck), or odours.

Buy pieces of clothing that can be worn during most seasons of the year.

Be sure to check the store's return policy if you decide later that you don't like an item or if there are problems with it.

Pay close attention to how to wash your new clothes. Some fabrics will take more effort than others (ex. you will need to handwash it/ have it dry cleaned)





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# STEP-BY-STEP GUIDE TO LAUNDRY

<b>STEP 1:</b> sort & treat stains	Separate laundry into:		
	whites	colors	darks
<b>STEP 2:</b> load & set water temp.	HOT 	WARM 	COLD 
	• soap • softener • bleach	• soap • softener	• soap • softener
<b>STEP 4:</b> ➤ Remove all dri-fit & delicates from washer, hang to air dry move clothes to dryer ➤ Add clothes to dryer & set to normal			
<b>STEP 5:</b> ➤ shake item straight, fold neatly fold ➤ stack like items in piles			



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### **Grocery Visual Aids**

#### How to grocery shop



- ☐ Make a grocery list
- ☐ Travel to the store
  - ☐ Bring grocery list
  - ☐ Bring coupons (if you have them and need them)
  - ☐ Bring reusable grocery bags (if you have them)
- ☐ Find the items you need in the grocery store
- ☐ Put the items in your shopping basket or cart
- ☐ Get in line at the check out
- ☐ Place your items on the conveyor OR use the self-checkout
- ☐ Give the cashier your coupons OR scan them at the self-checkout
- ☐ Tell the cashier if you have your own bags OR tell the cashier if you want paper bags or plastic bags
- ☐ Pay for your items with cash or credit card
- ☐ Say "Thank you" to the cashier, and take your receipt
- ☐ Keep your receipt in your wallet
- ☐ Put your bags into your vehicle and travel home
- ☐ Put your items away
  - ☐ Put away refrigerated and frozen items first
  - ☐ Put away other food items in the kitchen
  - ☐ Put away items for other rooms in the house
- ☐ Put away your bags



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## Meal Planning and Grocery List

### Grocery List



#### Fruits/Vegetables

☐☐☐☐☐

#### Dairy

☐☐☐☐

#### Miscellaneous

☐☐☐☐

#### Canned Goods

☐☐☐☐

#### Cereal/Bread

☐☐☐☐

#### Frozen

☐☐☐☐

#### Meat/Seafood

☐☐☐☐☐

#### Household Items

☐☐☐☐☐☐

#### Meal Plan:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

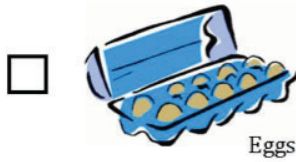
Saturday:

Sunday:



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## Visual Grocery List



Eggs



Apples



Potatoes



Milk



Carrots



Tortillas



Yogurt



Bananas



Bread



String  
Cheese



Lettuce



Tortilla  
Chips



Shredded  
Cheese



Tomatoes



Ice  
Cream



Hot dogs



Grape-  
fruit



Salsa



Ground  
Beef



Grapes



Chicken



Zucchini





# AUTISM ALLIANCE OF MICHIGAN

## Visual Grocery List

### Grocery List

{Week of: \_\_\_\_\_}

This week's dinners:



Fruit & Veggies



Bread/Bakery



Dairy



Meat/Seafood



Condiments/Spices



Breakfast



Drygoods



Frozen



Beverages



Personal Care



Baby/Pets



Cleaning/Misc.





## AUTISM ALLIANCE OF MICHIGAN

### Kitchen Cleaning Checklist



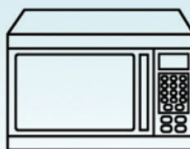
- CLEAN TOP OF CABINETS ☐
- REORGANIZE SHELVES ☐



- WASH PANTRY BASKETS ☐
- CLEAN DRAWERS ☐



- DUST LIGHT FIXTURE ☐
- CLEAN EXHAUST/ VENT ☐



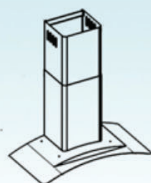
- DEEP CLEAN APPLIANCES ☐
- CLEAN UNDER ALL APPLIANCES ☐



- DUST CEILING ☐



- CLEAN STOVE ☐
- WASH RACK & BURNERS ☐



- CLEAN CHIMNEY ☐



- THROW EXPIRED FOOD ITEMS ☐
- WIPE & LABEL JARS ☐



- CLEAN BACK SPLASH ☐
- SCRUB GROUT & COUNTERS ☐



- SCRUB SINK & UNCLOG DRAIN ☐
- CLEAN FAUCET & UNDER SINK ☐



- CLEAN FRIDGE, FREEZER ☐
- WASH UNDERNEATH ☐



- WASH SKIRTINGS ☐
- SCRUB / MOP FLOOR ☐

*Clean Window*

*Wipe Switch plates*

*Clean/Wash Wall hanging Items*



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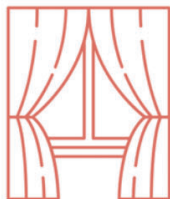
### Bedroom Cleaning Checklist



