

Individual Profile for Lifesharing Home Study

Home Study Professional Information

Name _____

Address _____

Phone _____ Email _____

Date of Profile _____ Date of Profile _____

Individuals' Information

Name: _____

Address: _____

Age: _____ Gender _____ Marital Status _____ Race/Ethnicity _____

General Information

List names of all family members (title/relationship) contributing to this profile (*include self, staff, therapists, supports coordinator, nurses, etc*):

List all assessments and documentation that contributes to the profile.

Describe the current level of biological family involvement.

Describe what types of activities the individual enjoys doing with his/her friends (e.g. travel, vacations, night life, interests, hobbies) .

Personal Preferences

Describe the individual’s religious preferences (*include affiliation, does he/she practice, where, what holidays are celebrated, etc.*):

Describe the individual’s personal likes and interests (*include whether person likes time alone, activities, TV, movies, computer/internet usage, talking on the phone, sports, hobbies etc.*):

Describe the individual’s favorite foods:

Describe the social/community activities the individual is currently interested in or pursuing:

For Review and Comment Purposes Only – Not for Implementation Attachment 3

Please describe the individual’s lifesharing preferences from the following selections.

Use check (✓) mark. Indicate No-preference where applicable.

Rural _____ **Suburban** _____ **Urban** _____

Apartment _____ **Single Home** _____ **Other** _____ **No-Preference** _____

Single-story home _____ **Multi-story home** _____ **No-Preference** _____

Family w/Children ___ **Married Couple** ___ **Single Companion** ___ **Friend/Roommate** ___

Single Bedroom _____ **Shared Bedroom** _____ **No-Preference** _____

Shared bathroom _____ **Private bathroom** _____ **No-Preference** _____

Smoking _____ **Non-smoking** _____ **No-Preference** _____

Family and Home Life

Describe the individual’s daily routine for Monday through Friday:

Monday	Tuesday	Wednesday	Thursday	Friday

Describe the individual’s daily routine for Weekends:

Saturday	Sunday

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Describe the individual's current living situation (*include home, housemates, staffing, level of support, current neighborhood, etc.*):

Describe the individual's dream home (*what type of room, living space, yard, type of neighborhood, etc.*):

Describe the type of family the individual would like to be a part of (*include level of activities, number of members, children, pets, etc.*):

Describe the individual's major life goals and aspirations:

Additional Information

Are special accommodations required in the home for the individual (*include stairs, fenced yard, rails, etc.*):

Describe the individual's self preservation skills (*include if person can be left alone, travel, fire evacuation, car safety, strangers, use of public transportation, independence in the community, etc.*):

Describe the individual's strengths:

Describe how the individual handles stress:

Describe how the individual handles conflict:

Who would the individual go to if he/she has a problem or concern:

Describe the supports you think the individual will need to be successful in Lifesharing:

Provide a summary of the individual’s medical concerns/needs (*include allergies, medications, age/health-related conditions*):

List the individual’s current medications:

Overall Recommendations:

Summary:

Certification:

This is to certify that I have completed this Home Study of the prospective individual and his/her choices and that the information I have conveyed through this home study is accurate and complete to the best of my knowledge.

Home Study Professional

Date: _____

