

Transition Guide

A booklet for individuals who
want to leave a nursing facility
and move to the community

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The Nursing Facility Transition Project (NFTP) is a three (3) year grant with two (2) major goals:

- Create a system for individuals living in nursing facilities who want to move (or transition) to the community with the supports they need, and;

- Demonstrate the effectiveness of the system by assisting one hundred and fifty (150) individuals to transition from nursing facilities to the community.

The project is funded by a grant from the Centers for Medicare and Medicaid Services ([CMS]; formerly Health Care Financing Authority [HCFA]). The state in turn has contracted with the CT Association of Centers for Independent Living (CACIL) to implement the project.

This booklet is a publication of the Project. It is a “how-to” book for people who want to move from a nursing facility to the community. This condensed booklet will give you basic information to plan your move to the community and get the supports you need. It provides a very basic overview of the Transition Process. A more detailed version, with all the forms and information discussed in this booklet, is available by calling (860) 656-0430. The self assessment can be found in the back of this booklet.

Who can help you?

Your Resource Team

The first people that individuals planning to move out of a nursing facility often work with are the facility staff, community people who come to the facility for various reasons, and others with whom they may have contact. Remember: As things change, people come and go from your life. Continue to build your team with new people who can add to your pool of resources.

A Circle of Support

Gradually as the relationship with your Resource Team changes and grows, some people in particular may become a real source of support. You may ask them to meet with you and work as a team on issues and needs that arise. Within the Independent Living Movement, these people are often known as a “Circle of Support”. The people who become part of your Circle of Support are usually people who will be there for the long haul. They are probably not individuals who routinely assist you or do tasks and errands for you, though at times they may offer. Their role is truly informational, advisory and supportive.

Peer Support

People who have similar experiences can be especially helpful. Sometimes it is

helpful to seek out others who have been where you are or are facing the same challenges you are.

Advocates and Transition Coordinators

Centers for Independent Living (CILs) are disability rights organizations which provide four basic services:

- Advocacy
- Information and Referral
- Peer Counseling
- Independent Living Skills Training

In Connecticut, each CIL provides Assistive Technology services. The CILs are also involved in the Nursing Facilities Transition Project and have a ‘Transition Coordinator’, hired as part of the project. CILs have traditionally taken an active role in helping people leave institutions and move to the community. Their staff ‘Advocates’ are also an excellent resource for people who wish to leave a nursing facility. There is no charge for their services.

Ombudsman — The Connecticut Long Term Care Ombudsman Program is designed to protect the health, safety, welfare and rights of long term care residents by: investigating complaints and concerns made by residents, or on behalf of

residents, in a timely and prompt manner, and bringing residents to the forefront to voice their concerns directly to public officials on issues affecting their lives.

Support People — These are the people who actually assist you on a day to day basis in the community. They may be aids or homemakers provided by a home health care agency, a case manager, a coach provided through a state agency (example: DMHAS, or DMR) or someone hired by you either privately or through a State program such as the PCA or ABI Waiver.

Personal Managers — One other “people resource” that some individuals have also found to be helpful is someone who can work for/with them to manage or carry out such tasks as placing ads for Personal Assistants or helping arrange backup coverage. These assistants are often referred to as Personal Managers. Unfortunately, in Connecticut as we write this booklet, there is no funding resource to provide or pay for these assistants. Circles of Support, Advocates and Transition Coordinators at your local CILs have found some creative ways to obtain this type of assistant, including, but not limited to funding from private community sources such as foundations and faith based organizations, and volunteers.

A Circle of Support or your local CIL may be able to help with finding the right person.

Note: If you have a court appointed conservator, or guardian, they were appointed by the court for a variety of reasons and may have either limited or almost unlimited authority to make decisions for you. The CT State Office of Protection and Advocacy has a booklet that may be helpful in understanding the role of your conservator or guardian.

For more information on Guardians and Conservators, see the Self-Help booklets; “Conservatorship of Person and/or Estate” and/or “Guardianship for Persons with Mental Retardation”. Both booklets are published by the CT State Office of Protection & Advocacy (P&A).

Copies may be obtained by calling: (V/TDD) 1-800-842-7303. Persons with speech related disabilities may use CT Speech to Speech Relay which can be accessed by calling 711. P&A can also be reached by e-mail at: OPA-Information@po.state.ct.us

Designing Your Transition Plan

A transition plan is like any other plan. It is a guide or a road map to your destination. Can you leave a facility and move to the community without a plan? Yes, but our experience is that your best chance for success is to have a plan, so that you stay focused on your goals and avoid difficulties or a return to a nursing facility.

Every plan will be different, because it all depends on who you are. A good plan will be built around your individual needs and goals. We have found that there are 9 major planning pieces to consider when transitioning to community life.

