

# **HOME** Choice

## **RELOCATION WORKBOOK**

This workbook will help you determine your community living needs and desires.



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## Overview

This workbook will help you determine your needs and desires for community living. By completing this workbook, you will be able to:

- Think about what is important to you.
- Have a better understanding of your wants and needs for community living.
- Allow your Transition Coordinator to 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.

## Family and Friends

**Do you have friends and family members you are in contact with?**

- Yes. If so, who? \_\_\_\_\_  
 No

**How often do you have contact with friends and family members?**

- Daily  
 Weekly  
 Other. Please explain: \_\_\_\_\_

**Are any of your friends or family members able to make decisions for you (either medically or financially?)**

- Yes. If so, who? \_\_\_\_\_  
 No

**Do your friends or family members support your move to a community setting?**

- Yes  
 No  
 Unsure. Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Who is the family member or friend that you trust most to help you plan for your move? \_\_\_\_\_**

# Housing

**Do you want to live:**

- Alone
- With family
- With someone else.

**If you want to live with someone else, who would that be?** \_\_\_\_\_

**Does this person want you to live with them?**

- Yes
- No
- Unsure. Please explain: \_\_\_\_\_

**Do you want to live near friends or family members?**

- Yes. If so, who are they? \_\_\_\_\_  
Where do they live? \_\_\_\_\_
- No

**Do you need a home that is accessible to a wheelchair or a walker?**

- Yes
- No
- Unsure. Please explain: \_\_\_\_\_

**Do you want to live:**

- In town
- On a busline
- In the country.

**What things are important to you with regard to housing?** \_\_\_\_\_

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**What are your thoughts, concerns or questions about housing?** \_\_\_\_\_

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# Medical

**Who is your main doctor?** \_\_\_\_\_

**Do you want this person to be your doctor when you move?**

- Yes
- No, I'd like to get a different doctor.

**How often do you see your main doctor?**

- Weekly
  - Monthly
  - Other. Please explain: \_\_\_\_\_
- 

**Who are your other doctors besides your main 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: \_\_\_\_\_

Dr. \_\_\_\_\_

**How often do you see this doctor?**

Weekly

Monthly

Other. Please explain: \_\_\_\_\_

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

Yes { } Occupational { } Physical { } Speech

No

**Do you currently see a counselor or psychologist?**

Yes { } Counselor { } Psychologist

No

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

Yes

No

**Will you need assistance with your medication? (*Check all that apply to you.*):**

- Opening the bottles
- Taking the medication
- Setting up medications
- Ordering medications
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.

**Are there other treatments or tests you need regularly? (*Check all that apply to you.*)**

- Tests for blood sugar
- Shots
- Breathing treatments
- Other: \_\_\_\_\_
- No, I don't need have any treatments or tests I need regularly.

**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 or walker
- No.

## Personal Care

**Do you need help with any of the following? (*Check any that apply to you.*):**

- 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.
- Yes, I need help with the above (*Check all that apply.*):  
    { } Morning { } Afternoon { } Evening

**Do you need help with any of the following? (*Check any that apply to you.*):**

- Getting dressed or undressed
- Taking a bath or a shower
- Using the toilet
- Washing your hair
- Brushing your teeth
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.
- Yes, I need help with the above (*Check all that apply.*):  
    { } Morning { } Afternoon { } Evening

## Other Things I Need Help With

**Will you need help with your meals? (*Check any that apply to you.*):**

- Planning your meals
- Shopping for your meals
- Fixing your meals
- Eating your meals
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.
- Yes, I need help with the above:  
    { } Hourly { } Daily { } Weekly

**Will you need help with your laundry? (*Check any that apply to you.*):**

- Washing my laundry
- Drying my laundry
- Folding my laundry
- Putting my laundry away.
- Ironing
- Sewing or minor repairs such as sewing on buttons
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.
- Yes, I need help with the above:  
    { } Hourly { } Daily { } Weekly

**Will you need help with housekeeping? (Check any that apply to you.):**

- Dusting
- Vacuuming
- Washing the dishes
- Cleaning the bathroom
- Cleaning the kitchen
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.
- Yes, I need help with the above:
  - Hourly
  - Daily
  - Weekly

