

CHAPTER 8:

TOOLS YOU CAN USE

HOUSING WISH LIST

*There are many things to think about when you are looking for housing.
This worksheet is designed to help you get started.*

1. Do you want to live alone or with other people?

- Alone With a friend (s) With a group Not sure

2. How many bedrooms do you need in your apartment?

- Studio One bedroom Two bedrooms Not sure

3. What kind of home do you want to live in?

- House Apartment Group home Not sure

4. Where do you want to live?

- Somewhere quiet Somewhere busy Not sure

5. What is important to you in the location of your new home? Check all that apply.

- To be close to my family
 To be close to work or school
 To be close to shopping
 To be near a bus stop
 To be near a park or other recreation
 To be near my church or other place of worship
 To be near medical facilities
 Other, please list

6. What features are important in your new home? *Check all that apply.*

- First floor apartment
- On-site apartment manager
- Accessible features such as step-less entry, curbless shower or strobe alarm
- Accepts pets
- Laundry facility
- Other, please list

7. What support will you need to live in your own home?

- Personal care
- Shopping and meal planning
- Bills and managing your money
- Going places in the community
- Other, please list

8. How much can you afford to spend on housing (rent and utilities)? _____

A. What is your total monthly income? _____

B. Multiply the amount in line A by .30 This is the maximum amount you can afford to spend on housing.

9. How will you pay for your housing (rent and utilities)? *Check all the apply.*

- Own money
- Help from parents/friends
- Rental assistance
- Other

10. Do you need help with your housing search?

- Yes
- No

Who can help?

BUDGET WORKSHEET

INCOME (where my money comes from each month)	
Paycheck	
Social Security Money	
Financial help from family and friends	
Other (specify)	
Total Income (add up all the numbers)	
EXPENSES (where my money goes each month)	
Housing	
Rent or mortgage	
Community/homeowner association fee	
Water and sewer	
Insurance (renters or homeowners)	
Electricity	
Natural Gas/Oil	
Telephone (home and/or mobile)	
Internet and/or Pay TV	
Maintenance	
Other (specify)	
Personal	
Insurance (health, life)	
Medical (including dental and vision)	
Food (groceries)	
Eating out/snacks	
Clothes and shoes	
Entertainment/recreation	
Donations and gifts	
Vacation/travel	
Newspapers/subscriptions/memberships	
Personal items	
Pets/Vets	
Other (specify)	

Transportation	
Public Transportation	
Car repairs and gas	
Car payment and insurance	
Other (specify)	
Savings	
Total Expenses (add up all the numbers)	

MATCHING MY INCOME AND EXPENSES	
Write down your total monthly income	
Write down your total monthly expenses	
Subtract expenses from income and write down the amount here	

Adapted from “*Making the most of your money!*” by The National Endowment for Financial Education and The Arc of the United States. Contact The Arc of the U. S. if you would like a copy of this publication www.thearc.org.

HOUSING SEARCH RECORD

Use this form to help you keep track of your search for housing. Each time you call or visit a property, fill in the information below. Be sure to note who you spoke to, if the rent is subsidized and if there is a waiting list.

Date of Search	Name and Address of Property	Contact person	Type of Housing and Number of Bedrooms	Rent Amount	Waiting List	Comments

GROUP HOME CHECK LIST

If you will be visiting multiple group homes, make several copies of this form so you can use one at each place.

Group Home Name: _____

First Impressions

- _____ Do you like the location?
- _____ Does it feel/smell like a home or more like an agency or institution?
- _____ Does the staff address residents by their names and interact with them during your tour?
- _____ Does the staff just take care of people or does the environment support choices and flexibility?
- _____ Can you talk with residents about how they like living there and about the staff?

Self-Determination and Personal Choice

- _____ How does the staff support choices and decisions of the residents?
- _____ Do residents have choices in their rooms and housemates?
- _____ Do residents have the choice not to participate in activities?
- _____ Are residents provided a choice in when and where to eat their meals?
- _____ Can residents decorate his/her room whatever way they would like?
- _____ Do residents have choice in how the common areas are decorated?
- _____ Are residents encouraged to have his/her own checking account?
- _____ Are residents required to go to bed at a certain time?
- _____ How does the agency ensure residents are aware of their rights and comfortable reporting violations?

