

Ready or Not Questionnaire

Please fill out this questionnaire to share during the Parent Provider Training.

Sometimes there are unexpected circumstances or events that can drastically change the life of your loved one. The loss of their primary care provider due to injury, illness or death needs to be taken into consideration in thinking about their future.

What is your son/daughter's current status if something was to happen to you?

1. If someone needed to step in to assist your son/daughter do you have an Assistant's "How to" Notebook and/or iMovie's" in place that explains your loved one's daily routine, likes, dislikes, etc?
 Yes No

If No, please share what is keeping you from creating such a notebook/iMovies.
 Lack of information regarding this issue Limited Finances Other:

2. Does your loved one have another approved and certified Community First Care Provider(s) other than you working with them that they are comfortable being assisted by, so that if something happens to you, that provider understands your loved one's needs?
 Yes No

If No please share what is preventing you from having a backup care provider.
 Lack of information regarding this issue Limited Finances Other:

3. Do you know your loved one's case manager name from the Developmental Disabilities Administration?
 Yes No

4. Do you know what Medicaid Home and Community Based Waiver your loved one has?
 Yes No

5. Would your loved one remain living in the home environment that they are in now if you were unable to continue caring for them?
 Yes No

If No, do you know where they would move to?

- Lack of information regarding this issue Limited Finances Other:

b. If you do not know where your loved one would live please share what you feel is preventing you from having a residential plan.

- Lack of information regarding this issue Limited Finances Other:

6. Does your loved one have a job?
 Yes No

Are they seeking employment?

- Yes No

If No, please explain what you feel is preventing your loved one from seeking or having a job.

- Lack of information regarding this issue Limited Finances Other:

7. Has your loved one ever had a Benefit Analysis? Yes No

If No, please explain what you feel is preventing your child from joining in on community activities and events.

- Lack of information regarding this issue Limited Finances Other:

8. Is your loved one involved in community activities/events? Yes No

If No, please explain what you feel is preventing your child from joining in on community activities and events.

Lack of information regarding this issue Limited Finances Other:

9. Does your loved one perform any volunteer work in their community?

Yes No

If No, please explain what you feel is preventing your son/daughter from taking part in volunteer work?

Lack of information regarding this issue Limited Finances Other:

10. Does your son/daughter have natural supports (friends and family) that assist and advocate to help them have meaningful relationships in their life?

Yes No

If No, please share what you feel is preventing your son/daughter from having natural supports?

Lack of information regarding this issue Limited Finances Other:

11. Are you your loved one's Social Security Payee?

Yes No

If Yes, do you have an alternate payee designated in the event you are unable to provide this service for your loved one?

Yes No

If No, please share what you feel is preventing you from designating an alternate payee.

Lack of information regarding this issue Limited Finances Other:

12. What do you have in place to help your adult loved one make important decisions? Please mark all that apply.

- Representative Payee
- Power of Attorney
- Person Center Planning
- Support Decision Making
- Trust and Savings Plan
- Guardianship/Alternate Guardian
- Full Guardianship
- Limited Guardianship
- Guardian of Person & Estate
- Guardian of Estate
- Guardian of Person

If you do not have any of the above in place please share if there is any obstacles preventing you from obtaining any of the above options.

Lack of information regarding this issue Limited Finances Other:

13. Do you have a legal document(s) explaining what is to happen in the event of your death?

- a. Letter of Intent: (instructions about how your loved one will be supported)
 Yes No

If No, please share what you feel is preventing you from having a Letter of Intent.

- Lack of information regarding this issue Limited Finances
 Other:

b. Will:

If No, please share what you feel is preventing you from having a Will.

- Lack of information regarding this issue Limited Finances Other:

14. Do you have in place a mechanism to shelter and protect resources so your loved one can continue to live the lifestyle you have been providing for them in the event you are no longer there to provide the extras. Also, to protect their eligibility for financial need-based programs from being affected because someone gave them a financial gift or they inherit money after yours or any other family members death?

- Yes No

If Yes what mechanisms please mark all that apply:

- Private Special Needs Trust
 WA. State Endowment Trust (Life Opportunities Trust)
 WA State ABLE (Achieving a Better Life Experience) Plan

If No, please explain what you feel is preventing you from setting up a Special Needs Trust Fund?

- Lack of information regarding this issue Limited Finances Other:

15. Is your loved one and/or you involved in any support and/or advocacy group?

Yes No

If Yes, please mark all that apply):

- People First
- Self-Advocates of Washington (SAW)
- Self-Advocates in Leadership (SAIL)
- The Arc
- Parent Coalition
- Parent to Parent
- PAVE (Partnership for Action Voices for Empowerment)
- Other:

If No, please share what you feel is preventing your loved one/you from being part of an support/advocacy group?

Lack of information regarding this issue Limited Finances Other:

Please fill out this questionnaire and bring it to your Parent Provider Training webinar.