Advocates FOR AUTISM

Change The World, Not the Person!

My Future Plan

A guide for a meaningful, independent, and fulfilling life



PART 1
About Me

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Where I Live

PART 3
My Daily Activities & Social Connections

PART 4
Supporting My Daily & Major Life Decisions

PART 5
Financing My Future

Today I Plan...Tomorrow I Thrive!

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You do not have to plan the future alone.

Future planning can bring together housing, health care, benefits, finances, decision-making, daily supports, relationships, community life, and the wishes of the person at the center of the plan.

This workbook is designed to help you start those conversations, organize important information, and identify the questions that deserve thoughtful attention. You do not need to have every answer before you begin.

Advocates For Autism, Inc. can help guide individuals and families through the planning process. Our role is to help make complex systems and choices understandable, connect the pieces, and turn information into practical next steps while keeping the individual at the center of the plan.

Start the plan. Ask the questions. Let us help you connect the pieces.

Visit www.AdvocatesForAutism.org to learn more or contact Advocates For Autism, Inc.

This workbook is an educational planning resource and is not a substitute for individualized legal, financial, medical, or benefits advice.

PART 1 About Me

Full name _____ **Nickname or other name I use** _____

Current address _____ **Phone** _____

Email address _____ **Date of birth** _____ **Primary language** _____

People Who Play Important Support Roles in My Life

These may include family, chosen family, friends, or other trusted people.

Name _____ **Relationship** _____ **Phone** _____

Address / Email _____

Name _____ **Relationship** _____ **Phone** _____

Address / Email _____

This plan belongs to me. It should reflect my preferences, strengths, relationships, and choices.

PART 1 About Me

My Story

Places I've lived

Where I've learned or studied

About My Family, Culture & Community

How I describe my family / culture / identity

Beliefs, traditions, holidays, or routines that are important to me

Strengths I want people to know about my family and support network

Challenges or circumstances that may affect planning for my future

PART 1 About Me

My Important Professional & Community Contacts

Include the people I rely on for health care, benefits, legal, financial, education, employment, spiritual, or other support.

Name _____ **Role / Organization** _____ **Phone** _____

Email / Address _____

Name _____ **Role / Organization** _____ **Phone** _____

Email / Address _____

Name _____ **Role / Organization** _____ **Phone** _____

Email / Address _____

Name _____ **Role / Organization** _____ **Phone** _____

Email / Address _____

PART 2 Where I Live

My Current Home

☐ With family or others ☐ In a home I own ☐ In a home I rent ☐ Shared living ☐ Provider-operated home

Other / describe

Important Home Information

Address

Best contact for home / keys

Landlord, mortgage company, provider, or other housing contact

Phone

Monthly housing cost (if applicable)

Insurance / housing-related information

What I like about where I live

What I would like my future home to be like

PART 3 My Daily Activities & Social Connections

What Makes a Good Day for Me

Things I like

Things I prefer to avoid or dislike

My usual week

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

PART 3 My Daily Activities & Social Connections

Supporting My Independence

For each area, describe what I do independently and what support helps me succeed.

Dressing	**I can:**	_____	**Support that helps me:**	_____
Grooming & personal care	**I can:**	_____	**Support that helps me:**	_____
Eating & nutrition	**I can:**	_____	**Support that helps me:**	_____
Household chores	**I can:**	_____	**Support that helps me:**	_____
Money management & budgeting	**I can:**	_____	**Support that helps me:**	_____
Transportation	**I can:**	_____	**Support that helps me:**	_____
Mobility	**I can:**	_____	**Support that helps me:**	_____
Technology / assistive supports	**I can:**	_____	**Support that helps me:**	_____

PART 3 My Daily Activities & Social Connections

Work, Volunteering & Meaningful Activity

Place of employment / volunteering / activity _____ **Hours per week** _____

Supervisor / contact _____ **Phone / email** _____

☐ I receive employment or vocational supports ☐ I have a job coach or other workplace support

