



## Rights and Responsibilities

The person we support or the parent or guardian of someone we support has rights and responsibilities. Please review the rights and responsibilities below so you know what to expect of the NSDRC and what the NSDRC can expect of you.

**Your rights as a person receiving our services at the North Shore Disability Resource Centre (NSDRC) are:**

- 1. You have the same rights as those in the Canadian Charter of Rights and Freedoms and the BC Human Rights Code.**

This information is explained in detail in your Program Handbook.

- 2. You have the right to information about you or your child and your involvement with the agency.**

All records about you or your child are yours to view. Reports will be shared only with you or those you have allowed. You also have a right to be informed about other services offered by the North Shore Disability Resource Centre or other benefits or services available in the larger community. Program Managers will be happy to share any information you ask for.

You have the right to information to help you make the best choices and decisions for yourself. You have the right to ask for help to look at possible risks your choices or decisions may pose.

- 3. You have the right to privacy**

If you are 19 years or over you have the right to decide who will receive or give information about you. If you are a child, your parent or guardian has this right on your behalf. If you or your child is being hurt by someone or if they are putting someone else or themselves at risk, then we need to break your privacy and tell someone. You will be given a “**Consent to Obtain/Release Information Form**” to sign, giving us this permission

- 4. You have the right to advise the NSDRC of any concerns regarding the services you are receiving.**

Please tell the person providing your direct services or their supervisor about anything you are unhappy with. If, however, you do not find this process helpful, we have included information about our “**Complaints Procedure**” in this package. Your Program Manager can explain this process and the appropriate steps.

**Your responsibilities as a person receiving our services at the NSDRC are:**

1. We ask that you participate in the **planning of your services** through our annual Person Focused Plan (PFP) process. Even if you do not have a formal PFP you still need to let people who work with you know what you need to feel satisfied with your service.
2. We ask that you inform us of any **specific health concerns** you may have and any changes to your health. If you are a parent, you must give us permission to administer medications to your child.
3. We ask that you inform us of any needs you may have for **accessibility or accommodations**. For example sign language, audio tapes, an interpreter etc.
4. We ask that you let us know if you are not satisfied with your services either through the **“Complaints Procedure”** or in our annual satisfaction survey.
5. We ask that you communicate any **significant changes** in you or in your family’s situation that may have an effect on you or your child’s care.
6. When you leave the program we ask that you be involved in an **“Exit Interview”** that will help us to assess and improve our services.
7. We ask that you allow us to contact you for a **“Follow up Interview”** approximately 6 months after you leave a service that will help us to assess and improve our services.
8. If you are part of our **Community Based Programs** we ask that you use the hours allotted to you, but that you not exceed them. If for some reason you are unable to use all your hours or if your child cannot attend a program, we ask to be informed within 24 hours if canceling an activity.

## Emergency Information

<b>Name:</b>		<b>Date of Birth:</b> ➤	____ / ____ / ____ D      M      Y
<b>Address:</b>			
<b>Telephone Home:</b>			
<b>Mobile:</b>			
<b>Family Contact:</b>		<b>Telephone:</b>	
<b>Relationship:</b>		<b>Home #</b>	
		<b>Mobile #</b>	
<b>Emergency Contact:</b>		<b>Telephone:</b>	
		<b>Home #</b>	
		<b>Mobile #</b>	
<b>Physician:</b>		<b>Telephone :</b>	
<b>Allergies:</b> (please list)			
<b>Medical Issues:</b>			
<b>Current Medications:</b> (please list)			
<b>PRN Medications:</b> (please list)			
<b>Medication Administration Form Completed and Current?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Other Information</b>			

## General Information

**How is your social life and who are your friends?**

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**Are there any cultural or religious observances of which we should be aware?**

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**Are you attending any schools or programs?**

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**What other supports and services are there in place?**

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**Other information you want noted?**

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**Transition or other significant issues**

**Individual in high school;** any significant details of Individual Education Plan (IEP) from School. Details?  **Yes**  **No**  **N/A**

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**Individual aged 16 or 17;** have you applied for Person's With Disability Benefits? This will start on person's 18th birthday. Details?  **Yes**  **No**  **N/A**

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**Individual aged 17 or 18;** have you met with a Community Living BC (CLBC) or Ministry of Children and Family Development (MCFD) Facilitator or Social Worker to develop a detailed Plan for transition to Adult Services?  **Yes**  **No**  **N/A**