1. Self Assessment: Understanding Your Situation, Goals & Needs
2. Personal Finances and Resources
3. Funding and Benefit Programs
4. Housing
5. Daily Supports for Living Independently
6. Health Services, Supplies and Equipment
7. Transportation
8. Social, Faith, Recreation
9. Work/School/Other Activities

One final note: Any plan is only as good as the work that goes into it. It is a starting place. To be effective a good plan must

also be reviewed and revised periodically. The CT Nursing Facility Transition Project has developed an outline for a Transition Plan. If you would like a copy, contact the Project at (860) 656-0430.

First Steps: Where to start? What to do?

1. Get in touch with your Resource Team and let them know you are planning to transition and would like their help.
2. Perform a Self-Assessment. Please refer to the self-assessment form on page 17. Also, through the entire transition process, when something important to you comes to mind regarding your needs or your situation, bring it up, or make a note of it, so you can discuss it later. It may be very important.
3. Design your plan. After completing the self-assessment you and your resource team can then determine which pieces of your plan you already have in place, and which pieces of your plan you need to build.

Right now, you may feel that you just want to get out of the institution, no matter where

or how. This is very natural. Remember though, you deserve to have a good life once you are in the community. We encourage you to take the time to plan and get the supports you need in place. In developing this booklet we recognize that no two people or situations are alike. Some people may want all the information about the entire process of relocating from

a nursing facility to the community, before they begin. Others may want just a little information. Some may want only specific pieces of information. Use this Booklet in whatever way serves you best. Work from beginning to end to build a plan, or just refer to the sections you feel are helpful. Use everything we have provided or only the pieces you need.

Steps in Designing Your Plan

1: Self-Assessment

A wise person once said — “Know Yourself” — this is especially important if you are attempting to make a major life transition such as moving from a nursing facility to the community. Knowing yourself means knowing your needs and desires. It means knowing the risks you are willing to take, knowing /how much you need to be around people and many other things. Thinking this through can help you avoid issues that might cause problems if you don’t deal with them early on. Remember: Examining your needs is not a one-time event, but an ongoing process.

You may have already completed the NFTP Self-Assessment. If so, now is a good time to review it, and update any information that may have changed. If you have not completed this assessment before, this is a

good time to complete it. Please refer to the self-assessment form on page 17.

2: Personal Finances and Resources

The first building block in planning your move to the community is to determine the money you have available to work with as you build your plan. Now is the time to get an accurate picture of your finances. Most likely your major source of income is Social Security Benefits. If you do not know what your Social Security benefits are, you can find out by calling a toll-free number, 1-800-772-1213. It operates from 7 AM to 7 PM, Monday to Friday. If you have a touch-tone phone, recorded information and services are available 24 hours a day, including weekends and holidays. People who are deaf or hard of hearing may call a toll-free “TTY” number, 1-800-325-0778,

between 7 a.m. and 7 p.m. on Monday through Friday. Have your Social Security number handy when you call.

If you have savings accounts or other resources, now is the time to find out the value of these accounts. Contact your bank or ask the Social Worker at your facility to assist you in obtaining this information. This is also the time to be sure you have access to your important papers.

Note: Once you have all this information, it will be important to see if there are any regular or periodic automatic payments being made from your account, such as Medicare Premiums. If you do not have a bank account, it may be helpful to establish one. If possible, arrange for automatic deposit of your benefits before you leave the facility.

Your Birth Certificate and Social Security Card will be needed to transition. If you cannot locate these important papers, you need to get copies.

This is also the time to get a copy of your Credit Report. If there are problems, Consumer Credit Counseling Services provides confidential in-person and/or telephone counseling, money management and budgeting skills, debt repayment planning assistance and educational seminars on financial management and

credit issues. They can be reached at 1-800-450-2808.

If you have unpaid bills from the gas, electric or phone company, now is the time to find out what the status of these are and talk with your Resource Team or Circle of Support about what can be done.

There are other issues including, but not limited to, bankruptcy, past criminal record, drug or alcohol abuse, or evictions that may have a definite impact on your ability to access some programs, such as housing. It is important that the people who are assisting you know about these. The sooner you let them know about these types of problems, the sooner they can begin working with you to help identify solutions.

3: Funding and Benefit Programs

In the community, you may be eligible for a variety of programs that help people. These include a variety of State programs that assist with basic needs; food, medical needs, and other types of assistance for living in the community. There are also State waiver programs which provide services in the community rather than in the nursing facility. These include the Acquired Brain Injury Waiver, the Personal Care Assistance Waiver, CT Home Care Program for Elders, the Katie Becket Model

Waiver and the DMR Waiver. Programs such as the State’s Rental Assistance Program (RAP) assist with housing. A summary of State Medicaid and related Programs is available from the Department of Social Services (DSS). Call DSS at 1-800-842-1508 and ask for the booklet “CT DSS Medical Programs: Aged, Blind and Disabled.”

In summary, we recommend making a list of the services you feel you might need, any programs you think you might be eligible for and any questions you may have. The purpose is to build a body of information to use in working with your resource team in

exploring and obtaining the support programs and services you need.

Finding the Funding and Benefit Programs you need.

