

# My housing plan

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# Instructions

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As you work through the housing plan document, you will be asked to consider the following:

- What is important to you about your home (physical structure, location, size, etc.)?
- What kind of supports you need and how to best support you?
- What type of home you want to live in (apartment, house, condo, room and board, etc.)?
- Who you want to live with (alone, housemates, family)?
- What activities need to be present?
- What professional services need to be present to support you?

You will also be asked to:

- Complete a schedule of what you do throughout the day and what kind of assistance (if any) you need during those activities.
- Consider where technology may help you to build independence and lower your worker support costs.
- Think about your natural relationships (friends and family) and how they may help you to live as independently as possible through supports or financial assistance.
- Explore generic services in your community that may assist as well as MCCSS funding or funded services that you may have access to and how to best utilize these services and supports within your housing plan.
- Consider a budget for monthly living expenses and any initial costs you may have.
- Highlight any gaps that still exist after all resources are explored.

The instruction template that follows highlights some things to consider in each area of the form. You can work through this form on your own with the help of these instructions, or you can connect with your local DSO Housing Navigator for guidance or assistance.



# About me

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## All about me and my housing needs

This worksheet is the first step you need to take to create your housing plan. It will identify what people like and admire about you, what is important to you, and how needs can be supported.

Here's some things to think about when answering the questions on the next page.

### Question 1: What people like and admire about me?

- a. The gifts I bring to the world.
- b. The skills I have.
- c. The strengths others appreciate in me.

### Question 2: What is important to me about my home?

- a. Location—community, neighbourhood, close to certain amenities?
- b. With whom—roommates, alone, family, friends?
- c. Type of home—house, condo, apartment, rent or own?
- d. What to avoid in a home—stairs, loud neighbourhood?
- e. Important layout—accessibility, large bathroom?

### Question 3: How to best support me in my home?

- a. How much and what kind of support will I need to live my most independent life?
- b. What do my support people need to know and do to help me stay healthy and safe?
- c. What do my support people need to know and do to value me?
- d. What do my support people need to know and do to make sure that what is important to me is not overlooked or forgotten?

Name:

Date created:

1. What people like and admire about me?

2. What is important to me about my home?

3. How to best support me in my home?

# My basic information



My current address and who I currently live with	
My current diagnosis	
My communication preferences (how do you best communicate and how can people best communicate with you)	
My mobility aids that I use (always or sometimes)	
My Supports Intensity Scale (SIS) score (you can get it off of your Summary Report completed by your DSO Assessor)	
My self funding supports	
My funding or funded supports that I am currently receiving (e.g., Passport, day program, individualized funding, residential, Ministry of Health (LHIN's), etc.)	
My level of education	
My residential history (e.g., college residence, family home, home share, group home, etc.)	
My behavioral concerns (e.g., aggression, depression, etc.)	
My significant health concerns that my support team need to be concerned with (e.g., diabetes, seizure activity, etc.)	
My other information (anything else that you feel is important to remember when planning for housing)	
My time line for implementing the housing plan?	