CLEAN FANS

☐

CLEAN LIGHT  
FIXTURES/SWITCHES

☐

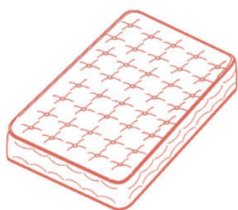
WASH CURTAINS  
& WIPE RODS

☐

DUST CEILING  
CORNICES

☐

CLEAN DOORS

☐

CLEAN/FLIP  
MATTRESS

☐

WASH  
PILLOWS

☐

WIPE WINDOW  
PANES/SILLS

☐

CLEAN/ORGANIZE  
WARDROBE

☐

SANITIZE MAKEUP  
CLEAN VANITY

☐

CLEAR OUT/CLEAN  
DRAWERS/SHELVES

☐

VACUUM BEHIND  
FURNITURE

☐

UNDER BED  
CLEANING

☐

CLEAN/WASH  
SKIRTINGS

☐

WASH/VACUUM  
RUG

☐



## AUTISM ALLIANCE OF MICHIGAN

### Bathroom Cleaning Checklist



CHANGE/CHECK  
TOILET PAPER

☐

MOP  
FLOOR

☐

EMPTY  
TRASH

☐

WIPE  
MIRROR

☐

CLEAN  
DRAINS

☐

CHANGE  
TOWELS

☐

CLEAN  
FAUCETS

☐

WASH  
RUGS

☐

MEDICINE  
CABINET

☐

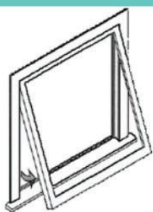
WASH  
WALLS

☐

SCRUB FLOORS  
CLEAN GROUT

☐

CLEAN TUB/  
BOWL/SINK

☐

CLEAN VENT/  
WINDOW

☐

CLEAN  
SHOWER

☐

DUST  
CEILING

☐

WIPE DOOR  
FRONT & BACK

☐

PURGE  
TOILETRIES

☐

WASH  
CURTAIN

☐

*Wipe Switch plates*

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## Identifying an Emergency

An **emergency** is a situation that poses an immediate risk to health, life, property or environment.

Read the following scenarios and decide if each situation is an emergency or not an emergency. Circle your response.

1. You are watching TV, and through the window you see someone sneaking around outside your house.  
EMERGENCY NOT EMERGENCY
2. You are so mad. You wanted to go shopping on Friday and were excited about it all week, but now your mom can't go.  
EMERGENCY NOT EMERGENCY
3. You are riding your bike and fall down. You have a small scrape on your knee. There are a few tiny drops of blood.  
EMERGENCY NOT EMERGENCY
4. You smell smoke. You see a little bit of grey smoke coming out from under the kitchen door.  
EMERGENCY NOT EMERGENCY
5. You are at school and the intercom says, "lockdown". Your teacher has you hide in the back of the classroom and stay quiet.  
EMERGENCY NOT EMERGENCY
6. You are playing with your dog in the yard, and you see someone walking down the street get hit by a car. You are not sure if they are okay.  
EMERGENCY NOT EMERGENCY
7. You are eating lunch and your friend suddenly stops eating, can't breathe, and is grabbing their throat.  
EMERGENCY NOT EMERGENCY



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8. You have had a stuffy nose for a few days, and now you have a sore throat and a fever.

EMERGENCY

NOT EMERGENCY

9. You are grocery shopping, and you slip and fall on the slippery floor. Your bottom hurts a little.

EMERGENCY

NOT EMERGENCY

10. You hear two people arguing in the street, and one person pulls out a gun.

EMERGENCY

NOT EMERGENCY



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## When to Call 911

<b>Is it an emergency?</b>	<ul style="list-style-type: none"><li>• Fire</li><li>• Lots of smoke</li><li>• Intruder in your house</li><li>• Someone breaking in or trying to rob you</li><li>• Lockdown at school</li><li>• Bad injury</li><li>• Lots of blood</li><li>• Can't talk</li><li>• Can't breath</li></ul>	<b>YES</b> <b>Call 911</b>
	<ul style="list-style-type: none"><li>• Lost pet</li><li>• Rainstorm</li><li>• Cough, runny nose or stomach ache</li><li>• Arguing with friends or siblings</li><li>• Running late</li><li>• Bit by a bug</li><li>• Mad at your mom or dad</li><li>• Small scrape on your knee</li></ul>	<b>NO</b> <b>Tell a caregiver</b>