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**Individual aged 14 to 24** have you been informed of the annual transitional planning fair that show cases programs available for young adults with developmental disabilities?  **Yes**  **No**  **N/A**

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Would you like more information on transitional planning to adult services?  **Yes**  **No**  **N/A**

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**Individual in S.T.A.G.E.;** have you met with a Community Living BC (CLBC) Facilitator to develop a detailed Plan for graduation out of STAGE into another program? Details?  **Yes**  **No**  **N/A**

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**What are some great things about you?**

**Likes, Dislikes and Fears**

Likes	Dislikes	Fears

## Risk Assessment Form

Topic	Yes	No	Comments
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### 1. Road Safety

a. Can cross street using crosswalk without light	<input type="checkbox"/>	<input type="checkbox"/>	
b. Can cross street at crosswalk with light	<input type="checkbox"/>	<input type="checkbox"/>	
c. Can cross street at intersection with stop sign	<input type="checkbox"/>	<input type="checkbox"/>	
d. Can cross street at unmarked pedestrian crossing	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is able to walk quickly across street	<input type="checkbox"/>	<input type="checkbox"/>	
f. Is able to walk in right direction while crossing street	<input type="checkbox"/>	<input type="checkbox"/>	
g. Will watch for cars while crossing street (looks both ways)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Is able to walk safely through a parking lot	<input type="checkbox"/>	<input type="checkbox"/>	
i. If distracted can follow safety rules around walking/crossing streets and parking lots	<input type="checkbox"/>	<input type="checkbox"/>	

### 2. Transit Safety

a. Knows bus route to and from regularly used venues – understands transfer points, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Can identify (read) bus name/number	<input type="checkbox"/>	<input type="checkbox"/>	
c. Understands bus (time) schedules	<input type="checkbox"/>	<input type="checkbox"/>	
d. Can wait independently in line	<input type="checkbox"/>	<input type="checkbox"/>	

Topic	Yes	No	Comments
e. Has a bus pass or right amount of bus fare	<input type="checkbox"/>	<input type="checkbox"/>	
f. Shows bus pass to driver	<input type="checkbox"/>	<input type="checkbox"/>	
g. Places money in correct placement	<input type="checkbox"/>	<input type="checkbox"/>	
h. Takes bus transfer	<input type="checkbox"/>	<input type="checkbox"/>	
i. Can board correctly and safely	<input type="checkbox"/>	<input type="checkbox"/>	
j. Can find seat quickly and safely	<input type="checkbox"/>	<input type="checkbox"/>	
k. Understands socially appropriate behaviour while on bus (i.e. sitting during trip, not touching bus driver or strangers, keeping conversations generalized not personal).	<input type="checkbox"/>	<input type="checkbox"/>	

### 3. Asking/Following Directions

a. Knows who to ask for directions if lost on bus	<input type="checkbox"/>	<input type="checkbox"/>	
b. Knows who to ask for directions if lost at mall	<input type="checkbox"/>	<input type="checkbox"/>	
c. Knows who to ask for directions if lost on street	<input type="checkbox"/>	<input type="checkbox"/>	
d. Knows who to ask if cannot find something in a store	<input type="checkbox"/>	<input type="checkbox"/>	
e. Knows own home address	<input type="checkbox"/>	<input type="checkbox"/>	
f. Knows who to contact when in need of help	<input type="checkbox"/>	<input type="checkbox"/>	

### 4. Telephone Use

a. Uses appropriate volume of voice	<input type="checkbox"/>	<input type="checkbox"/>	
b. Knows how to use pay phone	<input type="checkbox"/>	<input type="checkbox"/>	
c. Knows how to find a phone number	<input type="checkbox"/>	<input type="checkbox"/>	

Topic	Yes	No	Comments
d. Recognizes busy signal/dial tone	<input type="checkbox"/>	<input type="checkbox"/>	
e. Can dial appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
f. Can end call appropriately (provide adequate information i.e. location)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Knows emergency numbers and how to use them	<input type="checkbox"/>	<input type="checkbox"/>	
h. Knows own home phone number and how to leave message	<input type="checkbox"/>	<input type="checkbox"/>	

