My Special Life™

Contents

About My Family and Me

My Daily Routine

More About Me

What I Can and Like To Do

My Friends

Intervention Programs and Schools

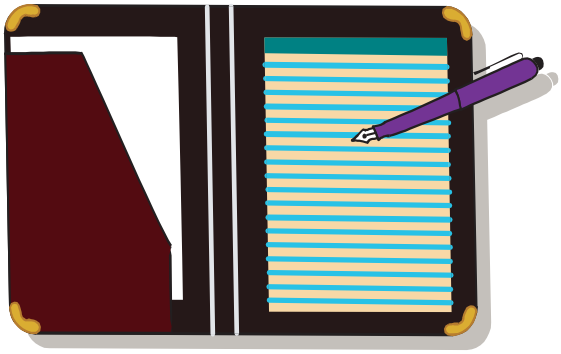
Employment and Life Skills

My Disability and Medical Support

My Emotional Well-being and Behaviors

Financial and Legal Issues

Additional Pages and Notes



My Name

My Nickname

My Birthday

My Social Security Number

My Citizenship

My Parents

My Parents' Citizenship(s)

Language(s) Spoken In Our Home

Our Address

Our Phone Number

Detailed Information About My Birth

Ex: I am (Right) (Left) Handed

Additional Information:

I Was Chosen For Adoption

Special Information
For My Caregivers

INFORMATION I AM TO KNOW AND INSTRUCTIONS FOR MY CAREGIVER

My Mother

My Mom's Name_____

Full-time Homemaker | Employed

Company

Type of Work

Work Address

Phone | Pager

Cell Phone | Other

Interests And Hobbies

Clubs And Organizations

Medical History

My Father

My Dad's Name _____

Full-time Homemaker Employed

Company

Type of Work

Work Address

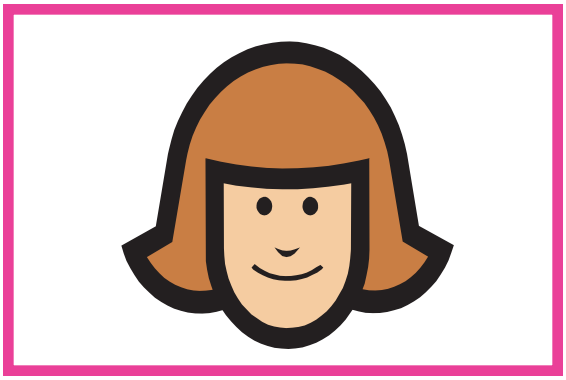
Phone Pager

Cell Phone Other

Interests And Hobbies

Clubs And Organizations

Medical History



My Sisters

Sisters (Names, Ages And Relationships)

My Brothers

Brothers (Names, Ages And Relationships)

My
Aunts, Uncles And Cousins

And our Relationship(s)

Aunts (Names, Addresses, Phone Numbers, and How Often They Interact With Me)

Uncles (Names, Addresses, Phone Numbers, and How Often They Interact With Me

Cousins (Names, Ages and How They Interact With Me)

My
Aunts, Uncles And Cousins
And Our Relationship(s)

Cousins (continued)

My Grandparents

My Mom's Parents

Address And Phone

Relationship With Me (how involved are my grandparents in my life, how often are we together, how able are they to care for Me?)

Cultural Heritage

My Grandparents

My Dad's Parents

Address And Phone

Relationship With Me (how involved are my grandparents in my life, how often are we together, how able are they to care for me?)

Cultural Heritage

Other Relatives And Friends We Trust

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

Name

Address

Phone

Relationship

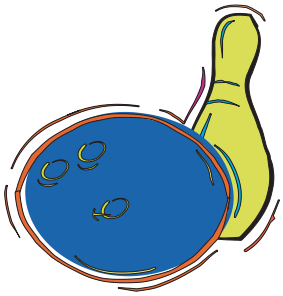
My Family Life At Home

A description Of My Family Life At My Home

My Family Life Away From Home

A description Of My Family Life Outside Of My Home

Our Special Family Traditions



Religious Preference

My Religion

My Place of Worship

I Participate in the Following Activities (When and Where)

