



HOME Choice Relocation Workbook

Pre-move Contact Information

Use this page to record information you will need prior to moving. After you move, complete the Important Contacts information page found on the last page of this booklet.

My Numbers
Cell phone
Phone number at facility
Phone number at new home

HOME Choice Transition Coordinator
Name
Office phone
Cell phone

HOME Choice Case Manager
Name
Office phone
Cell phone

Other contacts	
Name	Number

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Important Contacts

Overview

This workbook is designed as a guide to assist you in determining your needs and desires for community living. Good planning can help ensure you have all the services and support you need to be successful in your new home. Completing this workbook will help you to:

- Have a better understanding of your wants and needs for community living.
- Help your Transition Coordinator understand your desires needed for community living so that he or she can better help you.
- Have control and make choices in your decisions about community living.
- Decide how you want to live in the immediate future.

You may want to consider having a family member or trusted person help you to complete the workbook.

Housing

Who is the family member or friend who you trust most to help you plan for your move? _____

Do you have housing?

- Yes - I will be returning to my own house
- Yes - I will be returning to my apartment
- Yes - I have found new housing
- No - I need help finding housing

If you need help finding housing, please answer the following questions. If you do not need help finding housing, please skip to the Finance section on page 4.

Where would you like to live?

Do you want to live:

- Alone
- With family. Who? _____
- With a roommate. Who? _____

What type of housing are you seeking?

- House
- Apartment
- Other. Please explain: _____

Housing

What special considerations or needs do you have regarding your housing?

- Close to public transportation
- Accessible for pick-up by taxi or community shuttle
- Wheelchair accessible
- Section 8/Low income
- Close to family & friends
- Other. Please explain: _____

Do you have any barriers or issues that would make obtaining housing difficult?

- I have limited income or no income
- I have been evicted previously
- I have an outstanding warrant/criminal history
- Other: _____
- No, I do not have any barriers or issues that would make obtaining housing difficult

What are your thoughts or concerns about anything you have answered about housing?

Finance

Do you get a monthly payment from any of the following:

- SS (Social Security)
- SSDI (Social Security Disability Insurance)
- VA (Veterans' Administration)
- Other: _____

Are you interested in getting a job after you move?

- Yes
- No

Does the facility where you currently live keep money for you?

- Yes
- No

Do you have any overdue bills to resolve?

- Rent
- Utilities: _____
- Other: _____
- No, I do not have any overdue bills to resolve

Do you have someone who helps you manage your bills?

- Yes. If so, who? _____
- No

Finance

After you move, will you need help managing your finances (such as budgeting, paying bills, getting cash, etc.)?

- Yes. If so, which activities? _____
- No

What other programs would you like to consider for possible help after you move?

- Food Stamps
- Heating assistance
- Phone bill assistance
- Other: _____

What are your thoughts or concerns about anything you have answered about finances?

Medical

Who is your primary doctor? _____

Do you want to continue to see this doctor after you move?

Yes

No, I'd like to get a different doctor

How often do you see your primary doctor?

Weekly

Monthly

Other. Please explain: _____

Who are your other doctors besides your primary doctor?

Dr. _____

How often do you see this doctor?

Weekly

Monthly

Other. Please explain: _____

Dr. _____

How often do you see this doctor?

Weekly

Monthly

Other. Please explain: _____

Medical

Do you receive or need occupational, physical or speech therapies?

- Occupational therapy
- Physical therapy
- Speech therapy
- No, none of these

Do you currently see a counselor or psychologist?

- Counselor
- Psychologist
- No, neither of these

Do you want to continue to see your counselor or psychologist after you move?

- Yes
- No
- Does not apply to me

What assistance will you need with your medication?

- Opening the bottles
- Setting up medications & schedule
- Taking medications
 - Pills
 - Creams or ointments
 - Injections
- Ordering medications
- Other: _____
- No, I don't need any assistance with medications

Medical

Are there treatments or tests you need regularly?

- Blood sugar testing
- Shots
- Breathing treatments
- Other: _____
- No, I don't need any of the above

Do you need to get a medical alert ID bracelet?

- Yes
- No

Do you need to get an emergency alert system (Lifeline, Alert1, etc.)

- Yes
- No

Do you need help with walking, or do you use a wheelchair or cane or walker?

