

**PLANNING FOR COMMUNITY LIVING WORKSHEET**

<b>Support Areas</b>	<b>Will Do On My Own</b>	<b>Informal Support Through Family/</b>	<b>Community Service Assistance Needed</b>
Food Shopping	_____	_____	_____
Cooking	_____	_____	_____
Having Enough Income To Support Myself	_____	_____	_____
Budgeting	_____	_____	_____
Paying Bills	_____	_____	_____
Using a Checkbook	_____	_____	_____
Transportation	_____	_____	_____
Self-advocacy	_____	_____	_____
Recreational Activities	_____	_____	_____
Learning new skills	_____	_____	_____
Social Relationships	_____	_____	_____
Housekeeping	_____	_____	_____
Laundry	_____	_____	_____
Personal Care	_____	_____	_____
Taking medicines	_____	_____	_____
Arranging Dr appts/	_____	_____	_____
Dentist appts	_____	_____	_____
Accessibility needs	_____	_____	_____
Adaptive needs	_____	_____	_____
Adaptive Equipment	_____	_____	_____
Other	_____	_____	_____