Traditions We Honor: Holidays and Others

Religious Activities

Contacts at place of worship (Pastor, Rabbi, Priest, Sunday School Teachers, Others)

And The Role They Play In My Life

My Friends from religious participation, who they are and how to contact them

My Daily Routine

Usual Time I Awaken

How I Get Ready For The Day And What Can I Do For Myself

My Favorite Clothing To Wear

My Special Clothing Or Uniforms

My Weekend Activities And Appropriate Clothing

My Daily Routine

My Meal Times

Personal Hygiene And What I Can Do By Myself

Brand Of Toothpaste

My Regularly Scheduled Activities

My Favorite Television Programs

My Personal Hygiene

I Wear Diapers. The Brand is:

The Size is

Please Change Me According To The Following Instructions

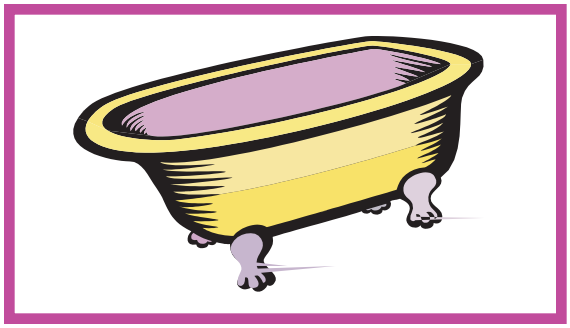
Assistance Or Equipment I Might Need In Using The Washroom

How I Will Let Someone Know That I Need To Use The Washroom Or Be Changed

Washing My Hair

Using Deodorant, Cologne And Other Cosmetics

Feminine Hygiene Instructions



Bathing

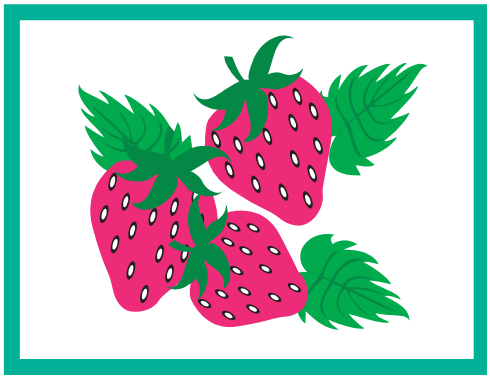
My Daily Routine

Where I Bathe

Special Equipment or Other Needs

Caregiver Instructions For Bathing

Anything Special My Caregiver Needs To Know?



Eating Right

Some Of My Favorite Foods (circle)

Apples Oranges Bananas Pears Peaches Apricots

White Bread Whole Wheat Bread Oatmeal Cheerios Cream of Wheat

Beans Peas Corn Beets Spinach Carrots

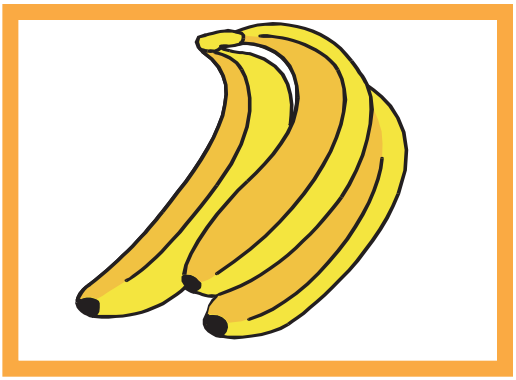
Beef Hamburgers Hot Dogs Fish Pork Meatloaf