**Will you need help with home maintenance or minor repairs? (Check any that apply to you.):**

- Mowing the lawn
- Shoveling snow
- Changing light bulbs
- Emptying the trash
- Recycling
- Setting out or bringing in the trash or recycling bins
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.
- Yes, I need help with the above:
  - Hourly
  - Daily
  - Weekly

**Will you need help shopping for any of the following?  
(Check all that apply to you.)**

- Clothes
- Household items
- Other: \_\_\_\_\_
- No, I don't need help with any of the above.
- Yes, I need help with the above:
  - { } Hourly
  - { } Daily
  - { } Weekly

**Do you have any thoughts or concerns about anything  
you have answered so far? If yes, please explain:**

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## Transportation

**What type of transportation would you like to use?**  
*(Check all that apply.)*

- Public transportation (such as a bus)
  - Friends/Family
  - Wheelchair accessible bus or van
  - Personal assistant to drive
  - Unsure, please explain: \_\_\_\_\_
- 

**How often will you use transportation?**

- Daily
- Weekly

**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

**Do you have any thoughts or concerns about anything you have answered about transportation? If yes, please explain:**

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## Finance

**Do you get a monthly check for any of the following:**

- SS (Social Security)
  - SSDI (Social Security Disability Insurance)
  - VA (Veteran's Administration)
  - Other (Please explain)
- 

**Does the facility you currently live in keep money for you?**

- Yes
- No

**Do you have someone that helps you pay your bills?**

- Yes. If so, who? \_\_\_\_\_
- No

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

- Yes. If so, what will you need help with? \_\_\_\_\_
  - No
-

**Would you like more information about other possible financial help when you move?**

- Food stamps
- Heating assistance
- Phone bill assistance
- Other \_\_\_\_\_

**Do you have any thoughts or concerns about anything you have answered so far? If yes, please explain:**

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## **Employment**

**Are you interested in getting a job after you move?**

Yes

No

**If yes, please work with your Transition Coordinator and the HOME Choice Guide to Employment to assist with finding a job.**

## Activities

**What activities would you like to participate in when you move? (Check all that apply.)**

- Go to restaurants
- Go to the movies
- Go to sporting events
- Go shopping
- Go for walks
- Go bowling
- Watch TV
- Read
- Listen to music
- Play cards or games
- Swim
- Attend community events (festivals, celebrations, etc.)
- 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.

**Do you belong to a church, synagogue, mosque or a religious group or organization?**

- Yes. If so, which one: \_\_\_\_\_
- No
- No, but I would like to join one.

**If yes, would you still like to attend services at your current place?**

- Yes
- I would be willing to find another place closer to my new home.

**Do you have any thoughts or concerns about anything you have answered so far? If yes, please explain:**

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# Priorities

**What are the things you don't want to be without in your new home?**

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**What are the things that you'd like to have, but *could* do without?**

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

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**What questions or concerns do you have about moving?**

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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.



# Contact Information

*Use this page to refer to information you will need prior to moving. After you move, complete the Important Contacts Information Page found later in this book.*

**My phone number(s):**

\* \_\_\_\_\_, cell

\* \_\_\_\_\_, facility where I live  
now

\* \_\_\_\_\_, new home number

**Transition Coordinator's Name** \_\_\_\_\_

**Transition Coordinator's Phone Number(s):**

\* \_\_\_\_\_, office

\* \_\_\_\_\_, cell

**HOME Choice Case Manager's Name** \_\_\_\_\_

**HOME Choice Case Manager's Phone Number(s):**

\* \_\_\_\_\_, office

\* \_\_\_\_\_, cell

**Other numbers:**

Name	Number
_____	
_____	



# Checklists



# Checklist

## Two to Three Months Before Move

List the tasks that you need to do two to three months before you move, and check them off when you have done them. Some suggested tasks are already listed for you.