The programs and services provided through the State are different when you live in the community than when you live in a nursing facility. Applications must be filed for various programs before you leave the facility to be sure they will “kick in” when you move to the community.

Below is a short listing of State Programs:

Department of Social Services (DSS) 1-800-842-1508
State Rental Assistance and Section 8: DSS . 1-800-842-1508

Self-Determination for Persons with Mental Retardation, and the DMR Waiver:
Department of Mental Retardation (DMR) . . . 1-860-418-6000

Mental Health and Addiction Services:
Department of Mental Health and Addiction Services (DMHAS) 1-800-446-7348

Assistance with Work/Return to Work Issues and Needs
Bureau of Rehabilitation Services (BRS) 1-800-537-2549

Assistance with Issues Related to Blindness
Board of Education and Services to the Blind (BESB) 1-800-842-4510

Assistance with issues related to Deafness and Hearing Loss
Commission on the Deaf and Hearing Impaired 1-800-708-6796

(State Programs continued on next page)

(State Programs continued from previous page)

For: Personal Care Assistance (PCA) Waiver and Acquired Brain Injury (ABI) Waiver

Contact your local DSS Office:

Bridgeport	(203) 551-2700
Danbury	(203) 207-8900
Hartford	(860) 723-1000
Manchester	1-800-859-6646 . . or . . (860) 647-1441
Middletown	1-800-388-3515 . . or . . (860) 704-3100
New Britain	(860) 612-3400
New Haven	(203) 974-8000
Norwalk	(203) 551-2700
Stamford	(203) 251-9300
Torrington	1-800-742-6906 . . or . . (860) 496-6960
Waterbury	1-800-842-1508 . . or . . (203) 597-4183

For the Katie Becket Waiver

Contact DSS Central Office 1-800-445-5394

To apply for the CT Home Care for Elders Program

Call 1-800-445-5394

There are a number of guides and resources available about programs and services in CT.
The following are the ones we consistently find most helpful:

Programs that Help People in CT 1-860-951-2212
Published by CT Light & Power & The Connecticut Association For Human Services

CT InfoLine – available anywhere in CT by dialing 211

Disability Resources in CT 1-800-842-7303
Published by the CT State office of Protection & Advocacy for Persons with Disabilities

Assistance for individuals with speech or hearing loss:

TDD/TTY 1-800-842-9710
RelayCT Speech to Speech Relay 1-877-842-5177

4: Housing

Your home in the community is the foundation for your being able to live independently. It is important to begin to explore housing needs and availability very early in the transition process. Unfortunately, there is a serious lack of affordable, accessible housing in many areas of the State.

A realistic budget is important. How much can you afford for living expenses?

Generally, one third of your income for your housing expenses is a good guideline.

This will need to include your utilities if they are not included in the rent. You may be eligible for assistance with some of your housing related expenses.

Affordable Housing

You may be eligible for rental assistance, which can substantially lower the amount of money you spend on housing. Your ability to qualify will depend on your income or the income of the household if you live with one or more other people.

Use every resource available to you in finding housing. Tell neighbors, friends, family, etc. what you are looking for. If you belong to a church or other organization, let them know. Check the classified ads in your local paper. Most newspapers are available at the library and on-line. HUD and many local housing authorities are now on the internet.

A good place to begin is at HUD's web site: <http://www.HUD.gov/index.html>. If you do not have internet access, ask friends and family who do for help. In addition, many local libraries have free internet access.

Once you have an idea of what your housing needs and resources are, you also need to consider other factors, such as obtaining furnishings, moving expenses, security deposits and requirements for paying the first (and sometimes last) month's rent "up front." The State Department of Social Services (DSS) may be able to assist with security deposits. Call DSS early in your search to see if this is an option for you. You must also consider if there is a need for modifications, such as widening of doors, and how to fund this.

You need to be aware that once you find housing the landlord will most likely require a credit check and may require references from previous landlords. If you have credit problems, Consumer Credit Counseling Services may be of assistance. They can be reached at: 1-800-450-2808.

If you apply for Public Housing or Section 8, it is important to realize that you will be denied if you have been convicted of a felony, have ever been evicted from public housing, have had Section 8 Voucher withdrawn due to violation of the Section 8 Regulations or have been convicted of the

manufacturing, use, distribution, or sale of illegal drugs.

Waiting lists may seem discouraging. Often you may be told that there is a 6-month to 2-year waiting list, but if it is something you would consider, apply anyway! Remember: waiting periods are only estimates. It could be longer or shorter. You might have to take something less desirable at first but if you are on the waiting list for something better, in time you will move up on the list, creating an option if you have not been successful in locating housing through other means.

If you apply for public housing: (1) Follow up and make sure the application was received and that all the necessary information was provided. Ask how often you can call to check your application status. Be sure to follow up with periodic calls to see that your application is still active, and where you are on the list. (2) Be sure to find out how long they will hold your application--you may need to renew it on a regular basis. (3) If your circumstances change, be sure to update your application by phone and follow up with a letter.