Other Favorites

My Favorite Snacks

Any Eating Challenges or Special Needs

Eating Right



Eating Challenges, cont'd

Any Food Allergies Or Foods I Should Not Have, And Why

Special Ways To Prepare Food Items

My Favorite Eating Places

Sleeping

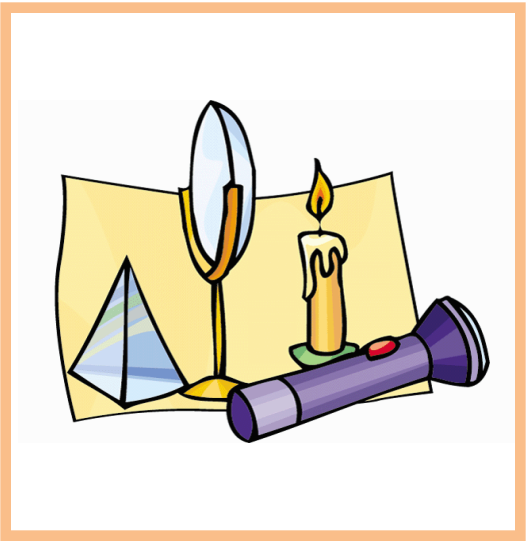
Understanding My Sleeping Arrangements Makes Life Easier For My Caregiver And Me

My Sleep Challenges, If Any

Pre-Sleeping Activities Which Help

Places I Will Sleep At Home And Elsewhere, With or Without Lights

Other Sleep Remedies and/or Companions



Sleep Issues

Many Children Have Sleep Issues,
But Children With Disabilities Often Have
More Pronounced Needs.

Please Use The Following Information
To Help Ease Any Of My Sleep Challenges.

My Room

Location In The Home

Type of Bed Or Special Equipment

My Favorite Pastimes

My Favorite Books And Magazines

My Favorite Music, CD's, Videos

My Favorite Possessions and Other Items

My Physical Therapy And Exercises

My Physical Therapist(s) Is

Phone Number

Address and Directions To Get There

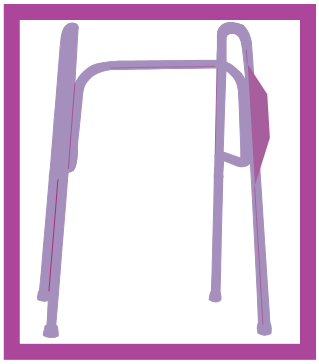
My Therapy Schedule

What I Wear To Physical Therapy

What I Take With Me

Exercises I Do At Home

Special Equipment I Use



Equipment Item	Location	Special Instructions For Use

Proper Care Of The Equipment

Home Care Helpers

Others Who Come To Our Home To Help: Who They Are and How To Reach Them

Medical Personnel

Advocates

Sitters

Home Care Helpers

Others Who Come To Our Home To Help: Who They Are and How To Reach Them

Respite Care Helpers

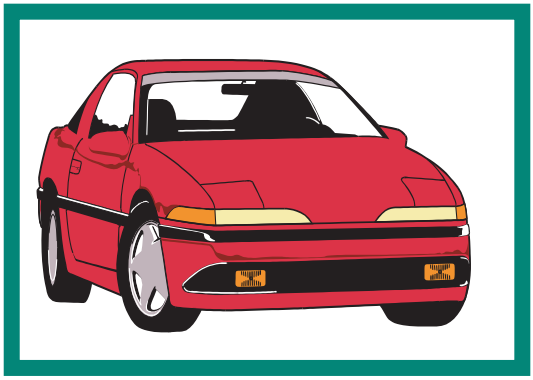
Teachers

Other Caregivers

Support Groups and Resources

Name of Group	Contact Person	Phone Number

My Transportation



Individuals Who May Transport Me

Special Equipment I Need

My Travel Fears or Travel Illnesses?

My Special Travel Companions

Period Of Time I Can Comfortably Remain Confined While Traveling

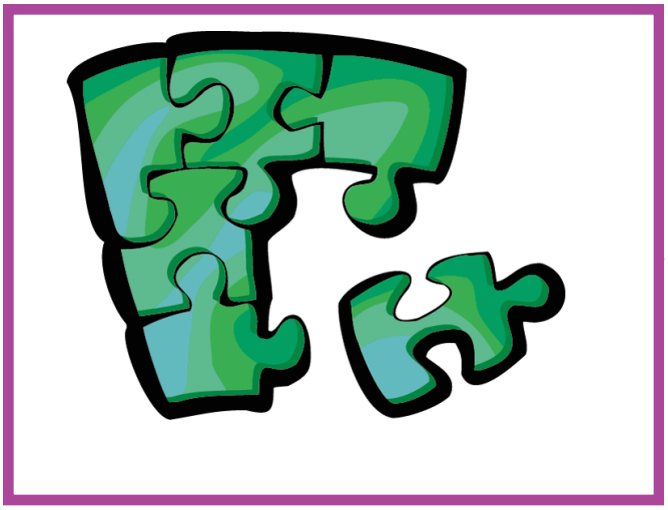
Travel

Places I Have Been

Different Places I Have Lived

Special Travel Arrangements Or Equipment

Preferred Means Of Travel And Why



I Can Do Many Things!

