

Date: _____
www.caring4you.net

LIFE PLAN FORM

ACTIVITIES OF DAILY LIVING



<input type="checkbox"/>	How do you want society to perceive you now?
<input type="checkbox"/>	Where do you live?
<input type="checkbox"/>	Do you have help with cooking?
<input type="checkbox"/>	Do you have help with cleaning?
<input type="checkbox"/>	Do you have help with hygiene?

INTERACTION WITH SOCIETY



<input type="checkbox"/>	Make a list of people who are in your support system?
<input type="checkbox"/>	What is your primary source of income?
<input type="checkbox"/>	What do you like to do for entertainment?
<input type="checkbox"/>	Do you have any hobbies or social activities?
<input type="checkbox"/>	What is your societal contribution in life?

COST OF LIVING EXPENSES



<input type="checkbox"/>	Make a list of your bills?
<input type="checkbox"/>	Does your income cover the cost of these bills?
<input type="checkbox"/>	Can you afford your bills AND your habit?
<input type="checkbox"/>	Have you ever stolen to support your habit?
<input type="checkbox"/>	Do you have any legal issues or fines?

TRANSPORTATION



<input type="checkbox"/>	Do you have access to healthcare?
<input type="checkbox"/>	Do you have transportation to appointments?
<input type="checkbox"/>	Do you have transportation for errands and food?
<input type="checkbox"/>	Do you own any pets?

Do you have transportation for the care of you pet?
WHAT IS YOUR 5 YEAR GOAL

MISCELLANEOUS TASKS



<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	