## **Individual Form B**

## NORTH CAROLINA TRANSITIONS TO COMMUNITY LIVING Initiative Informed Decision-Making Tool

## Name & Contact Information:

The purpose of this form is to support you in making an informed decision about where you want						
You ca	To live with the help of conversations, experiences and reflections.  You can complete this form with the support of the In-Reach Specialist, your guardian, and any other person you wish to include. It will remain with you after each conversation or be mailed to you shortly after the visit.					
I. Exe	ercising Your Right to Choose					
1.	What does it mean to you that you have a right to choose where you live?					
2.	Do you want to choose where you live? Why or why not?					
3.	How have you made important choices in the past? (examples: ask family and friends, read about choices, try something on a trial basis)					
4.	How far along are you with making a choice about where you live?  □ Not thought about it □ Thinking about it □ Close to choosing					
	☐ Made a choice What is the choice?					
5.	If you have made a decision, how did you go about making that decision?					
6.	How can you gain more confidence about this choice?					
Sı	upport for Your Decision:					
WI	ho else is involved?					
WI	hat option do they prefer?					
Is	the person pressuring you?					
Ho	ow can they support you?					
	what ways can the In-Reach Specialist help you?					
WI	hat role do you prefer in making the choice?					
	Share the decision with					
	Decide myself after hearing views of					

Someone else decides...

## **II. Exploring Your Options**

During your conversation with the In-Reach Specialist, you will be invited to explore your living options. On the chart below, you can list these options, the reasons for choosing or avoiding these options and how much these things matters to you.

	Reasons to Choose this Option (Benefits/Advantages/Pros)	How much it matters to you: 0 ◆ =not at all 5 ◆ =a great deal	Reasons to Avoid this Option (Risks/Disadvantages/Cons)	How much it matters to you: 0 ♦ =not at all 5 ♦ =a great deal				
OPTION #1		Choose an item.		Choose an item.				
		Choose an item.		Choose an item.				
		Choose an item.		Choose an item.				
OPTION #2		Choose an item.		Choose an item.				
		Choose an item.		Choose an item.				
		Choose an item.		Choose an item.				
OPTION #3		Choose an item.		Choose an item.				
		Choose an item.		Choose an item.				
		Choose an item.		Choose an item.				
Which option(s) do you prefer? ☐ Option 1 ☐ Option 2 ☐ Option 3								

Ш	. R	ecting on Your Preferred Option(s):						
		Knowledge: Do you know the benefits and risks of each option?	s 🗆 No					
		Values: Are you clear about which benefits and risks matter most to you? ☐ Yes	s □ No					
		Support: Do you have enough support and advice to make a choice?						
		Certainty: Do you feel sure about the best choice for you?						
		Gertainty. Do you reer dure about the best choice for you:	5 LING					
IV.	Pla	anning Next Steps on Each of Your Preferred Options (as listed on the chart)						
	1.	owledge – If you feel you do NOT have enough facts						
		Find out more about the options with the assistance of the In-Reach Specialist						
		List your questions						
		List where to find the answers (For example, the library, counselors, etc.)						
	2.	lues – If you are NOT sure which benefits and risks matter most to you						
		Review the diamonds in the chart to see what matters most to you						
		Find people who know what it is like to experience the benefits and risks						
		Talk to others who have made the decision						
		Visit and learn from others that have transitioned to the community						
		Read stories of what mattered most to others						
		Discuss with others what matters most to you						
	3.	pport – IF you feel you do NOT have enough support						
	Ο.	Discuss your options with a trusted person (example: health professional, counselor, family, friends)						
		Find help to support your choice	ly, monac,					
		ou feel pressure from others to make a specific choice:						
		Focus on the views of others who matter most						
		Share your guide with others						
		Ask others to fill in this guide (See where you agree. If you disagree on facts, get mo information. If you disagree on what matters most, consider the other person's views Take turns to listen to what the other person says & what matters most to them)						
		Find a person to help you and get others involved						
	4.	rtainty – If you feel UNSURE about the best choice for you						
	-	Work through steps two (II) and four (IV), focusing on your dreams and needs.						
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Bar	riers	aking the decision difficult or unclear:						

Strategies that may overcome these barriers:			
V. Summary, Reflections, and Signatures			
Summary of what was discussed today and next steps, including date of follow-u	p visit:		
Reflections on In-Reach Visit:			
I was provided information and resources about community services and			
supports, including supported housing settings not provided by the	□ Vaa	□ Na	□ NI/A
operator of the adult care home where I live (if applicable).	□ Yes		□ N/A
I was offered the opportunity to visit such settings in the community.	☐ Yes	⊔ No	□ N/A
<ul> <li>I was offered the opportunity to meet with other individuals with disabilities who are living, working and receiving services in integrated setting, with</li> </ul>			
their families, and with community providers.	☐ Yes	□ No	□ N/A
• I learned that in-reach is provided to individuals living in an adult care home			
or state psychiatric hospital regularly and not less than on a quarterly basis.	☐ Yes	□ No	□ N/A
Signatures (Names and Date):			
Individual:			
Guardian:			
In-Reach Specialist:			
Support/Team Member:			