I have many abilities and can do many things. (please circle those which apply)

☐ I can sit up ☐ I can stand ☐ I can walk with help or by myself ☐ I am very active

☐ I can say a few words ☐ I can talk in sentences ☐ I can use the telephone

☐ My communication skills are good and I can let people know what I want and need

☐ I can eat with help ☐ I can eat alone with my hands ☐ My eating skills are very good

☐ I can eat with a knife, fork or spoon ☐ I can serve myself ☐ I can fix a few items of food

☐ I smile a lot ☐ I can clap my hands ☐ I can laugh ☐ I understand jokes ☐ I tell jokes

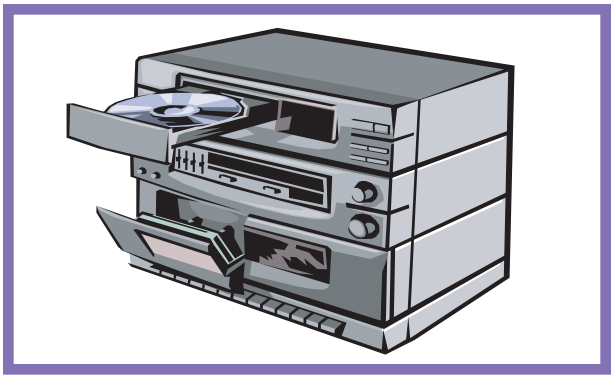
Other things I can do are:

There are some things I need help with:

☐ I need help to sit up I need a wheelchair or_____to help me

☐ Someone can help me eat

Other things my caregivers can help me with are:



My
Favorite Activities

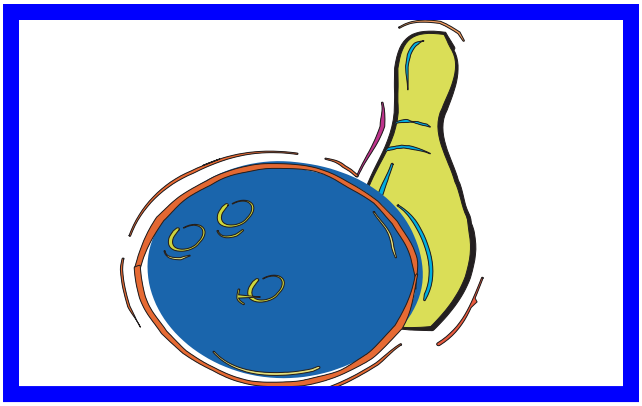
What I Like To Do

Where The Activities Are Located

Cost Of Activities, If Any

Any Limitations To Participating Fully

My
Favorite Activities



What I Like To Do

Where The Activities Are Located

Cost Of Activities, If Any

Any Limitations To Participating Fully

Outreach Programs

For My Benefit

Group

Contact Person

Purpose/Activities

Group

Contact Person

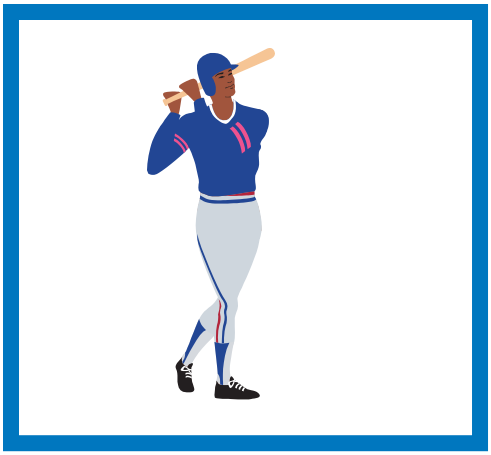
Purpose/Activities

Group

Contact Person

Purpose/Activities

My
Summer Activities



My
Athletic Programs

Such As Special Olympics, Special Rec Associations

Program And Contact Person

Locations of Events

Equipment Used, If Any

Level Of Participation

My Friends Are Great!