Periodically you will receive requests for additional information or to verify that you are still interested. It is very important that you reply. It may also be helpful to request that a friend, advocate or family member receive a copy of any written communications.

Creative, Non-Traditional Housing Options

Due to the shortage of affordable, accessible housing, you may need to be creative in finding a solution to meet your particular housing needs. You may also need to enlist the help of agencies that offer creative problem solving around housing issues. Some agencies that may be able to help include:

- Centers for Independent Living – see last page
- Co-Op Initiatives (860) 724-4940
- Connecticut Home of Your Own Initiative. . . (860) 724-4940

Habitat for Humanity

- New London (860) 442-7890
- New Haven (203) 785-0794
- Hartford. (860) 541-2208

Home Modifications:

- Community Development Block Grant (CDBG). (860) 240-4800
- Veterans Administration (800) 447-0961
- Bureau of Rehabilitation Services: (BRS) (800) 537-2549
- Corporation for Independent Living: (CIL) (860) 563-6011
- Americans Homefront Program 1-800-887-4673

5: Daily Supports for Living Independently

Living independently doesn't mean you do everything without the help of others. Most people rely on others and have others who rely on them. The key issue is having control over the type of services you receive and how they are delivered.

If you have significant needs, it is critical that you be able to work with a variety of different people who may be providing you with the supports you need. If you need hands on assistance or help in managing your home, you may be hiring, supervising and even at times firing the people who provide your services. If you need assistance with managing the complexities of daily life you may have a case manager or someone who assists you with following through on things you need to get done. Even so, it is your life and even if you need help in managing it, ultimately you must be the person in control.

Assistive Technologies such as power wheelchairs, devices that can communicate for you or environmental control units which control electrical devices such as lights and fans need to be acquired well before you leave the facility so that you have time to learn to use them effectively. This is the time to begin exploring these. A copy of the booklet "Enhance Your Independence with

Assistive Technology" is available from the CT Tech Act Project: 1-800- 537-2549.

One other resource appropriate for some individuals is "service animals". Just as "Seeing Eye dogs" are trained to assist individuals with loss of vision, these animals are trained to pick up or retrieve objects, open doors and a multitude of other tasks. Your local CIL can assist in exploring this resource further.

Where else can you go for services?

- The State agencies responsible for various programs are another resource (Most of the information is on the internet at the State of CT's Web Site: <http://www.state.ct.us/>) - the social worker at your facility, and Advocate or a Transition Coordinator from your local CIL from the NFTP can help get the information.
- The Dept. of Mental Health and Addiction Services (DMHAS) may be a resource for persons with serious and persistent mental illness and/or substance abuse problems. For general information, please call 1-800-446-7348 or see their website: <http://www.dmhas.state.ct.us>
- The Department of Mental Retardation (DMR) provides supports and services for persons with mental retardation who want to live in the community. There are also a variety of services and supports that are provided through contracts with private providers. Contact DMR at (860) 418-6000 for more information.

- Individuals over the age of 65 may receive services under the CT Home Care Program for the Elderly (CHCPE). Contact CHCPE at 1-800-445-5394 for more information.
- The CT Association of Personal Assistants (CTAPA, P.O. Box 316; Manchester, CT 06045-0316, or on the web at: info@ctapa.org) provides a support system for personal assistants as well as outreach and advocacy for personal assistants around issues such as benefits and wages.
- Allied Community Resources, Inc. (V/TDD) (860) 741-3701 – Consumers in the PCA and the ABI programs receive training and assistance from Allied on the legal requirements and forms which must be filed as part of being a household employer. Training includes documentation and other issues in recruiting, hiring, training and supervising their personal care assistants. Allied assists the consumer in filing all of the necessary IRS applications and paperwork to become an employer, and maintains a registry of PCAs which may be used by consumers for recruiting purposes. The registry is available only to individuals on or applying for these programs. Allied can also provide additional resources in terms of training around issues of recruiting and supervising, if these are needs of the consumer.
- If you are not eligible for these programs there are still alternatives such as bartering room and board with someone in exchange for support or home sharing

with someone who has similar needs so you can both stretch your resources. Your CIL, your Transition Coordinator, your Resource Team and your own creativity can be your best resources for figuring this out.

- Home care agencies can be a resource in a pinch – check the yellow pages for listings under “Home Health Care”

With some programs (PCA Waiver, ABI Waiver, DMR Self Determination) you, the consumer, hire, train, supervise, and if necessary dismiss the person(s) providing your direct supports.

6: Health Services, Supplies and Equipment

Whether we like to admit it or not, everyone has medical needs and these needs tend to increase with age. They are a main reason most people go into nursing facilities.

These needs can result from the process of aging, a progressive disability, an accident or other condition that leads to situations our former support system can no longer adequately address.

Important

When nursing facility staffs and others look at individuals in nursing facilities and think about whether that person could live in the community, the reality of that person obtaining and managing all of the

supports/services needed on a daily and ongoing basis, often leads them to the conclusion that it is too difficult or not possible. They conclude that the person will not be safe, or will not have their medical or other needs met. Very often these are the most significant factors they see as the reason someone needs to remain in a nursing facility.