### *Planning Tasks*

1. Meet with Transitions Coordinator or someone you trust to start planning for you move
2. Identify possible problems such as outstanding bills, family concerns, or anything that might make it difficult for you to move
3. \_\_\_\_\_

### *Health-Related Tasks*

4. Identify the main doctor who you will go to when you move
5. Ask your other doctors or therapists if they will continue to see you when you move
6. List medical supplies or equipment you will need when you move
7. \_\_\_\_\_

### *Housing-Related Tasks*

8. Review where you want to live, identify the type of housing you would like, and other preferences related to housing
9. If you want to share your home, consider who might be a housemate with you and meet with that person to see how well you get along.
10. Locate your home.
11. Get on waiting lists (for housing or help with paying for your housing)

# Checklist

## Two to Three Months Before Move

12. If you need the home to be modified due to a disability, find out who can arrange for that to be done.
13. List all the things you'll need for your home (furniture, dishes, towels, etc.)
14. \_\_\_\_\_

### *Transportation-related tasks*

15. Find out the company or people who could transport you when you live in your new home (public transportation, senior transportation, etc.)
16. Apply for a public transportation ID card.
17. Find out who can teach you how to use transportation.
18. Take the public transportation somewhere so you can be comfortable in using it when you move.
19. \_\_\_\_\_

### *Daily living-related tasks*

20. Decide the things you will need help with every day, every week, and once in a while.
21. Decide if training or therapy would help you do more of these things on your own.
22. If so, make arrangements to get the training or therapy
23. \_\_\_\_\_

### *Activities-related tasks*

24. Learn what kinds of organizations that you are interested in that are close to where you will live.

# Checklist

## Two to Three Months Before Move

25. Attend some community activities close to where you live to see what you like and don't like.
26. Begin to build relationships with people in the community (cashier at store, teller at bank, etc.)
27. Consider a senior center or center for independent living for peer support.
28. If you want, find a church, synagogue, or mosque or other religious organization near your new home.
29. \_\_\_\_\_

### *Employment-related tasks*

30. Decide if you are interested in getting a job after you move.
31. If so, decide if you will need job training.
32. Find agencies or people who can help you with job training in the area you plan to move to.
33. \_\_\_\_\_

# Checklist

## One Month Before Move

List the tasks that you need to do one month before you move, and check them off when you have done them. Some suggested tasks are already listed for you.

### *Planning Tasks*

1. Review your plan.
2. Create “to-do” lists for your self and for those helping you.
3. List the people helping you with their phone numbers.
4. Develop a move schedule.
5. \_\_\_\_\_

### *Health-Related Tasks*

6. Schedule an appointment with your main doctor for one or two days after you move.
7. If you see one, schedule an appointment with your counselor or psychiatrist for a couple of days after you move.
8. Find a drug store near your home where you can get your medications.
9. If you need medical supplies, learn where you can get them once you have moved. Contact them to see how to get them.
10. \_\_\_\_\_

### *Housing-Related Tasks*

11. Look at your house and ask for donations of furniture or household items that you will need.

# Checklist

## One Month Before Move

List the tasks that you need to do one month before you move, and check them off when you have done them. Some suggested tasks are already listed for you.

### *Planning Tasks*

1. Review your plan.
2. Create “to-do” lists for your self and for those helping you.
3. List the people helping you with their phone numbers.
4. Develop a move schedule.
5. \_\_\_\_\_

### *Health-Related Tasks*

6. Schedule an appointment with your main doctor for one or two days after you move.
7. If you see one, schedule an appointment with your counselor or psychiatrist for a couple of days after you move.
8. Find a drug store near your home where you can get your medications.
9. If you need medical supplies, learn where you can get them once you have moved. Contact them to see how to get them.
10. \_\_\_\_\_

### *Housing-Related Tasks*

11. Look at your house and ask for donations of furniture or household items that you will need.

# Checklist

## One Month Before Move

12. Decide what you will need to buy for your house, where you can buy the items, and if you can afford them.
13. Complete a change of address form at the post office.
14. If you will have a housemate, discuss with him or her “do’s and don’ts” for how you will live together peacefully.
15. \_\_\_\_\_