Who My Friends Are

How To Reach My Friends

Things I Like To Do With My Friends

School Friends

Who My Friends Are

How To Reach My Friends

Things I Like To Do With My Friends

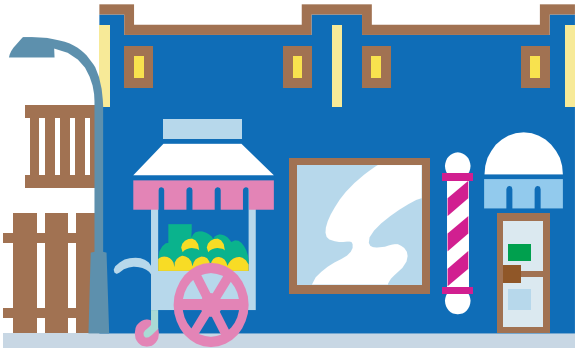
My Neighborhood Friends

Who My Friends Are

How To Reach My Friends

Things I Like To Do With My Friends

My Reactions to Animals



Community Awareness

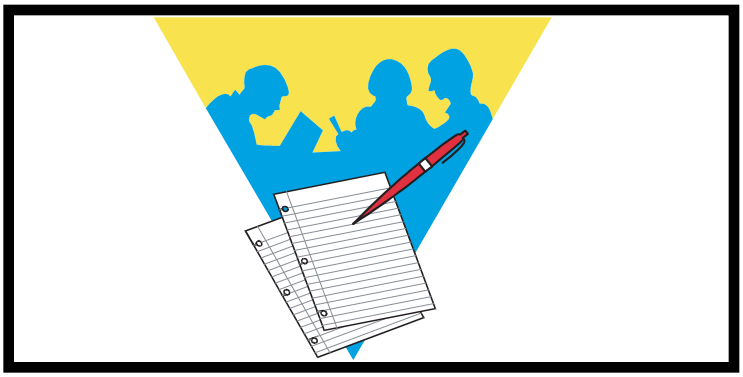
How To Protect Me

What My Parents Tell Me About Strangers

Places I Should Never Be Left Alone

Places Where My Parents Feel Safe Leaving Me

Childhood Intervention Programs



Who Should My Parents Call?

What Programs Are There For Me?

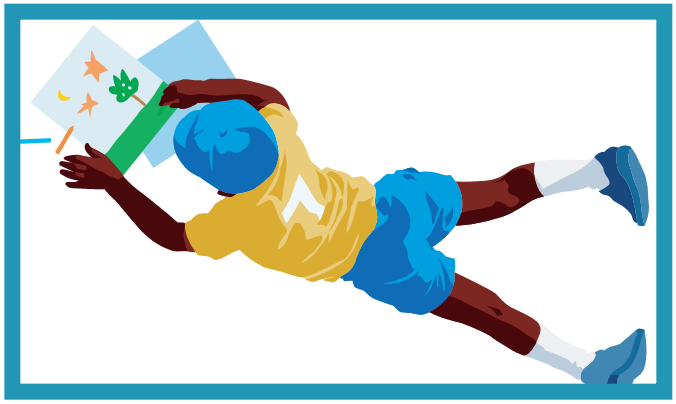
Where Are The Different Programs Offered?