Admittedly there is risk involved. For some it may be too great, for others it may be worth the risk when compared to the benefits of living outside the facility. This is not a decision to be taken lightly, but transitioning to the community also must not be automatically dismissed as too risky and unsafe. It is something for you, your medical team and your Resource and Support team to explore. If individuals have significant medical considerations, it does not mean the nursing facility is the only option, it might just mean the individual should choose a community that has a hospital and/or readily available medical services.

Health care in the community is quite different from that in a nursing facility. It is important to fully understand your medical condition and needs so that you have adequate medical support services in place before you leave the facility.

It is also important that if you have needs for specific medical treatments or therapies

that your support team is well versed in how to carry out the necessary procedures.

Finally, durable medical equipment such as transfer benches, wheelchairs, commodes, etc. cannot even be ordered until you have a discharge date. These will be ordered by the facility shortly before you are discharged.

7: Transportation

Unlike most of the statewide programs and services systems you will need to work with, transportation is a regional or local issue.

For example: one town may have accessible public transportation that runs daily until midnight, another may have accessible transportation with limited service routes that end at 6 PM, and a third may not have public transportation at all. There may be no linkage between transportation systems, so getting from Town A to Town B may be a problem. The CT Office of Protection and Advocacy (P&A) publishes a booklet "Accessible Travel" which gives details of the requirements for local and other transportation under the Americans with Disabilities Act. Copies can be obtained by calling 1-800-842-7303.

For information on local transit systems check the Yellow Pages under "Bus" or call 877-CTRIDES (877-287-4337). Information is also available on-line at [http:// www.ctrives.com](http://www.ctrives.com).

Generally there are three transportation options: (1) Own your own vehicle and drive yourself or hire someone to drive you, (2) Hire someone to drive you in their vehicle or rely on family and friends or (3) Use the available public, paratransit or medical transportation system. Each has its own benefits and problems. And remember, this is New England — it snows here! You will need to consider weather in your transportation planning.

8: Social, Faith and Recreation

The types of recreation and leisure activities in which you participate will depend somewhat on the community in which you choose to live as well as your own preferences. This is an important area to explore early on as some communities may not offer opportunities you consider important.

Many communities have a book or pamphlet available at the town hall that contains information about services and activities available to the people in the community. Also check to see if there is a special listing of the services for the elderly and persons with disabilities.

Many of the people we have talked with who have moved out of nursing facilities have commented on the importance of participating in their community. Loneliness, isolation, lack of contact or interaction with

people not paid to provide their care or service, can make living in the community seem very empty and depressing. Social interaction and recreation can be as important as getting your basic needs met.

9: Work, School and Other Pursuits

Note: if you are retired, this section may still hold some practical advice for you. Many people today work occasionally or part time after retirement. Volunteer work or taking a few classes can also bring some of the advantages described below. Some local colleges allow “seniors” to “audit”; or attend some classes without receiving credit for free!

Activities that result in your earning money have a number of benefits beyond the obvious:

- People who leave a facility may experience isolation, which can lead to dissatisfaction with their new life. Employment or preparing for employment (going back to school) offers a number of benefits that may help avert this situation. These include being out in the community, building a sense of being self-reliant, and connecting with others socially.
- With the growth in technology, work, even for individuals with the most significant disabilities, is possible. Working from home or “telecommuting” for part or all of a job is a real option.
- Working or the pursuit of work, including schooling and other activities which lead

to work, opens the door to a variety of supports and services such as those offered through the Bureau of Rehabilitation Services (BRS) or the Board of Education and Services for the Blind (BESB). These state organizations can assist with a variety of things from home or vehicle modifications to purchase of assistive technology, if it is connected to a vocational goal.

- Earned income opens the door to some benefits and services such as Medicaid

for the Employed Disabled (MED), a program administered by the CT DSS.

- In considering income as part of the eligibility for benefits, earned income is treated differently, generally in ways that benefit the consumer, from unearned income such as Social Security.
- Work and school can enrich your life and your budget

CT Nursing Facility Transition Project – Contact Information

in Northwestern Connecticut:
 Contact: **Michael** at:
Independence Northwest
 1183 New Haven Road, Ste. 200
 Naugatuck, CT
 Phone: 203-729-3299
 TDD: 203-729-1281
 Fax: 203-729-2839
 michaelw@sbcglobal.net

in North Central Connecticut
 Contact: **Joey** at:
Independence Unlimited
 151 New Park Ave., Suite D
 Hartford, CT 06106
 Phone: 860-523-5021 V/TDD
 TDD: 860-523-7991 — Auto answers
 Fax: 860-523-5603
 indunl@aol.com

in Eastern Connecticut
 Contact: **Gene** at:
Disabilities Network of Eastern Connecticut
 107 Route Thirty-Two
 North Franklin, CT 06254
 Phone: 860-823-1898
 TDD: 860-823-1898
 (Ask for Gene)
 Fax: 860-866-2316
 dnec@snet.net
<http://www.disabilitydnec.org>