### 5. Danger Awareness

a. Carries necessary personal belongings (medical alert info, identification, medical supplies, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
b. Can detect dangerous situations	<input type="checkbox"/>	<input type="checkbox"/>	
c. Conscious of own safety	<input type="checkbox"/>	<input type="checkbox"/>	
d. When focused on person/place/thing is aware of own safety	<input type="checkbox"/>	<input type="checkbox"/>	
e. Is aware of strangers and the impact that strangers can have on self	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does not interact with strangers in an inappropriate manner (asking for money, rides, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
g. Knows what to do in an emergency: fire, earthquake, extreme weather, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
h. Is aware of equipment safety when operating paper shredder, paper cutter or other electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	

Topic	Yes	No	Comments
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**6. Medical Awareness**

a. Knows medication he/she is on	<input type="checkbox"/>	<input type="checkbox"/>	
b. Wears medical alert tag	<input type="checkbox"/>	<input type="checkbox"/>	
c. Knows medical information (if pertinent i.e. allergies)	<input type="checkbox"/>	<input type="checkbox"/>	

**7. Sexual Appropriateness**

a. Understands when exposure of body is inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	
b. Knows how to say no to unwanted physical contact	<input type="checkbox"/>	<input type="checkbox"/>	
c. Knows how and who to report unwanted sexual advances	<input type="checkbox"/>	<input type="checkbox"/>	
d. Predator awareness (others peoples behaviour and how it poses threats/harm)	<input type="checkbox"/>	<input type="checkbox"/>	

**What action/training can be taken to minimize the risk?**

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**Alternate options discussed:**

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## Employment

Have you ever had a volunteer job?  Yes  No  N/A

If so, where? How was that experience?

List any employment or volunteer services you accessed:

Have you ever done a work trial or work experience?

Yes  No  N/A

If so, where? How was that experience?

Do you want a Paid Job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you could do any job, what would it be?

Do you have a Paid Job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a Paid Job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want another Paid Job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**List where you have worked and for how long:**

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**Is there a different kind of job you think you could do? What would it be?**

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Do you have an up-to-date resume?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have references from previous employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**What work related education and or training do you have?**

Certificates	
Courses	
Other	

**How do you travel in the community?**

Public transit      Do you have a HandyCard?  Yes  No  N/A  
 Handy dart  
 Someone drives me  
 Walk  
 Other \_\_\_\_\_

**What modifications do you need in order to be successful in a job?**

Assistive Technology	
Support Worker	
Other	

**Have you heard of any employment programs?**

Yes  No  N/A

**Can you name any programs you have been involved with or heard about?**

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**Have you taken part in the Discovery Process? – This is where we find out your employment interests.**

Yes  No  N/A

Comments: 

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**Have you ever been to an informational interview where you meet with employers to learn more about their business?**

Yes  No  N/A

**If so, where?**

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**Are you interested in learning more about the different employment programs offered in the community?**

Yes  No  N/A

**What are the next steps you think you need to take in order to find a job?**

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**Who will help you with your employment goals? (Learn a new bus route; support you to get ready for work)**

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**The Vision of your life:  
Your Hopes and Dreams for the Future**

**Short Term (over the next year):**

**Long term (over the next few years):**

**What's in the way of getting there?**

## Outcomes Brain Storming Sheet:

Use the list below to help you develop goals you want to work

### Volunteering

- Find Info on Volunteer Programs
- Work Experience- short term
- Long Term Work Experience

### Employment

- Career Exploration/Discovery
- Resume Writing
- Connect to an Employment Program
- Informational Interviewing
- Job Search

### Health

- Feelings & Relaxation
- Healthy Eating
- Food Safety
- Health & Personal Hygiene
- Sexual Health
- Fitness
- Communicate Health Concerns

### Independence

- Street & Crosswalk Safety
- Identifying Safety Risks
- Bus Skills
- Animal Safety
- Problem Solving

- Self Advocacy & Being Assertive
- Awareness of community resources
- Making Choices

### Skill Development

- Money Management
- Computer Skills
- Telephone Skills
- Decision Making
- Organization
- Time Management
- Cleaning
- Cooking & Meal Preparation

### Social Support Network

- Social Skills
- Stranger Awareness
- Friendship Building

### Other Ideas:

S.M.A.R.T. GOAL PLAN

The small steps you need to take to get where you want to go.

PWS	
Support Worker	
Date	

Life Functioning Area (check one box):

Social Support Network/ Community Involvement <input type="checkbox"/>	Skill Development <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Independence <input type="checkbox"/>	Health <input type="checkbox"/>	Employment <input type="checkbox"/>

**S.M.A.R.T. Goal** (*Specific, Measurable, Achievable, Realistic, Time Limited*):

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What do you need to accomplish the goal?