Childhood Intervention Programs

Comments From Other Parents

Personal Evaluation of Various Programs

My Pre-School



Name And Location Of My School; Contact Person

Transportation To School

Time Of Day and Length Of Program

Items I Take To Pre-school and Their Location

Any Limitations On Participation

My School

Name And Location Of My School; Contact Person

Transportation To School

Starting And Ending Times

Items I Take To School And Their Location

My Strengths In School

My School

Any Limitations To Participation In School Activities, Other Than Physical

Any Physical Limitations

What are My Concerns Or Fears About School, If Any

My Teachers

Name, School and Location, Subject Taught and Phone Numbers For My Regular Teachers

Name, School and Location, Subject Taught and Phone Numbers For My Special Teachers

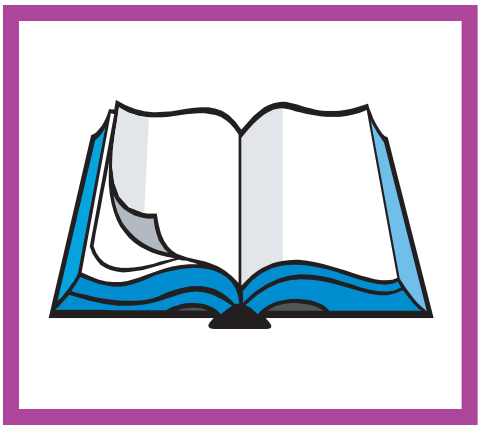
My Teachers

Best Subjects And Any Pertinent Information About Those Classes

Subjects Which Challenge Me And Pertinent Information About Those Classes

Teachers Who Take A Special Interest In Me And Why They Are Successful In Working With Me

My Day Programs/ Workshops



Description of Day Program/Workshop Experience

Location of day program/workshop

Transportation Arrangements and Any Cost Or Prior Notice

Coach Or Contact Person And Phone Number

Hours And Any Flexibility

Friends From Day Program/Workshop And How to Reach Them

Any Challenges with Situation

My Employment

Description Of Work Experience

Location Of Work

Transportation Arrangements And Any Cost Or Prior Notice

Job Coach Or Contact Person And Phone Number

Work Hours And Any Flexibility

Friends From Work And How To Reach Them

Any Challenges With Work Situation

My Life Skills

Describe My Life Skills And Capabilities In Detail

Do I Awaken Myself?

Meal Preparation

Shopping, Both Personal And Food

Money Management

Care Of Clothing, Personal Items And Housekeeping

Description Of My Disability

Medical And Legal Description

Disability Terminology and Definitions

Reading Materials With More Detailed Information And Where They May Be Found

Additional Medical Background

Immunizations And Their Dates Of Coverage

Information Specific To Me

My Allergies

Food

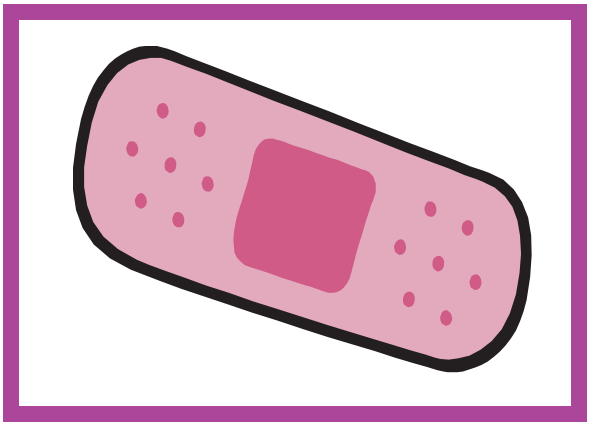
Medication

Outdoor Allergens

Indoor Allergens

Animals

Perfumes/Colognes



My
Primary Care Physician(s)

I Have Many Wonderful Caregivers

My Primary Care Physician

Office Location and Directions To Get There

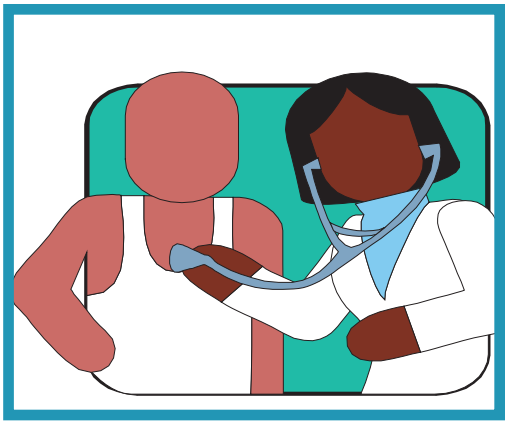
My Physician's Phone Number(s)