in Southwestern Connecticut:
 Contact: **Laura** at:
Disability Resource Center of Fairfield County
 80 Ferry Blvd.
 Stratford, CT 06497
 Phone: 203-378-6977
 TDD: 203-378-3248
 Fax: 203-375-2748
 info@drcfc.org
<http://www.drcfc.org>

in South Central Connecticut:
 Contact: **Rick** at:
Center for Disability Rights
 764-A Campbell Ave.
 West Haven, CT 06516
 Phone: 203-934-7077
 TDD: 203-934-7079
 Fax: 203-934-7078
 cdr7077@aol.com

or Contact:
CT Association of Centers for Independent Living
 151 New Park Ave., Box 18, Hartford, CT 06106
 Phone: 860-656-0430
 TDD: 860-586-2353
 Fax: 860-656-0496
 Email: paulatcacil@megahits.com

Self-Assessment – Community Living

The purpose of this self-assessment is different from some you may have encountered. It is not about what you can or can not do, but what supports you believe you would need to live in the community. It is to be filled out by you, and is for your use. We hope it will help you figure out what you would need in order to leave a nursing facility and live in the community.

This is about what you know, think and feel about where you now live and where you would like to live. You do not have to send or show the answers to anyone. It is for your use to help you and anyone you want to help plan your future."

A good way to start is to review or think about what help or assistance you get now. What works for you, and what doesn't work?

There are no right or wrong answers.

Community Support Needs:

For each area below, check any help or assistance you feel you would need in the community.

Use the box to the right to describe the type of assistance that would be most helpful or special needs, concerns comments you may have about your needs.

A good way to start is to review or think about what help or assistance you get now. What works for you, and what doesn't work?

a) What is my disability, or what are the things that lead to my being here or keep me here?	
b) How does my disability affect my ability to live independently?	
c) What is my ideal situation (City, Suburbs, Rural, or Alone? Family? Home-share?)	
d) Are there others in my life, family, friends, etc., I could ask to assist in me in moving to the community?	

Community Support Needs, continued:

For each area below, check any help or assistance you feel you would need in the community.

Use the box to the right to describe the type of assistance that would be most helpful, or special needs, concerns, or comments you may have about your needs.

A good way to start is to review or think about what help or assistance you get now? What works for you, and what doesn't work?

I. Personal Financial Resources		
Area	Support Needed	Describe
1. Finances and Personal Affairs	<ul style="list-style-type: none"><input type="checkbox"/> Paying Bills<input type="checkbox"/> Financial Management<input type="checkbox"/> Budgeting<input type="checkbox"/> Assistance with Banking<input type="checkbox"/> Resolving Past or Present Credit Issues or Problems<input type="checkbox"/> Legal Counsel	

Notes:

II. Funding and Benefit Programs

Area	Support Needed	Describe
2. Management of Entitlements, Benefits, etc.	<ul style="list-style-type: none"> <input type="checkbox"/> Securing and Maintaining Entitlement/Benefits: Applications, Re-determinations, Reporting Requirements <input type="checkbox"/> Other: Describe 	
3. Managing Personal Supports	<ul style="list-style-type: none"> <input type="checkbox"/> Advertising for Personal Care Assistants (PCAs) <input type="checkbox"/> Interviewing, Reference Checking and Hiring PCAs <input type="checkbox"/> Training and Scheduling PCAs <input type="checkbox"/> Planning/Arranging PCAs Back-up As Needed <input type="checkbox"/> Other PCA Issues 	

Notes:

III. Housing		
Area	Support Needed	Describe
4. Housing: Accessibility Needs.	<input type="checkbox"/> No Stairs <input type="checkbox"/> Only a Few Stairs <input type="checkbox"/> Wheelchair Accessible Entrance <input type="checkbox"/> Wheelchair Accessible Bathroom <input type="checkbox"/> Accessible Kitchen <input type="checkbox"/> Other	
5. Maintenance of Property or Home	<input type="checkbox"/> Arranging for Heavier House Work, Home Maintenance or Seasonal Chores <input type="checkbox"/> Property Maintenance (Lawn Care, Snow Removal)	

Notes:

IV. Independent Living and Daily Supports		
Area	Support Needed	Describe
6. Meal Planning, Prep./Eating	<input type="checkbox"/> Assistance in Meal Planning <input type="checkbox"/> Assistance with Cold Meal Preparation <input type="checkbox"/> Assistance with Hot Meal Preparation <input type="checkbox"/> Assistance with Eating and Drinking <input type="checkbox"/> Special Diet <input type="checkbox"/> Other	
7. Personal Care:	<input type="checkbox"/> Assistance with Transfers <input type="checkbox"/> Assistance with Daily Grooming <input type="checkbox"/> Assistance with Bathing <input type="checkbox"/> Assistance with Toileting <input type="checkbox"/> Assistance with Dressing <input type="checkbox"/> Other	
8. Getting Ready for Bed.	<input type="checkbox"/> Undressing, preparing for bed <input type="checkbox"/> Night Time Personal Hygiene <input type="checkbox"/> Transferring into bed. <input type="checkbox"/> Other	
9. Night Time Assistance	<input type="checkbox"/> Turning/Repositioning <input type="checkbox"/> Monitoring <input type="checkbox"/> Other	