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What might stand in the way of you accomplishing the goal?

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Reviewed by Team Leader  Reviewed by Director

S.M.A.R.T. GOAL PLAN

*The small steps you need to take to get where you want to go.*

PWS	
Support Worker	
Date	

*Life Functioning Area (check one box):*

Social Support Network/ Community Involvement <input type="checkbox"/>	Skill Development <input type="checkbox"/>	Volunteer <input type="checkbox"/>
Independence <input type="checkbox"/>	Health <input type="checkbox"/>	Employment <input type="checkbox"/>

**S.M.A.R.T. Goal** (*Specific, Measurable, Achievable, Realistic, Time Limited*):

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*What do you need to accomplish the goal?*

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What might stand in the way of you accomplishing the goal?

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Reviewed by Team Leader  Reviewed by Director

## Addressing Specific Needs

This form is used to address needs that might act as barriers to meet your outcomes.

<b>Possible Needs</b>	<b>What is the need?</b>	<b>How can these be addressed ?</b>	<b>Who will address the needs?</b>	<b>When will it be addressed ?</b>
<b>Assistive Equipment</b>				
<b>Personal Accommodations</b>				
<b>Health or Safety Risks</b>				
<b>Other (specify)</b>				







## Checklist for Person-Focused Planning Meetings

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team reviewed the Emergency Information. (p.4)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team reviewed the Rights and Responsibilities. (p.2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team discussed the subject of Employment. (p.12-15)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team reviewed the hopes and dreams of the person receiving service. (The Vision) (p.16)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team completed two S.M.A.R.T. Goal Plans. (Small Steps towards the Vision) (p.18-19)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team discussed transitional planning process for youth transitioning to adult services. (p.6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person receiving service was at the meeting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person was a part of the team and the focus of their work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person (or family, friend or advocate) was asked first to share, and then others were asked to share information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The team talked about what's in the way of the person's preferred lifestyle (e.g. living, working relationships) for both now and the future.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The meeting was positive.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The meeting was supported by an effective facilitator who made sure that everyone had an opportunity to share in a non-judgmental atmosphere.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Someone was there to talk to or communicate for the person if he or she could not talk or communicate for him- herself.

**Person Focused Plan  
Understanding and Agreement Form**

<b>1.</b>	<p><b><u>Person we Support</u></b></p> <p>I have reviewed the <u>completed</u> plan and I understand and agree with the information it contains.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>
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**OR**

<b>2.</b>	<p><b><u>Person we Support</u></b></p> <p>I used the following symbols to show my understanding and agreement:</p> <table border="1" style="width: 100%; height: 60px; margin: 10px 0;"> <tr> <td style="text-align: center; width: 50%; vertical-align: middle;">   <b>YES</b> </td> <td style="text-align: center; width: 50%; vertical-align: middle;">   <b>NO</b> </td> </tr> </table> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Witness <span style="float: right;">Date</span></p>	 <b>YES</b>	 <b>NO</b>
 <b>YES</b>	 <b>NO</b>		

<b>3.</b>	<p><b><u>Family Member or Advocate</u></b></p> <p>I have reviewed the completed plan and I understand and agree with the information it contains.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature <span style="float: right;">Date</span></p>
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**Sent to CLBC/MCFD**  
**Sent to Family/PWS**


**Reviewed by Team Leader**  
**Reviewed by Director**

# APPENDIX A

## Tips for a Person Focused Planning Meeting

Here are sure bets for an ideal planning meeting. Since no two people or meetings are the same be prepared to cur, paste and improvise.

- Ask the person you support (family, friends, advocate) who they would like to invite (e.g. parents, siblings, other family members, friends etc.) to the planning meeting. These are people who know the person you support well and support him or she is some way.
- Set a convenient time and place for the meeting. This should be the person you support's home or some other comfortable place. While not a must, snacks have been known to add to a meeting.
- Decide who will call and invite people to come to the meeting. Tell people the time and place, purpose (e.g. to support the person in developing a plan for the future) and any important expectations (sharing ideas and resource information.
- The ideal situation is to have a facilitator and a recorder. A good recorder takes notes and summarizes them every so often throughout the meeting. Whatever way is used to record information it's important for the recorder to make sure he or she is getting everything down by checking back with everyone to review what's been recorded.
- A good facilitator keeps the conversation moving along, keeps things positive and helps redirect when someone gets off the topic at hand.