Other Family Doctors Or Specialists

Office Location and Directions To Get There

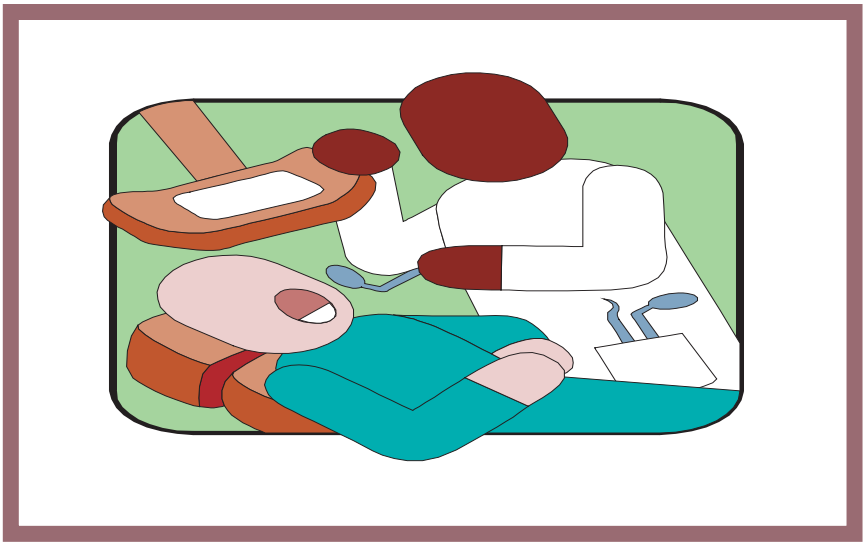
How I Interact With These Physicians

My
Other Specialists
For Speech, Hearing and Vision



Other Physicians and Specialists, Their Phone Numbers, Addresses and Directions To Their Locations

How I Interact With These Physicians



My Dental Information

My Dentist's Name

Office Address and Directions To Get There

Phone Number(s)

Summary Of My Dental History

Special Information and Instructions

Medical Personnel
I Am
Never To See

Provide the Name, Location and Reasons

Medications

What Medications I Take	Dosage	How Often	Time Of Day

Over-The-Counter Medications I Take

Medications I should Not Have And Why

My Pharmacy And Hospital

Name, Location and Hours Of Pharmacies We Use

Phone Number

Pharmacy Used Most and Directions To Find It

Name of Hospital(s) , Location And Phone

Nearest 24-Hour Healthcare Facility

My
Emotional Well-Being

Words Which Describe My Positive Emotional Level (Circle)

☐ Happy ☐ Active ☐ Playful ☐ Affectionate ☐ Responsive ☐ Sociable ☐ Agreeable

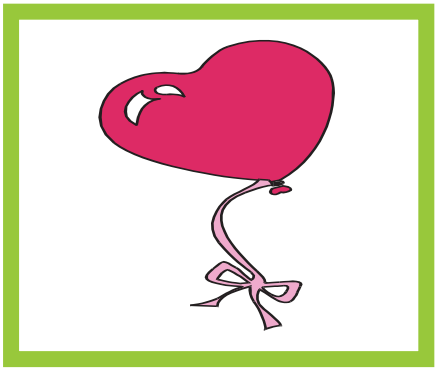
Words Which Describe My Emotional Challenges (Circle)