IV. Independent Living and Daily Supports, continued

Area	Support Needed	Describe
10. Mobility	<input type="checkbox"/> Lifts or Transfers <input type="checkbox"/> Wheelchair <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Cane/Walker <input type="checkbox"/> Other	
11. Housekeeping	<input type="checkbox"/> Routine Light House Work <input type="checkbox"/> Dusting <input type="checkbox"/> Vacuuming <input type="checkbox"/> Dishes <input type="checkbox"/> Bathroom Cleaning <input type="checkbox"/> Floors <input type="checkbox"/> Other	
12. Laundry	<input type="checkbox"/> Washing & Drying Clothes <input type="checkbox"/> Ironing <input type="checkbox"/> Sewing or Repairing Clothing	
13. Shopping: Groceries/Other	<input type="checkbox"/> Assistance to Make List/Plan Shopping Trips <input type="checkbox"/> Transportation <input type="checkbox"/> Assistance in Stores <input type="checkbox"/> Assistance with Managing Money <input type="checkbox"/> Assistance in Getting Purchases Home <input type="checkbox"/> Assistance with Storing Purchases	

IV. Independent Living and Daily Supports, continued

Area	Support Needed	Describe
14. Assistive Technology and Medical Equipment (Vents, etc.)	<ul style="list-style-type: none"><input type="checkbox"/> Environmental Controls<input type="checkbox"/> Mobility Equipment<input type="checkbox"/> Communication Devices<input type="checkbox"/> Maintenance of Assistive Technology and Medical Equipment<input type="checkbox"/> Other	
15. Child Care/ Parenting	<ul style="list-style-type: none"><input type="checkbox"/> Parent Education<input type="checkbox"/> Special Equipment (Accessible Baby Furniture, etc.)<input type="checkbox"/> An Aid or Someone to Assist with Parenting Responsibilities<input type="checkbox"/> Parents with Disabilities Support Group	

Notes:

Notes:

V. Health Services, Supplies and Equipment

Area	Support Needed	Describe
<p>16. Medical: Medication, Therapy, Medical Treatments</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Health Monitoring (Blood Pressure, Blood Sugar, etc.) <input type="checkbox"/> Medication Monitoring <input type="checkbox"/> Medical Treatment (Injections, IV Therapy, Wound Care, etc.) <input type="checkbox"/> Tube Feeding <input type="checkbox"/> Ventilator Support <input type="checkbox"/> Catheter <input type="checkbox"/> Bowel Regime <input type="checkbox"/> Dental <input type="checkbox"/> Assistance with Keeping Medical/Dental Appointments <input type="checkbox"/> Other: Describe 	
<p>17. Mental Health - Psychiatric</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Case manager <input type="checkbox"/> Day Treatment Program <input type="checkbox"/> Social Club <input type="checkbox"/> Job/Vocational Counseling <input type="checkbox"/> Psychotherapy Visits <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other 	

Notes:

VI. Transportation

Area	Support Needed	Describe
18. Getting Around Town / Transportation	<ul style="list-style-type: none"><input type="checkbox"/> Accessible Vehicle<input type="checkbox"/> Adaptive driving controls<input type="checkbox"/> Drivers Education<input type="checkbox"/> Personal Assistant to drive<input type="checkbox"/> Public Transportation<input type="checkbox"/> Accessible Public Transportation<input type="checkbox"/> Curb to Curb<input type="checkbox"/> Door to Door	

Notes:

VII. Social, Faith, Recreation

Area	Support Needed	Describe
19. Counseling/ Peer Support	<ul style="list-style-type: none"> <input type="checkbox"/> Phone Contact with Others with Disabilities <input type="checkbox"/> Visits from Others with Disabilities <input type="checkbox"/> A Support Network of People to rely on <input type="checkbox"/> Support Group <input type="checkbox"/> Circle of Support <input type="checkbox"/> Formal Counseling 	
20. Community Access: Faith Communities, Recreation, Leisure pursuits	<ul style="list-style-type: none"> <input type="checkbox"/> Transportation <input type="checkbox"/> Public Transportation <input type="checkbox"/> Personal Assistance. <input type="checkbox"/> Housing Located Close to Certain Facilities (Houses of Worship, Library, Recreation Facilities, Theaters, Stores, Parks, Museums, etc.); Describe <input type="checkbox"/> Assistance in Identifying Community Resources <input type="checkbox"/> Other: Describe 	

Notes:

VIII. Work School

Area	Support Needed	Describe
21. Vocational	<ul style="list-style-type: none"><input type="checkbox"/> Exploring Work or Schooling Options<input type="checkbox"/> Exploring Impact of Working on Benefits<input type="checkbox"/> Other: Describe	
22. Achieving Your Goals or Dreams	<ul style="list-style-type: none"><input type="checkbox"/> Assistance in Identifying or Setting Personal Goals<input type="checkbox"/> Assistance in Planning How to Achieve Personal Goals<input type="checkbox"/> Other: Describe	

Notes:

Now that you have looked at what your needs might be; the following questions will help you think about the future as you begin planning:

What strengths, resources, and qualities do I have that will be part of my success?