## AUTISM ALLIANCE OF MICHIGAN

### Calling 911

#### When to call 911:

- Non Responsive
- Shortness of Breath
- Chest Pains
- Sudden Vision Problems
- Drowning
- Severe Burns
- Poisoning/Drug Overdose
- Fire
- Someone threatening to kill or hurt themselves or others
- Serious Car Accident

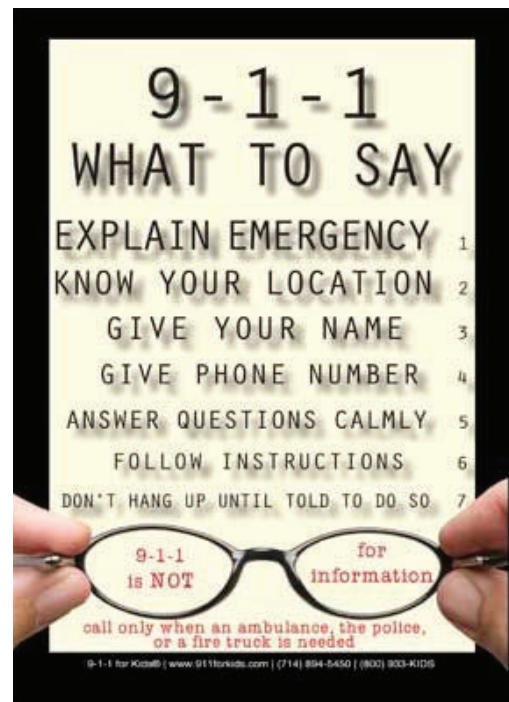


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#### Information to Provide:

- a. Location/Address
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  - Communication Difficulties
  - Sensory Issues
  - Increased Agitation
  - Difficulty Understanding Directions





## **AUTISM ALLIANCE** OF MICHIGAN

### **INDIVIDUAL PROFILE**

A personal profile can be a very useful tool to help improve the quality of life for individuals receiving services. Although the profile sheet should be a simple one page document it can have a profound effect on the quality of service and ultimately their quality of life. It provides an at-a-glance way of knowing what really matters to the individual and what their needs are.

The document should be developed from a positive perspective. It should answer some basic questions about the individual in a manner that anyone; family, staff, friends or other service providers can understand. It is especially useful when introducing new staff to the individual.

#### **Common Categories**

##### ***What people appreciate about me***

In this area put down what people thank them for, say their good qualities are or say good about them when they speak of them. You can ask others around to describe them. Include also things that they do for others or are proud of. What are their talents and strengths?

##### ***What is important to me***

Include what truly matters to them in their everyday life as well as for their future. What are the things or activities they feel are a must in their life? What excites them? Include how they want to be treated at home and in the community (respect, privacy).

##### ***What is important for me***

Include the particular services needed to keep the person healthy and safe. How those services are to be carried out. This should include areas of physical, emotional and mental wellbeing. There should be listed ways the individual is included in their community.



## **AUTISM ALLIANCE** OF MICHIGAN

### ***How others can best support me***

This should include how they want to be helped when doing different things. What is helpful and what is not. Are there particular places, times or situations where specific supports are needed, at home, work or school, include them? What can people do to make their time more pleasurable and productive?

### ***Things that can make it a good day***

Ask the individual what things or events make them happy. If there are certain foods, people or activities that excite them. Are routines important; If so what are they?

### ***Things that can make it a bad day***

If there are certain comfort items the individual must have for emotional support include them. Many individuals do not like having several demands placed on them at one time.

### ***Important relationships to me***

Who are the people they feel are important in their life and what roles do they play? Who are their natural supports? Include people in the community that they feel are important to them.

### ***How you can best communicate with me***

List that individual's preferred method of communication. How they wish to be referred to. List if they need time to process information. Do they need information followed up in writing? For those who cannot communicate verbally it is important to note how they express their likes, dislikes, pain, happiness etc. so others who don't know them well can understand what they are trying to say with their behaviors.



# **AUTISM ALLIANCE** OF MICHIGAN

## **My Personal Profile**

### **My Personal Profile**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What's Important To Me**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What's Important For Me**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What People Appreciate About Me**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How I Want To Be Supported**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Things That Will Make It A Good Day**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Things That Will Make It A Bad Day**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Relationships To Me**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How To Best Communicate With Me**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_