☐ Sad ☐ Quiet ☐ Withdrawn ☐ Shy ☐ Antisocial ☐ Becomes Angry ☐ Cries Often

Further Details and Explanation About My Emotional Attitudes Above

If There Is Emotional Upset It May Be A Result Of The Following Possibilities

My
Emotional Well-Being



Suggestions For Easing My Emotional Discomfort

Therapists and/or Counselors My Parents Trust And How To Reach Them

How I Respond To Therapists and Counselors

My
Behavioral Information

Behaviors Associated With My Disability And Successful Interventions

Be Aware of the Following Behaviors

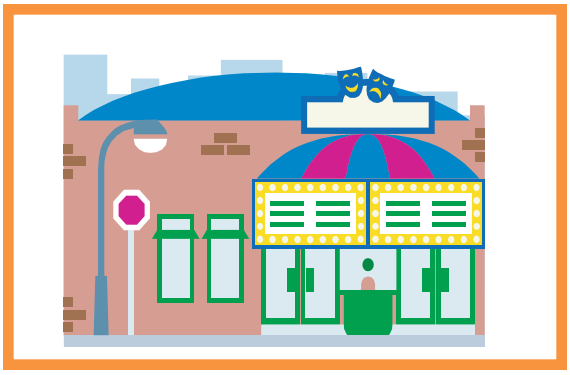
Interventions which work

My
Personal Behaviors

My Personality Description

Any Fears And Ways To Resolve Them

Any Triggers To Questionable Behavior



My Social Behaviors

Any Antisocial Behavior Or Interaction To Anticipate

Side Effects From Medication Which Impact My Personal Or Social Life

Social Skills Which Have Been Taught To Me

Any Obsessions

My
Adult Behavior

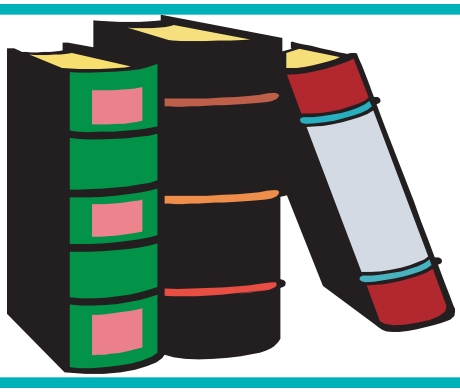
Age At Puberty

Impulse Control

Age Level Of My Friends

Information Provided About My Sexual Behavior

Important Documents And Their Locations



Wills And Trusts

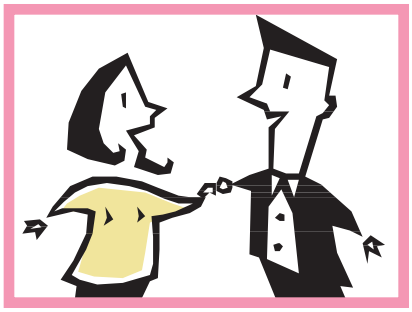
Insurance Papers

Investments And Bank Records

SSI, Medicare/Medicaid Records And Applications

Deeds And Titles

Advisors



Financial Planner

Address

Phone Cell Phone

Regular Attorney

Address

Phone Cell Phone

Special Needs Attorney

Address

Phone Cell Phone

Banker

Address

Phone Cell Phone

Advocate

Address

Phone Cell Phone

Accountant

Address

Phone Cell Phone

My Guardianship

Short-Term Guardians (Provide Names, Addresses, Phone Numbers, Dates of Guardianship For Each Occasion)

Power(s) Of Attorney, Name And Phone Numbers

Legal Guardian(s) If My Parents Are Disabled Or Deceased: (Name, Address, Phone)

My Government Benefits

Medicaid

Case Number | Recipient Number

District Office Name | District Office Address

District Office Phone Number | Caseload Number

Social Security

Type of Benefit: (circle) ☐ ssi ☐ ssdi | Claim Number

Representative Payee Name and Phone Number

District Office Name

District Office Address

District Office Phone Number

Worker Who Handles My Claim

Medicare

☐ Part A and/or Part B (Circle) ☐ | Claim Number

Other Programs I Have:

My Insurance Information

Health Insurance

Insurance Company Name

Insurance Company Phone Number

Insured's Name

Insured's Social Security Number

Group Number

Where Book On Insurance Benefits Is Kept

Life Insurance

Insurance Company Name

Insurance Company Phone Number

Policy Number

Final Arrangements

When I Pass Away, Please Observe The Following Arrangements:

Final Resting Place

People To Contact Other Than Those Already Mentioned in This Book

My Residential Planning

These are My Parents' Wishes For My Future Residence. If There Are Plans In Place, Or If I am On A Wait List, The Following Information Will Allow A Caregiver To Act In A Timely manner.

Additional Notes

Additional Notes

Additional Notes

Additional Notes

Additional Notes

Additional Notes

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