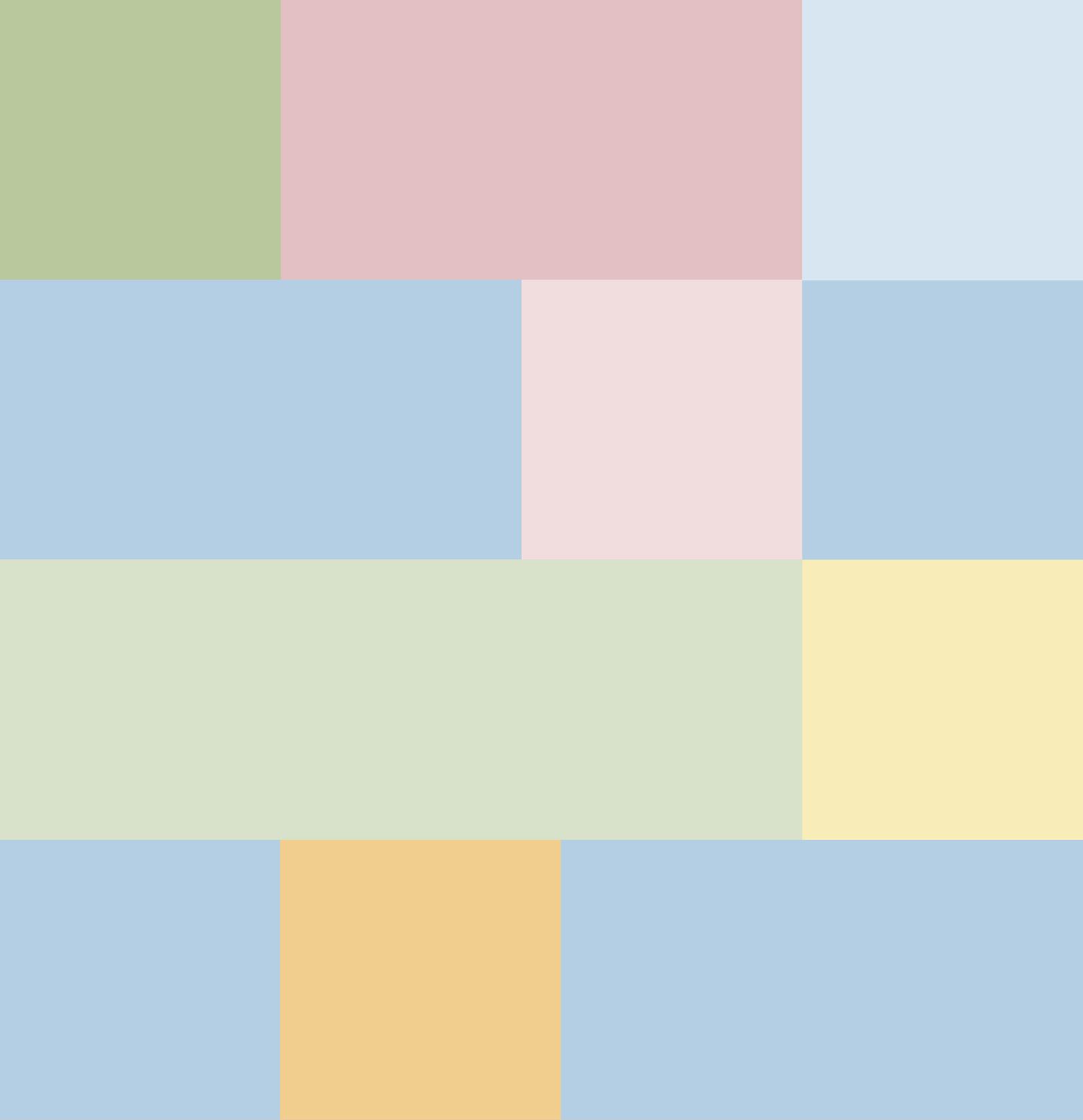
What are my fears, concerns, or other things I believe may be a problem?

What can be done to remove or reduce them?

What strengths and resources exist in my family, friends, and communities that will help me succeed?

What else is important to me?

Use the space below to list any other issues you may want more information about:



A publication of the CT Nursing Facility Transition Grant
Connecticut Department of Social Services
CT Association of Centers for Independent Living (CACIL), Inc.
Funding provided by the Centers for Medicare and Medicaid Services