- Yes
 - I need help with walking
 - I use a wheelchair
 - I use a cane
 - I use a walker
- No, I do not need help walking

What are your thoughts or concerns about anything you have answered about medical issues?

Personal Care

Do you need help with any of the following?

- Getting in or out of bed
- Getting in or out of the tub
- Getting in or out of a wheelchair
- Getting on or off the toilet
- Getting on or off a couch or chair
- Other: _____
- No, I don't need help with any of the above

Do you need help with any of the following?

- Getting dressed or undressed
- Taking a bath or shower
- Using the toilet
- Washing your hair
- Brushing your teeth
- Other: _____
- No, I don't need help with any of the above

What are your thoughts or concerns about anything you have answered about personal care?

Household Tasks

Will you need help with your meals?

- Planning meals
- Fixing meals
- Eating meals
- Other: _____
- No, I don't need help with meals

Will you need help with your laundry?

- Washing and drying laundry
- Folding laundry
- Putting laundry away
- Ironing
- Sewing or minor repairs such as sewing on buttons
- No, I don't need help with laundry

Will you need help with housekeeping?

- Dusting & Vacuuming
- Washing dishes
- Cleaning the bathroom
- Cleaning the kitchen
- Stripping bedding/making the bed
- Other: _____
- No, I don't need help with housekeeping

Household Tasks

Will you need help with home maintenance or minor repairs?

- Mowing the lawn
- Shoveling snow
- Changing light bulbs
- Emptying trash
- Recycling
- Other: _____
- No, I don't need help with home maintenance or repairs

Will you need help with shopping for any of the following?

- Groceries
- Clothes
- Household items
- Other: _____
- No, I don't need help with shopping

What are your thoughts or concerns about anything you have answered regarding household tasks?

Transportation

What type of transportation would you like to use?

- Own vehicle
- Public transportation (such as a bus)
- Friends/Family
- Wheelchair accessible bus or van
- Personal assistant to drive
- Other: _____

How often will you need transportation?

- Daily
- Weekly
- Other: _____

Do you need help obtaining or accessing transportation?

- Yes
- No

Do you need assistance transferring in and out of a vehicle?

- Yes
- No

Are you interested in learning how to access public transportation (such as a bus)?

- Yes
- No

What are your thoughts or concerns about anything you have answered about transportation?

Activities

What types of activities would you like to participate in after you move?

- At home activities such as reading, watching TV, listening to music, using computer/internet
- Outside the home activities like going to religious services, restaurants, movies, concerts, sporting events, shopping, bowling
- Other: _____

When you do activities, do you prefer doing them:

- Alone
- With groups
- With family or friends
- Not sure

Do you belong to any clubs or organizations?

- Yes. If so, which ones? _____
- No
- No, but I would like to get involved in some clubs or organizations after I move. Which ones? _____

What are your thoughts or concerns about anything you have answered regarding activities?

Priorities

What are the things you *must* have in your new home?

What are the things that you'd *like* to have in your new home?

Is there anything you would not be able to tolerate in your new home?

What questions or concerns do you have about moving?

I don't have any questions or concerns about moving.

Do you still want to go forward with relocating to a new home (with help from the Transition Coordinator?)

Yes

No, not at this time.

Checklists

The following checklists will help you keep track of activities that need to be considered in relocating to a community setting. Check off activities as you complete them and add activities when needed.

Two to Three Months Prior to Move

<p>Planning</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Meet with Transition Coordinator or someone you trust to start planning for your move <input type="checkbox"/> Identify possible problems such as outstanding bills, family concerns, or anything that might make it difficult for you to move <input type="checkbox"/> _____ _____
<p>Housing</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review where you want to live, identify the type of housing you would like, and other preferences <input type="checkbox"/> If you want to share your home, consider who might be a good roommate <input type="checkbox"/> Locate housing <input type="checkbox"/> Get on waiting lists for both housing and help paying for your housing <input type="checkbox"/> If you need the home to be modified due to a disability, identify who can arrange for that to be done <input type="checkbox"/> Make a list of household needs (furniture, supplies, etc.) Shopping List B at the back of this booklet provides space for your list. <input type="checkbox"/> _____ _____

