

Instructions

Loved Ones First Name	Enter your loved ones first name. Write big!
Age	Enter your loved ones age.
Your Full Name(s)	Please enter your full names.. i.e. John and Suzy Smith
Ready for Housing...	When are you ready to start seriously trying to find a solution for your loved one's housing needs. If you want to start right now, indicate Now even if you feel you aren't "ready" but would like to be.
Disabilities	Indicate the nature of the disabilities (Physical and/or Developmental) that will need to be considered in a housing and support solution.
Employment Potential	Indicate your loved ones current or anticipated employment level at the time they will need a housing solution. Will they hold a paying full time job? Paying part time job? Maybe not a paying job but could be engaged in volunteer activities?
Transportation Needs	Indicate your loved ones anticipated transportation needs. Do they drive themselves? Could they independently use Public Transportation? Do they need dedicated transportation?
Level of Support Needed in Housing Situation	Choose the description that best describes your anticipated level of support needed for your loved one.
Vision	Do your best to very briefly summarize your vision for your loved one's housing. What would the ideal situation look like for housing, support and transportation?

	Age	Ready for Housing...	Current Photo
		<input type="checkbox"/> Now <input type="checkbox"/> 2-5 Years <input type="checkbox"/> 5-10 Years <input type="checkbox"/> 10+ Years	<div style="border: 1px solid gray; width: 100%; height: 100%; background-color: #f0f0f0; display: flex; align-items: center; justify-content: center;"> <p>Paste Photo Here</p> <p>~1-1/2 in Square</p> </div>
Your Full Name(s)			
Disabilities (check all that apply)			
<input type="checkbox"/> Physical <input type="checkbox"/> Developmental			
Employment Potential	Transportation Needs	Level of support needed in housing situation	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Drives <input type="checkbox"/> Uses Public T <input type="checkbox"/> Needs Trans	<input type="checkbox"/> L Occasional guidance & support <input type="checkbox"/> M Living & Job coach, onsite oversight at night <input type="checkbox"/> H Daily living coach, constant oversight <input type="checkbox"/> VH 24 x 7 Care	
Summarize your vision for your loved one's housing in one or two sentences			