Community Living Brant
Personal Outcomes Support Plan

Date Completed: **Name:**

My Self

1. Natural Support Networks

This is who is in my family and how often I want contact with them:

These are the occasions and family events most important to me (like birthdays, holidays, and visits):

This is what I want to change in my family:

This is what I need staff to do to support me in this area:

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2. Intimacy

These are the people in my life who I am closest to, provide me with love and physical affection, who I can count on no matter what I do:

These are some of the things I would like to change about my intimate relationships:

This is what I need staff to do to support me in this area:

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3. Being Safe

This is what is important in my safety plan

a) At my home (like emergencies, cooking, phone, smoke detector)

b) At my work (like safety rules, safety equipment, work hazards)

c) In my community (like using public transit, night safety, using cell phone)

This is what I need to learn more about or what other people in my life are concerned about:

This is what I need staff to do to support me in this are, including any specialized equipment or procedures I need you to follow:

4. My Health

These are my health concerns and what is important to me:

These are health concerns other people in my life feel are important:

This is my known family history:

This is what I need staff to do to support me in this area (including appointments, emergencies, education, and medication:

5. Exercising My Rights and Responsibilities

These are the rights I exercise and are most important to me:

These are the rights I want to learn more about:

These are the right(s) restrictions that have currently been approved by the Rights Committee:

These are restrictions that have ended and how I am currently supported to continue to exercise this right:

This is what I need staff to do to support me in this area:

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6. I'm Treated Fairly

I feel I am treated fairly by my family, friends, staff, community and co-workers
Yes☐ No☐ (If no, give details)

I feel I know how to complain or voice a concern about my services:
Yes☐ No☐ (If no, this is what I need to learn)

This is what I need staff to do to support me in this area:

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7. I'm Free From Abuse & Neglect

Here is what I know about abuse and neglect and what is important to me:

I have experienced abuse in the past
Yes☐ (If yes, here are the details I give permission to share) No☐

This is what I need staff to do to support me to keep me free from abuse & neglect:

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8. Continuity & Security

This is how I react when there are major changes in my life (including staff turnover):

This is how staff need to support me through these changes:

I have enough money for rent, food, insurance and a little entertainment:
Yes☐ No☐ (if no give details)

This is what I need staff to do to support me in this area:

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9. My Personal Information

It is important to me for you to share my personal information in this way and how you need to get my permission:

I know what information is in my written files and on the agency's database
Yes☐ No☐ (If no, this is what I need to learn or have reviewed with me)

This is what I need staff to do to support me in this area:

My World

10. Where I Live and Who I Live With

This is what I like and don't like about where and with whom I live:

This is what I would like to change or to be different:

This is what I need staff to do to support me in this area:

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11. My Work and Day Activities

This is how I spend my days currently (work, volunteer, retirement, social, etc)

This is what I like and don't like about my days:

Here are some jobs or opportunities I would like to explore:

This is what I need staff to do to support me in this area:

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12. Use My Environments

Here is the equipment I need to access the environments I use (wheelchair, lifts, ramps, handrails, etc):

Here is what equipment I need or want to learn how to use:

These are the areas in my home or equipment in my home I am not allowed to h=use and why:

Here are the types of transportation I use to get to all the places that I need to go:

This is what I need staff to do to support me in this area:

13. Integrated Environments

This is who I prefer to spend my time with:
☐ People who get support from C. L. Brant (people who have a disability)
☐ People who do not get support from C.L. Brant (people who don't have a disability)
☐ Doesn't matter to me

This is currently how most of my time looks:
☐ Integrated
☐ Segregated
☐ A mix of both

This is what I want to change in this area:

This is what I need staff to do to support me in this area:

14. Participate and Interact in My Community

Here are all the community activities/places/events that I spend my time and how I often I go to these places:
Here are the areas that I need support from staff to interact in the community:

These are some activities/places/events/ that I want to learn more about or do more often:

This is what I need staff to do to support me in this area:

15. Social Roles

These are the social roles I currently have in my life (like volunteering, giving back to community, fundraisers, clubs or groups I belong to):

Here are some of my passions and ideas of how I can contribute:

This is what I need staff to do to support me in this area:

16. Choosing My Services

These are the CL Brant services I currently receive:

This is what is most important about these services:

Here are all my community services that I regularly use (like doctors, grocery store, hairdresser, bank, etc):

I am happy with the services I use: Yes☐ No☐ If No, this is what I would like to change:

This is what I need staff to do to support me in using all my services:

My Dreams

17. Choosing My Goals

You will find my goals and dreams in my Annual Support Plan, Action Plans and/or my E.L.P.

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18. Goals I Have Realized

These are the achievements/accomplishments (from the past 2 years) that I am most proud of and want people to know about:

This is how I celebrated my accomplishments:

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19. My Friends

These are my friends, how often I like to see them/talking to them and some things we typically do together?

I am satisfied with the amount of friends I have and how often I see them
Yes☐ No☐ (If No, this is what I would like changed)

I am satisfied with the amount of time I spend with my friends
Yes☐ No☐ (if no give details)

This is what I need staff to do to support me with my friends:

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20. I'm Respect

Here is what I need to feel respected by staff, family, friends, and community:

Here are ways I show respect to the important people in my life:

This is how I need to be supported to be respected:

Signatures:

_____ _____

Person Receiving Services Support Worker

CL Brant extends its thanks to Community Living Mississauga for the use of these forms that they developed.

Community Living Brant
Personal Outcomes Support Plan
Update

Supervisor Use Only

Date: _____ **Name: _____**

Is the information provided clear, legible and complete? Yes☐ No☐
If no, what is the follow up?

Are all 21 outcomes being worked on? Yes☐ No☐
If no, what is the follow up?

Have ***all*** staff contributed to assisting people to achieve outcomes? Yes☐ No☐
If no, what is the follow up?

Signature **Supervisor:_____**
Other comments:
_____
_____
_____