Two to Three Months Prior to Move

<p>Finance</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Determine what your income will be after discharge <input type="checkbox"/> Decide if you are interested in getting a job after you move <ul style="list-style-type: none"> ○ If so, decide if you will need job training ○ Find agencies or people who can help you with job training in the area near your new home <input type="checkbox"/> Identify personal debts <input type="checkbox"/> Develop a budget <input type="checkbox"/> _____ _____
<p>Medical</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Identify the main doctor who you will go to after you move <input type="checkbox"/> Ask your other doctors or therapists if they will continue to see you after you move <input type="checkbox"/> List medical supplies or equipment you will need after you move. Shopping List A at the back of this booklet provides space for your list. <input type="checkbox"/> _____ _____
<p>Personal Care and Household Tasks</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Decide the things you will need help with every day, every week, or once in a while. <input type="checkbox"/> Decide if training or therapy would help you do more of these things on your own <ul style="list-style-type: none"> ○ If so, make arrangements to get the training or therapy <input type="checkbox"/> _____ _____

Two to Three Months Prior to Move

<p>Transportation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Identify the companies or people who could transport you after you move to your new home (bus, senior transportation, friends or family) <input type="checkbox"/> Apply for public transportation ID / bus pass <input type="checkbox"/> Identify who can teach you how to use public transportation <input type="checkbox"/> Practice using public transportation <input type="checkbox"/> _____ _____
<p>Activities</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Determine what organizations in which you are interested are close to where you will live <input type="checkbox"/> Begin to build relationships with people in the community (cashier at store, teller at bank, etc.) <input type="checkbox"/> Consider a senior center or center for independent living for peer support <input type="checkbox"/> If you want, find a church, synagogue, mosque, or other religious organization near your new home <input type="checkbox"/> _____ _____

One Month Prior to Move

<p>Planning</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review your plan <input type="checkbox"/> Create to-do lists for yourself and for those helping you <input type="checkbox"/> Start your contact person / phone list. The last page of this booklet provides space for your list <input type="checkbox"/> Develop a move schedule <input type="checkbox"/> _____ _____
<p>Housing</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ask for donations of furniture and household items that you will need <input type="checkbox"/> Decide what items you need to buy for your home, if you can afford them, and where you can buy the items <input type="checkbox"/> Complete a change of address form at the post office <input type="checkbox"/> If you will have a housemate, discuss with him or her “do’s and don’ts” for how you will live together peacefully <input type="checkbox"/> _____ _____
<p>Finance</p>	<ul style="list-style-type: none"> <input type="checkbox"/> If you would like to find a job, but need help in preparing, work with your Transition Coordinator to set up a vocational evaluation to start during the first month after you move (such as BCR/BSVI, the county board, etc.) <input type="checkbox"/> If you would like to find a job, but don’t need training, work with your Transition Coordinator to learn how you can work and still keep your health care benefits <input type="checkbox"/> Resolve any personal debts you may have before you move

One Month Prior to Move

<p>Finance (continued from previous page)</p>	<ul style="list-style-type: none"><input type="checkbox"/> Determine how much money will be required for the move for:<ul style="list-style-type: none">○ First and last months' rent and security deposit○ Utility start-up costs○ Groceries for the first month○ Toiletries, clothing, and personal items<input type="checkbox"/> Ask an advocate for help in finding community resources<input type="checkbox"/> _____ _____
<p>Medical</p>	<ul style="list-style-type: none"><input type="checkbox"/> Schedule an appointment with your primary doctor for one or two days after you move<input type="checkbox"/> If you see a counselor or psychiatrist, schedule an appointment for a couple days after you move<input type="checkbox"/> Find a pharmacy near your home where you can get your medications<input type="checkbox"/> If you need medical supplies, determine where you can get them after you have moved<input type="checkbox"/> _____ _____

One Month Prior to Move

Personal Care and Household Tasks	<ul style="list-style-type: none"><input type="checkbox"/> Determine how many hours of help you will need<input type="checkbox"/> Select the provider(s) to help you<input type="checkbox"/> Talk to the agency that will pay for your help to see if they agree with the number of hours and if they will approve them<input type="checkbox"/> Schedule an occupational therapy evaluation if you need equipment or modifications to your new home<input type="checkbox"/> If there is equipment you still need, find out how it can be paid for and where it can be purchased or rented<input type="checkbox"/> _____ _____
Transportation	<ul style="list-style-type: none"><input type="checkbox"/> Make arrangements to be transported to your new home<input type="checkbox"/> Check the status of your ID card<input type="checkbox"/> _____ _____
Activities	<ul style="list-style-type: none"><input type="checkbox"/> Continue to participate in any community activities you have begun that you enjoy<input type="checkbox"/> If you plan to attend a day program, go and visit it<input type="checkbox"/> _____ _____