### *Transportation-related tasks*

16. Make arrangements to be transported from where you live now to your new home.
17. Check the status of your ID card.
18. \_\_\_\_\_

### *Daily living-related tasks*

19. Determine the hours of help that you will need.
20. Select a provider(s) to help you.
21. Talk to the agency that will pay for your help to see if they agree with the number of hours you would like, and if they will approve them.
22. Schedule an occupational therapy evaluation if you need equipment or modifications to your new home or apartment.
23. If there is equipment you still need, learn how it can be paid for and where it can be purchased or rented.
24. \_\_\_\_\_

# Checklist

## One Month Before Move

### *Activities-related tasks*

25. Continue to participate in any community activities you have begun that you enjoy.
26. If you plan to attend a day program, go and visit the day program.
27. \_\_\_\_\_

### *Employment-related tasks*

28. If you have decided you would like to find a job, but need some help in preparing, work with your Transition Coordinator to set up a vocational evaluation to start during the first month after your move (such as at BCR/BSVI, the county board, etc.)
29. If you have decided you would like to find a job after you move, but don't need training, work with your Transitions Coordinator to learn how you can work and still keep your health care benefits.
30. \_\_\_\_\_

### *Personal Finance-Related Tasks*

31. If possible, resolve any personal debts you may have before you move.
32. Determine the money that will be required for the move such as
- a. First and last months' rent and security deposit;
  - b. Utility start-up costs;
  - c. Groceries for the first month;
  - d. Toiletry, clothing and other personal items you may need.
33. Ask an advocate for help in finding community resources.
34. \_\_\_\_\_

# Checklist

## One Week Prior to Move

List the tasks that you need to one week prior to moving, and check them off when you have done them. Some suggested tasks are already listed for you.

### *Planning Tasks*

1. Review your plan and your “to-do” list
2. Review your move schedule
3. Create an emergency contact list, and give copies to key people in your life.
4. \_\_\_\_\_

### *Health-Related Tasks*

5. Check to see that any supplies and equipment will be delivered to your home on time.
6. If you need a hospital bed, set a date for it to be delivered to your new home.
7. Check to ensure that you will have medications for the first few days after your move (Ask your current place if someone there can help set this up.)
8. Notify your doctors, and other insurance companies of the date you will be moving and of your new address.
9. \_\_\_\_\_

### *Housing-Related Tasks*

10. Set up your utilities and phone service.
11. Move most of your belongings to your new home, if possible.

# Checklist

## One to Two Days Prior to Move

List the tasks that you need to one to two days prior to moving, and check them off when you have done them. Some suggested tasks are already listed for you.

### *Planning Tasks*

1. Make a shopping list for food and personal items.
2. Decide who will do the shopping.
3. Review your move schedule and update your to-do list.
4. \_\_\_\_\_

### *Health-Related Tasks*

5. Confirm that supplies and equipment have been delivered
6. Confirm that prescriptions or medication supply for the first few days will be ready to take with you.
7. Fill and obtain your prescriptions, if possible, before you move.
8. \_\_\_\_\_
9. \_\_\_\_\_

### *Housing-Related Tasks*

10. Confirm your electricity, phone, and other utilities have been hooked up.
11. \_\_\_\_\_

### *Transportation-Related Tasks*

12. Confirm your transportation to your new home.

# Checklist

## One Week Prior to Move

List the tasks that you need to one week prior to moving, and check them off when you have done them. Some suggested tasks are already listed for you.

### *Planning Tasks*

1. Review your plan and your “to-do” list
2. Review your move schedule
3. Create an emergency contact list, and give copies to key people in your life.
4. \_\_\_\_\_

### *Health-Related Tasks*

5. If you are on Medicare, review prescription plans and sign up for the one that will best suit your needs.
6. Check to see that any supplies and equipment will be delivered to your home on time.
7. If you need a hospital bed, set a date for it to be delivered to your new home.
8. Check to ensure that you will have medications for the first few days after your move (Ask your current place if someone there can help set this up.)
9. Notify your doctors, and other insurance companies of the date you will be moving and of your new address.
10. \_\_\_\_\_