Family Involvement

- _____ Are visits with the residents encouraged and welcome at any time?
- _____ Does the home have an area for families to visit and have some privacy?
- _____ How often does the staff communicate with family members?
- _____ Do you automatically notify families of incidents or only if they request information?

Living Area and Accommodations

- _____ How many of the units are occupied?
- _____ Are the rooms single or double occupancy?
- _____ Are your homes accessible to people with physical disabilities?
- _____ What furniture is provided and what can residents bring from home?
- _____ Are the common areas attractive, comfortable and clean?
- _____ To what extent can the residents leave personal belongings in the common areas?
- _____ Are the responsibilities of residents for the upkeep of the home voluntary or assigned?

Health and Safety

- _____ Does the residence have good lighting, sprinklers and clearly marked exits? Is there an emergency evacuation plan?
- _____ How are medical emergencies handled?
- _____ Can people keep their current doctor, dentist, psychologist, etc., if they want to?
- _____ Is transportation provided for medical appointments?
- _____ What happens if a resident is ill and unable to attend work or work programs?
- _____ How safe is the neighborhood? What is the crime rate?
- _____ Do other people residing in the group home have a history of aggression, theft, violence such as physical and sexual assault?
- _____ Has your agency had any incidents of abuse, neglect or exploitation within the last 5 years?

Social Relationships and Recreational Activities

- _____ What types of activities are planned and how often? Who plans the activities?
- _____ Does your agency support residents to develop friendships in the community?
- _____ Are friends of the resident encouraged to visit? Is there opportunity for privacy?
- _____ Do you support the residents to attend religious services of their choosing?
- _____ What transportation is available to residents? For what activities and how often is it available?
- _____ Is the group home near a bus route?
- _____ Are there community resources within walking distance of the home and are residents permitted to walk to them?

Moving In and Finances

- _____ Is there a waiting list? If so, how long do they estimate it will be for a unit to become available?
- _____ What is involved with the moving in/out process?
- _____ Is there a written statement of residents' rights and responsibilities?
- _____ Is the contract for a specific period of time or month-to-month?
- _____ When may a contract be terminated and what are the policies for transfers?
- _____ Does the facility accept Medicaid? Special Assistance for Adults?

Staff

- _____ What are the hiring procedures and requirements for eligibility?
- _____ Are criminal background checks, references, and certifications required?
- _____ Is there a staff training program in place and what does it entail?
- _____ What is the staff turnover rate? What does the agency do to encourage staff to stay?
- _____ What is the staff-to-resident ratio during the day? At night? On weekends?
- _____ Within the last three years has your agency dismissed a staff because of abuse, neglect, exploitation or for risking a person's safety?

Staff and Agency Information

- _____ Describe the mission and vision of your agency?
- _____ How long has your agency been in existence? Is it in good financial health?
- _____ Tell me about your quality improvement plan.
- _____ How do you match housemates?
- _____ To what degree are you willing to develop and create supports if a person does not 'fit' into your existing services?
- _____ Would your agency be willing to set up a home to meet the desires of a particular resident?
- _____ What types of violations have your homes received in the last 3 years? What have you done to address the violations? Be specific.
- _____ Would you ask 2 or 3 of the persons you currently support for permission to give me their contact information so I may ask them about their experience with your agency?
- _____ What is your discharge policy? Have you ever initiated discharging someone? If so, what were the circumstances?
- _____ What is your agency's policy on physical restraints? Restrictive interventions? Medication policy? May I have copies of these policies?
- _____ How does your agency support cultural differences?
- _____ Does the facility have a current license displayed?

Complaints and Problem-Solving

- _____ Is the administrator, or other appropriate staff person, generally available to answer questions or discuss problems?
- _____ What is the procedure for handling resident or family concerns?
- _____ Is there an appeals process for dissatisfied residents?
- _____ Has the facility experienced any complaints or corrective actions?
- _____ Has the facility ever been sanctioned or fined, or had its Medicare/Medicaid certification suspended?

Your questions and concerns:

Adapted from: *Choosing a Provider, A Guide for People with Disabilities, Their Families and Others* by The Arc of Cumberland County, Inc. and *The Directory of Resources 2007-2008* by Resources for Seniors, Inc.