One Week Prior to Move

Planning	<ul style="list-style-type: none"><input type="checkbox"/> Review your plan and your to-do list<input type="checkbox"/> Review your move schedule<input type="checkbox"/> Create an emergency contact list, and give copies to key people in your life<input type="checkbox"/> _____ _____
Housing	<ul style="list-style-type: none"><input type="checkbox"/> Set up your utilities and phone service<input type="checkbox"/> Move most of your belongings to your new home, if possible<input type="checkbox"/> Apply for HEAP or other utility assistance if needed<input type="checkbox"/> _____ _____
Finance	<ul style="list-style-type: none"><input type="checkbox"/> Complete an application for Food Stamps<input type="checkbox"/> Notify the Social Security Administration, Medicaid worker, bank, and other places of your new address and the date you are moving<input type="checkbox"/> Set up a bank account near your new home<input type="checkbox"/> _____ _____

One Week Prior to Move

<p>Medical</p>	<ul style="list-style-type: none"> <input type="checkbox"/> If you are on Medicare, review prescription plans and sign up for the one that will best suit your needs <input type="checkbox"/> Check to ensure that medical supplies and equipment will be delivered to your home on time <input type="checkbox"/> If you need a hospital bed, set a date for it to be delivered to your new home <input type="checkbox"/> Check to make sure you will have medications for the first few days after your move (ask your current facility if someone there can help set this up) <input type="checkbox"/> Notify your doctors and counselor of the date you will be moving and your new address <input type="checkbox"/> _____ _____
<p>Personal Care and Household Tasks</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Set up a schedule for personal assistance. List the things you need your personal assistant to help you do <input type="checkbox"/> Finalize arrangements with the agency in charge of personal assistance and with the provider you selected <input type="checkbox"/> _____ _____
<p>Transportation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> _____ _____
<p>Activities</p>	<ul style="list-style-type: none"> <input type="checkbox"/> _____ _____

One to Two Days Prior to Move

Planning	<ul style="list-style-type: none"><input type="checkbox"/> Make a shopping list for food and personal items. Shopping List C at the back of this booklet provides space for your list<input type="checkbox"/> Decide who will do the shopping<input type="checkbox"/> Review your move schedule and update your to-do list<input type="checkbox"/> _____ _____
Housing	<ul style="list-style-type: none"><input type="checkbox"/> Confirm that your utilities and phone have been hooked up<input type="checkbox"/> _____ _____
Finance	<ul style="list-style-type: none"><input type="checkbox"/> Set up an automatic deposit for SSI/SSD checks (800-722-1213)<input type="checkbox"/> _____ _____
Medical	<ul style="list-style-type: none"><input type="checkbox"/> Confirm that supplies and equipment have been delivered<input type="checkbox"/> Confirm that prescriptions or medication supplies for the first few days will be ready to take with you<input type="checkbox"/> Obtain and fill your prescriptions<input type="checkbox"/> _____ _____

One to Two Days Prior to Move

Personal Care and Household Tasks	<input type="checkbox"/> Confirm initial visits and schedule with Personal Assistants <input type="checkbox"/> Obtain food and personal items. Check with a food bank, if necessary <input type="checkbox"/> _____ _____
Transportation	<input type="checkbox"/> Confirm your transportation to your new home <input type="checkbox"/> _____ _____
Activities	<input type="checkbox"/> _____ _____

Medical Supplies and Equipment

What medical supplies and equipment will you need when you move? List them here and check them off when you have them.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Furniture and Supplies

What furniture and household supplies (such as linens, dishes, kitchen utensils) will you need when you move? List them here and check them off when you have them.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Grocery, Household, & Personal Items

What food, household items (such as paper towels, toilet paper, trash bags) and personal items (such as shampoo, soap, toothpaste) will you need after you move? List them here.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Important Contacts

Keep this information in a handy place near your phone.

My Information
Name
Street Address
City/Zip Code
Phone number

Important Phone Numbers
Doctor
Case Manager
Home Health Care
Other
Other

In case of emergency, please contact:
Name
Relationship
Phone number
Alternate phone number

Secondary Emergency Contact
Name
Relationship
Phone number
Alternate phone number