### *Housing-Related Tasks*

11. Set up your utilities and phone service.

# Checklist

## One Week Prior to Move

- 12. Move most of your belongings to your new home, if possible.
- 13. Apply for HEAP or other utility assistance, if needed.
- 14. Review and prioritize what still needs to be done.
- 15. \_\_\_\_\_

### *Daily Living-Related Tasks*

- 16. Set up a schedule for personal assistance. List the things you need your personal assistant to help you do.
- 17. Finalize arrangements with the agency in charge of personal assistance and with the provider you selected.
- 18. Complete an application for Food Stamps.
- 19. \_\_\_\_\_

### *Personal Finance-Related Tasks*

- 20. Notify the Social Security Administration, Medicaid worker, bank, and other places of your new address and date you are moving.
- 21. Review your budget.
- 22. Set up a bank account near your new home.
- 23. \_\_\_\_\_

# Checklist

## First Week After Move

List the tasks that you need to do the first week after your move, and check them off when you have done them. Some suggested tasks are already listed for you.

1. Contact the Social Security Administration to change your address. [ ]  
*This can be done by visiting the Social Security Administration office in person (take a copy of your discharge papers with you); calling (800) 772-1213, or visiting [www.socialsecurity.gov](http://www.socialsecurity.gov)*
2. Go to the county job and family services office to:
  - a. Change your address [ ]
  - b. Apply for food stamps [ ]
  - c. Apply for other public assistance you may be eligible for. [ ]
  - d. Choose a Medicaid Managed Care Plan (if applicable) [ ]
3. \_\_\_\_\_ [ ]
4. \_\_\_\_\_ [ ]
5. \_\_\_\_\_ [ ]

# Checklist

## Tasks That Require Assistance

What daily living tasks (such as getting in or out of bed, getting dressed or undressed, or fixing your meals) will you need help with when you move? List them here.

1. \_\_\_\_\_ [ ]
2. \_\_\_\_\_ [ ]
3. \_\_\_\_\_ [ ]
4. \_\_\_\_\_ [ ]
5. \_\_\_\_\_ [ ]
6. \_\_\_\_\_ [ ]
7. \_\_\_\_\_ [ ]
8. \_\_\_\_\_ [ ]
9. \_\_\_\_\_ [ ]
10. \_\_\_\_\_ [ ]
11. \_\_\_\_\_ [ ]
12. \_\_\_\_\_ [ ]
13. \_\_\_\_\_ [ ]
14. \_\_\_\_\_ [ ]
15. \_\_\_\_\_ [ ]

# Checklist

## Health: Supplies and Medical Equipment Needs

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

# Checklist

## Housing: Furniture and Supplies

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

# Checklist

## Shopping List

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

1. \_\_\_\_\_ [ ]
2. \_\_\_\_\_ [ ]
3. \_\_\_\_\_ [ ]
4. \_\_\_\_\_ [ ]
5. \_\_\_\_\_ [ ]
6. \_\_\_\_\_ [ ]
7. \_\_\_\_\_ [ ]
8. \_\_\_\_\_ [ ]
9. \_\_\_\_\_ [ ]
10. \_\_\_\_\_ [ ]
11. \_\_\_\_\_ [ ]
12. \_\_\_\_\_ [ ]
13. \_\_\_\_\_ [ ]
14. \_\_\_\_\_ [ ]
15. \_\_\_\_\_ [ ]

# Checklist To Do List

Use this check list for any tasks that you want to list and do.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

# Checklist

## Important Contact Information

*Keep this information in a handy place near your telephone.*

Your name \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your address: \_\_\_\_\_

*Phone numbers for:*

Doctor: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Home Health Provider: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**HOME Choice Emergency backup number:** \_\_\_\_\_

*If you had an emergency, who should be contacted?*

Name: \_\_\_\_\_

Relationship to you:

{ } Family Member \_\_\_\_\_ (how related?)

{ } Friend

{ } Counselor

{ } Other \_\_\_\_\_

1<sup>st</sup> Phone Number: (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Phone Number: (\_\_\_\_) \_\_\_\_\_