Support contact _____ **Phone / email** _____

What I enjoy or value about work, volunteering, or meaningful activity

_____

_____

_____

What I would like to do in the future

_____

_____

_____

PART 3 My Daily Activities & Social Connections

My Community, Relationships & Interests

Programs, groups, clubs, or community activities I participate in

Places I enjoy going

People I like spending time with

Special events or traditions that matter to me

What I like to do for fun

Something new I would like to try or do in the future

PART 4 Supporting My Daily & Major Life Decisions

How I Make Decisions

☐ I make my own legal decisions ☐ I make decisions with support ☐ A legal decision-making arrangement is in place

Person who supports me with important decisions _____ **Phone / email** _____

Legal arrangement, if any _____ **Areas it applies to** _____

Back-up / alternate person _____ **Phone / email** _____

Where Important Documents Are Kept

Decision-making / guardianship documents _____

Power of attorney or other legal documents _____

Emergency contacts / instructions _____

PART 4 Supporting My Daily & Major Life Decisions

My Health Care

Diagnoses / health conditions I want noted

Allergies

Current medications / where medication list is kept

Health insurance

Insurance contact / phone

Who helps me make health-care decisions?

- ☐ I decide, with or without support
- ☐ Health care agent / power of attorney
- ☐ Guardian / other

Primary health-care decision support contact

Phone

Health-care wishes or planning documents I have

- ☐ Plan of care
- ☐ Advance directive
- ☐ Living will
- ☐ DNR / MOLST
- ☐ Other

Where these documents can be found

PART 5 Financing My Future

How I Manage Money & Benefits

☐ I manage my finances ☐ I manage them with advice or support ☐ Someone manages finances for me

Person who helps with finances (if applicable) _____ **Phone / email** _____

Income, Benefits & Financial Resources

Social Security / disability benefit _____ **Amount / frequency** _____

Medicaid _____ **Amount / frequency** _____

Medicare _____ **Amount / frequency** _____

Food or cash assistance _____ **Amount / frequency** _____

Employment income / benefits _____ **Amount / frequency** _____

Veterans benefits _____ **Amount / frequency** _____

Other resource _____ **Amount / frequency** _____

PART 5 Financing My Future

Services & Supports I Use

OPWDD / Medicaid waiver services	**Provider / Contact**	_____	**Phone**	_____
School or transition services	**Provider / Contact**	_____	**Phone**	_____
Employment / vocational services	**Provider / Contact**	_____	**Phone**	_____
Private or community services	**Provider / Contact**	_____	**Phone**	_____
Other supports	**Provider / Contact**	_____	**Phone**	_____

☐ I am waiting for, applying for, or exploring additional services

What service / what is the status?

_____

Supports I may need in the future

_____

_____

_____

_____

PART 5 Financing My Future

Planning for Long-Term Financial Security

☐ A trust is in place ☐ Representative payee ☐ Financial power of attorney ☐ Other arrangement

Type of trust / financial arrangement _____

Trustee / administrator / contact _____

Back-up person _____

Phone / email _____

Questions for My Future

What should stay financially protected for me?

_____

Who should understand my benefits and financial plan?

_____

What expenses or goals should my future plan anticipate?

_____

What information should my family or support network review with qualified legal or financial professionals?

_____

A plan is stronger when you do not build it alone.

Completing these pages is an important beginning. The next step is bringing the information together, identifying gaps, asking the right questions, and deciding what should happen now, what can wait, and who should be part of the plan.

Advocates For Autism, Inc. can be a trusted guide as you work through those next steps. We bring subject-matter knowledge in disability systems, benefits navigation, health and financial literacy, future planning, and practical community-based supports. Our goal is not to make decisions for you, but to help you understand your options and build an actionable plan around the life the individual wants to live.

Bring this workbook with you when you meet with your support team, health-care providers, benefits professionals, attorneys, financial professionals, housing contacts, and other trusted partners. It can help everyone start from the same picture.

Ready for the next step?

Connect with Advocates For Autism, Inc.

www.AdvocatesForAutism.org

Educational guidance does not replace advice from qualified legal, financial, medical, tax, or other licensed professionals.