# My relationship circle



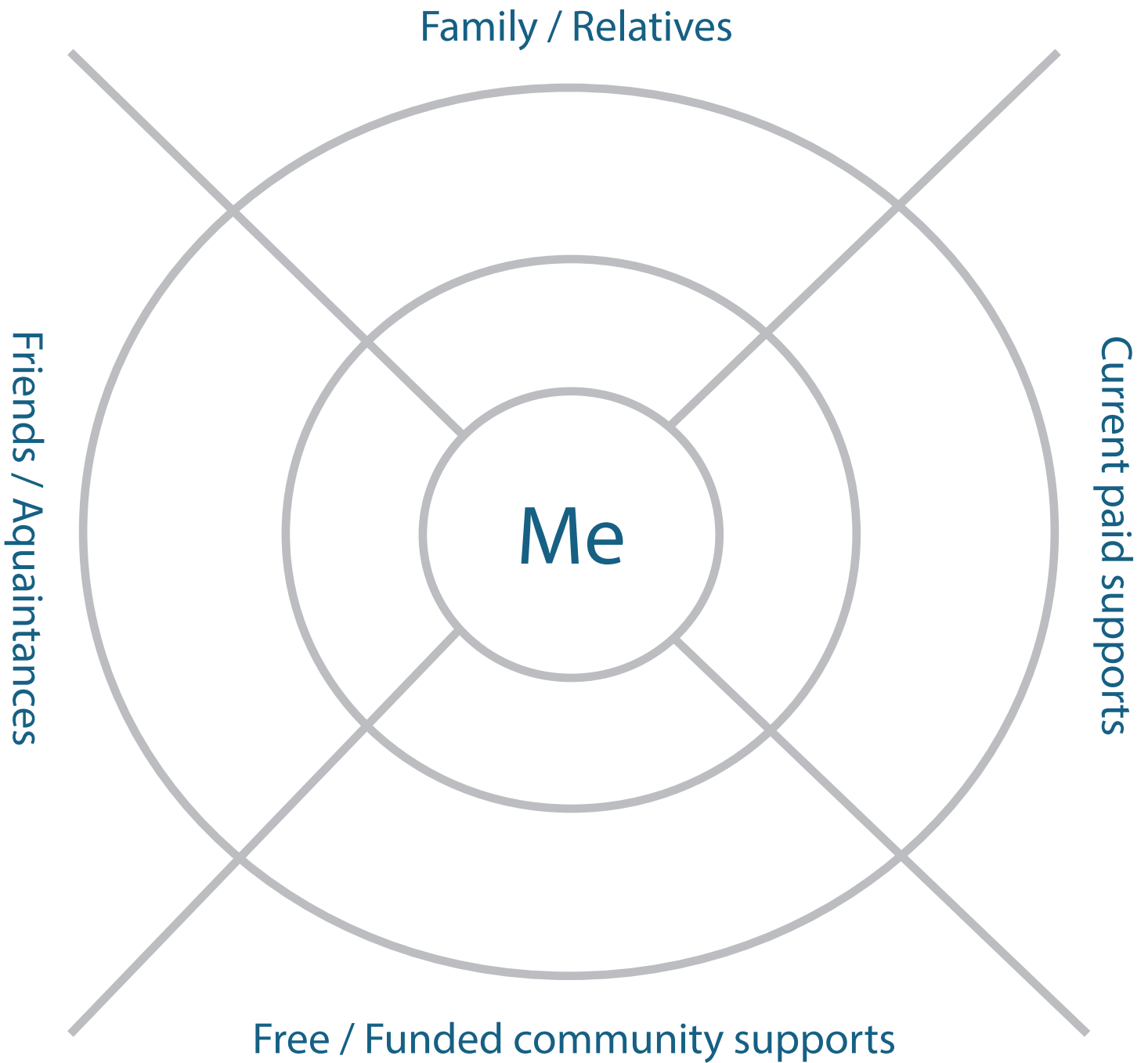
## Instructions for completing the relationship circle

By completing your relationship circle, you will examine who is already in your life that can help support your goals.

Relationships are important to all of us. We all have different people in our lives who play a variety of roles and provide us with unique things. For example, we might have friends who like music and who we connect with to attend concerts with us. We might have friends who like sports who we invite to go to the local pub and watch a game, or we may have friends who love food and who we enjoy cooking with and going out to eat at local restaurants.

By completing this document, you will identify who you have in your life, and how they are connected to you (e.g. family member, friend, paid support, etc.). It can help you determine who you may wish to invite to participate in the planning process and which areas you may wish to work towards building new connections.

# My relationship circle





# My housing vision

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What needs to be in the home?

What do I need for a meaningful and productive day?

What does the surrounding community need to have?

What professional services do I need?

# My housing model



Check the model/type that appeals to you most:

Home ownership by person with disability (remember to consider the cost of ongoing maintenance)	
Condo ownership by person with disability (remember to consider ongoing condo fees)	
Mobile home ownership by person with disability (remember to consider the cost of ongoing maintenance)	
Home ownership by a parent, sibling, or other family member	
Condo ownership by a parent, sibling, or other family member	
Mobile home ownership by a parent, sibling, or other family member	
Second unit (relative's home)	
Housing cooperative	
Apartment rental	
Room and board	
Living with a housemate (do you have a housemate in mind? How will you find a compatible housemate?)	
Living with 2-3 housemates (do you have housemates in mind? How will you find compatible housemates?)	
Living alone	
Live in caregiver model	
Friendly neighbor model	
Subsidized housing / rent geared to income – application completed?	



Location preferences (list all communities /neighbourhoods that apply)

# My home evaluation





Describe what is working and what is not working for you in your current home environment.



My evaluation of the home:

What is working? 	What is not working? 

My family's evaluation of the home:

What is working? 	What is not working? 

My support person's evaluation of the home:

What is working? 	What is not working? 

## Action Plan

How can we build on what's working?

What changes can be made to fix what's not working?

