

This interactive form contains fields that you can select or fill in. Follow these tips to enter and save your information.

Mobile Devices and Tablets

You can edit and save this interactive form using the free Dropbox and Adobe apps. To edit the form using Dropbox and the Adobe Acrobat app:

1. Open a PDF file with the Dropbox app on your mobile device.
2. Tap the edit icon (a piece of paper and a pen). You'll be prompted to install the Adobe Acrobat app, and then will be taken to the app store.
3. Once Adobe Acrobat is installed, go back to your Dropbox app and either tap Next on the screen indicating that installation is complete or, if you don't see that screen, tap the edit icon again.
4. You'll be taken to the Adobe Acrobat app, and prompted to authorize that the Adobe Acrobat app can access your Dropbox.
5. Your file will open in the Adobe Acrobat app, where you can view or edit the PDF.
6. When you finish editing, tap the back arrow to save. You'll be taken to your Dropbox where the updated file will be saved.

Computers



Interactive fillable form

A. Purple message bar indicates presence of fillable fields. **B.** When clicked, shows where fillable fields exist.

Moving within the Forms — Use your mouse or pointing device to select icons, buttons, checkboxes, menu items and to select a space to enter information. Use the scroll bar to view more of the form you have selected.

(Optional) To make form fields easier to identify, click the Highlight Existing Fields button on the document message bar. Form fields appear with a colored background (light blue by default), and all required form fields are outlined in another color (red by default).

Entering your Information — Placing your mouse or pointing device over an entry area may display text about what to enter. You may also use the tab key to navigate through the form. To move backward to a previous area, hold down shift and then push the tab key.

Manual Entry Fields — Select an area to enter information and a blue box will surround it, with a blinking vertical line to indicate where you are entering your information.

Save forms -To save the completed form, choose File > Save As and rename the file.

Disadvantages

- May not be able to choose roommates.
- Medical and dental services are provided by or coordinated by the facility. It can be difficult to choose a medical provider other than the one selected by the facility.
- The daily routine is usually more structured.
- A social worker or case manager is employed by the facility.

CONSIDER THIS

1. Where would the person prefer to live?

2. What daily activities such as walking, dressing, preparing meals, etc., does the person need assistance to perform? Can the needed level of assistance or supervision be provided in the residential option your family member is considering?

3. Do you have an updated personal disaster plan?

Now that you have read Chapter 6, you are ready to complete Section B. Residential History/Plans in the Personal Information Summary.

Section B. Residential History/Plans

Describe the type of home or residence where the person has lived in the past, where he lives now, and how he would like to live in the future.

Currently lives in _____

(Own Apartment, Shared Home/Apartment, Family Home, Assisted Living Facility, Foster Home, Group Home, IDF/DD, Residential Habilitation Center, Skilled Nursing Home)

Other (describe) _____

Requires the following support services to live there: _____

Lives with _____

Optimal level of supervision required (Low / Medium / High)

Other _____

Monthly cost is _____ Paid by _____

Caregivers with whom the person has lived previously (start with most current):

Name	Address	Reason for Leaving
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In the future, the particular type of home the individual prefers is _____

(Own Apartment, Shared Home/Apartment, Family Home, Assisted Living Facility, Foster Home, Group Home, IDF/DD, Residential Habilitation Center, Skilled Nursing Home)

Other (describe) _____

If the person prefers a group setting, preference for number of residents who live there is _____

If the person prefers living with family or friends, arrangements (have/have not) already been made with:

Name	Address	Phone Number
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The type of neighborhood preferred is (Urban / Suburban / Rural)

The home should be near (Bus Stop / Grocery Store / Work Place / Hospital / Church / Family Members)

Other _____

Can use this kind of transportation:	Bus	Train	Taxi
With help:	(Yes / No)	(Yes / No)	(Yes / No)

Other _____