### Other tips for facilitators:

- Make sure everyone knows each other and why they are at the meeting
- You may want to start with something to break the ice (e.g. a fun activity, personal story)
- Use your body posture and facial expressions to encourage conversation and show acceptance of whatever is said.
- Respect everyone's right to choose not talk.
- If someone becomes uncomfortable or upset, offer to end the meeting and reschedule for a later date.

- End the meeting with a positive summary of what was discussed and what you hope to do next time.
- Decide when to meet again in six months
- Typical ground rules for a meeting:
  - Take turns
  - Listen to one another and ask questions to clarify
  - Be respectful of each other's ideas and information
  - Keep all things confidential unless there is agreement to share something with someone who wasn't at the meeting
  - If you say you will do something, follow through

# APPENDIX B

## The General Process

### 1. Getting to know someone

Getting to know someone is at the core of the Person Focused Plan. The best way to get to know someone is to spend time doing things together, talking, listening and watching to figure out what is important to him or her. Once a year, the person will have a chance to develop a personalized plan. The planning process uses a series of open-ended questions that can help the person (their friends and family) think about and communicate the things that are important to them. Once we listen carefully to how people want to spend time while in our program and what they want to achieve from the service, the next step is to help them set specific outcomes and decide how they will achieve them.

### 2. Using a team approach

The most important person who must attend is the person you support. They can then decide who they want at the meeting – a parent friend or family member and anyone else they think is important.

### 3. Team responsibilities

When a team gets together to work on a Person Focused Plan, everyone has a job to do.

**Person you support and/or family** The focal point of the meeting

**Team Leader** The person who chairs the meeting

**Team Recorder** The person who fills in the form and takes notes

**Team Members** Everyone who comes to support the person you support

### 4. Team Language

If the person you support doesn't speak well, or uses adaptive communication or a different language, then a helper should also be on the team. This helper should be someone who knows the person you support as well as the language and/or communication system of the person. Team members should use a conversational style that's easy for everyone to understand.

Picture Symbols can be inserted into or attached to the form if required.

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# Appendix C

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This section reviews the rights and responsibilities of the person we support. This form needs to be completed yearly.	
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<b>General Information</b> .....	<b>5</b>
<b>Transition or Other Significant Issues</b> .....	<b>6</b>
Please tick the boxes identified as areas of transition or issues. Please note conversation and any details.	
<b>What are Some Great Things About You?</b> .....	<b>7</b>
<b>Likes, Dislikes, and Fears</b> .....	<b>7</b>
<b>Risk Assessment Form</b> .....	<b>8</b>
<b>Employment</b> .....	<b>12</b>
<b>The Vision of Your Life: Your Hopes and Dreams for the Future</b>	<b>16</b>
<b>Outcomes Brain Storming Sheet</b> .....	<b>17</b>
This section is used to brainstorm goals and outcomes that the person we support and their network feel they should be focusing on. This page may also supplement the S <sup>3</sup> Booklet which will be completed after the PFP.	
<b>Form 921: S.M.A.R.T. Goal Plan</b> .....	<b>18</b>
Using the areas identified on the S.M.A.R.T. Goal Plan, please note a minimum of 2 goals and possible action ideas on the page. This page may also supplement the S <sup>3</sup> Booklet which will be completed after the PFP.	
<b>Addressing Specific Needs</b> .....	<b>20</b>
After you have helped the person set their outcomes/goals you must discuss any specific needs they may have that may hinder them reaching their goal. It may be a need for some kind of assistive technology such as a communication system or an accommodation such as arranging for someone at the pool to help with a transfer.	
<b>Checklist for Person-Focused Planning Meetings</b> .....	<b>21</b>
Complete this section as a group after the PFP meeting to see if you met all the important factors in a successful planning meeting.	
<b>Person-Focused Plan Understanding &amp; Agreement</b> .....	<b>22</b>

Review the plan with the person you support and their family member(s) or advocate(s) at the meeting. Use Form #10 "Understanding and Agreement Form" to demonstrate the person's agreement with the information. The form includes symbols that can be used for people who do not communicate using words. If the person uses the symbols, someone should sign on their behalf indicating their response. If they are unable to use the symbols then their family member or advocate can sign on their behalf.

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