# My support needs



My morning schedule: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
7 am						
8 am						
9 am						
10 am						
11 am						
Total hours needed	N/A	N/A				N/A

My afternoon schedule: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
12 pm						
1 pm						
2 pm						
3 pm						
4 pm						
Total hours needed	N/A	N/A				N/A

My evening schedule: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
5 pm						
6 pm						
7 pm						
8 pm						
9 pm						
10 pm						
11 pm						
Total hours needed	N/A	N/A				N/A

Overnight support: 

Time:	What I do	Is support needed?	Is unpaid support available?	How can assistive technology help?	Funded supports needed	Type of support needed
Over-night						
Total hours needed	N/A	N/A				N/A

Weekly support:



Activity:	Type of support needed	Number of hours per week	Unpaid support available	Funded supports needed	Reason for funded supports
Cooking / Meal planning					
Laundry					
House cleaning					
Budgeting / Paying bills					
Organizing medication					
Shopping (groceries, supplies)					
Recreational activities					
Other					
Total hours needed Line E	N/A				N/A

Grand total of hours (both unpaid and funded).

Line A:

Total of unpaid / natural support hours per week. Record only unpaid support hours.

Line B:

Total of funded support hours per week (including those already provided). Record only the number of funded support hours.

Line C:

Total of weekly hours.

Line E:

## Hourly support costs

Who will provide the supports? There are many things to consider when deciding who will provide paid supports. Speak with your housing navigator to help you decide what is right for you.

Source	Number of hours	Hourly rate	Total cost
Independently hired contractors			
Worker employed directly by plan holder			
Worker employed directly by plan holder family			
Worker agency employed			
Incorporated microboard/ aroha / Community circle employed			
Other (be specific)			
Total hours needed <b>Line F</b>			

Note: Transfer total cost to report below.

## What funded support requirements are currently being met:

Example table

Activity	Funding source	Confirmed
Example: Assistance with bath M-F community supports	LHIN MCSS – Day support	Confirmed and current
What activity is being met through current supports or possibilities	Indicate source and amount (if known)	If in receipt – Confirmed If it needs to be applied for or investigated - possible
		Possible
		All items identified as 'possible' should be recorded on the chart below to further investigate
<b>Line D</b> (Grand total hours confirmed):		

Complete table on next page



## What funded support requirements are currently being met:

Complete this table

Activity	Funding source	Confirmed
<b>Line D</b> (Grand total hours confirmed):		

## Calculate the total number of hours of funded support that you still need

**Line E:** Funded support hours needed per week (**Line C**) minus confirmed funded hours (**Line D**) = \_\_\_\_\_ (Total number of hours of funded support still needed). Note: all confirmed hours from this chart should be subtracted from the number of funded hours needed.

## Additional resources to research

Funding source	Person responsible	Target date	Result
Record anything requiring research or application from the chart above.	Who will investigate?	By when?	Successful? If not, why not?



## Available financial resources

Resource	Monthly amount
Ontario Disability Support Program (ODSP)	
Old Age Security (OAS)	
Income from employment	
Registered Disability Savings Account (RDSA)	
Insurance	
Passport funding	
Direct Funding Program (MoH)	
Individualized funding (MCCSS)	
Funds held in Trust	
Faith based funding	
Fundraising	
Family resources / contribution	
Other (be specific)	
<b>Line G</b> (Grand total resource \$):	

## Expense report

Type of housing chosen for my plan	
Reason (describe why you chose this plan)	

Expense for housing	Amount
Rent / Mortgage / etc.  Note: ODSP amount is \$497 for rent and utilities– if you pay less than that monthly, your ODSP payment will be adjusted.	
Heat (If not included in rent)	
Electricity (If not included in rent)	
Phone / Internet / Cable TV (does assistive technology require an internet connection? Or a landline?)	
Water / sewer	
Cell phone (Phone / data / SMS)	
Food / grocery  Note: Average in Canada is \$200 / Month (but consider local economy and costs)	
Insurance (House or content insurance? Life Insurance?)	
Technology subscriptions (Tech that helps you live independently sometimes need an ongoing fee)	
Other (Include entertainment, clothing, gifts, hair, courses, etc.)	
<b>Line F</b> (monthly hourly support costs):	
<b>Line H</b> (grand total expenses):	

## Financial summary

<b>Line G</b> (grand total resource dollars):	
Minus	
<b>Line F</b> (grand total expenses):	
<b>Line J</b> (surplus / deficit amount):	
Add any additional one time costs (as above under one time costs)	

Note: If deficit amount add total to cover page under “amount needed to initiate housing plan”

# My next steps

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As you review each step in the toolkit, you may find a need or a desire to go back and change your housing vision. This housing plan can be filled out more than once, changed a little or changed a lot depending on your needs.

Reflecting on your housing plan, what next steps are needed to move this forward (include time frames).

Step	Person responsible	Target date

# References

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Person-centred Thinking Tools: Hsa: Consultancy: Training  
<http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools>

Special thanks to Helen Sanderson Associates.