

Letter of Intent
for

as written by her mother

_____ currently lives with me, her mom at _____ Michigan. Her phone number there is _____. _____ does have a Michigan ID she keeps with her. Her Social Security Number is _____.

My daughter, _____ is a very special person. _____ has a very social outgoing personality. She has always like to be around adults and she is friendly with everyone (this is not always good). _____ also tends to be easily influenced. She cares about others and their feelings and likes to please. _____ is very verbal and is happy and cheerful (except for work mornings when she may give mom a hard time).

_____ has a remarkable memory. She cannot read (survival signs only) and she does not write (prints her name only). _____ knows her address and phone number. She can dial numbers on the phone when she is given one number at a time. She can dial 911 for an emergency. I have stored numbers in the phone for _____ to use in an emergency (picture of person with corresponding number)- she has these numbers memorized.

_____ is encouraged to make her own decisions/choices. Major decisions are to be made for her.

As a single parent, I work and leave before _____ in the a.m. and arrive home after her in the p.m.. We have rules to be followed when she is alone- does not answer door unless she knows who it is- family or neighbors are ok. She will not answer the phone till message comes on recorder and she knows if it if family or someone she knows. _____ will also not go down the basement stairs or plug anything into an electrical outlet. _____ will also not eat peanuts, popcorn or hard candy when she is alone.

When _____ encounters a new situation she does not know what to do. _____ has been "programmed" for things to do and not to do.

Example: Her last year of school she was already for school when I left. Before her bus came the zipper in her pants broke- she did not think to change her pants because this was what she was supposed to wear and it had never happened before.

Example: She wears a fanny pouch to work. When she comes home, it always comes off. The latch would not open and she did not know to loosen the strap or think to leave it on till mom got home. She twisted and turned and finally got it down over her butt- but messed up her shoulder in the process.

These were new situations and she didn't know what to do. Wasn't "programmed." Each new situation is a learning experience for her and hopefully a non-dangerous experience.

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[REDACTED] is very close with her sister, [REDACTED] and her stepdaughter, [REDACTED]. Even though [REDACTED] has her own home, they are still close and spend time together. [REDACTED] knows [REDACTED] as well as I do and has been a part of her life all of these years.

[REDACTED] has three step- brothers:

1. [REDACTED] wife [REDACTED] niece [REDACTED] and nephew [REDACTED]
2. [REDACTED] his friend [REDACTED] and Ex-wife [REDACTED] nieces [REDACTED] and [REDACTED]
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Dee has two Aunts and one Uncle"

1. Aunt [REDACTED] Husband [REDACTED] They live up north, and Cousin [REDACTED] and her family
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Her grandparents are deceased.

[REDACTED] friends would include [REDACTED] Co-workers at STEP, friends from involvement with [REDACTED] Therapeutic Program and [REDACTED] Church.

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If [REDACTED] is asked to do something she usually remembers- occasionally she has to be reminded.

A Special Needs Trust has been set up for [REDACTED] and is to be activated upon my death. Patricia E. Kefalas Dudek is our attorney and has also established Power of Attorney legal documents for [REDACTED] and myself.

[REDACTED] receives SSDI in the amount of \$875.00 a month. Her Medicaid Case Number is [REDACTED] A and her recipient number is [REDACTED]. [REDACTED] also receives Medicare; her number is [REDACTED]

[REDACTED] FIA worker is [REDACTED] at [REDACTED]

[REDACTED] Drs. are with the [REDACTED] Health System. Her medical record # is [REDACTED]

[REDACTED] does not have any bank accounts. She signs her own paychecks, then I endorse and we cash at my bank Comerica. [REDACTED] does have a coin sorter and will roll coins to be taken to the bank. Need coin wrappers periodically. [REDACTED] would need help with money management. [REDACTED] has direct deposit for her Social Security Check- Comerica.

works at STEP . It is located at in .
 is her supports coordinator and he can be reached at . Her annual plan is completed in October. averages \$40 every two weeks.
 uses her paychecks for outings with Therapeutic Program, buying mom dinner and for other miscellaneous.

does not do her own banking. She does require assistance with her banking. Other than signing a check, she would need help with any and all banking if she were to open an account.

has not had to file for taxes yet. If she does need to file use at .
 will need full assistance with her taxes.

is receiving casemanagement through STEP. also is on the Family and Neighborhood waiting list for housing.

receives sheltered employment services through STEP. 734-722-1000. She receives respite services through . has stayed at the . She is not very happy to go. She does not sleep or eat well when she is there. She will get homesick and tries to manipulate mom.

Current Doctors of Include:

Primary Care-
.
.
Medical Center
.

is seen here yearly for physical and to have numerous forms filled out.
REQUIREMENT! 1st Mammogram will be done at age 30. Mammogram every two (2) years till age 40. Mammogram will be done yearly after age 40, due to mother's history.

Dentist-
.
.

should see him twice a year. REQUIREMENT!

OB/GYN-
.
.
Medical Center
.

PAP/Pelvic- will decide yearly whether this will be done. REQUIREMENT!
Pelvic ultrasound to be done yearly! REQUIREMENT!

Neurologist- _____
_____ Medical Center

No longer being seen- only if problems arise.

_____ is Allergic to Penicillin.

Vision- _____ (if retired see _____)

_____ Health Care System

Seen yearly REQUIREMENT.

Hearing- No reported problems. See by primary doctor.

Braces- New AFO's _____ (as needed)

New Provider is _____

Seizures- 1 seizure in November 1983. Put on Phenobarbital till October 1990- has been seizure free. No medication since 1990.

Medications:

NO PENICILLIN!

Lacri-Lube Ointment (OTC) Squeeze small amount in right eye at bedtime. Right eye Ptosis-dry eye, eyelid does not close.

Antibiotic Keflex has been given and was tolerated.

Extra Strength Tylenol- (OTC) 1-2 Tabs every 4-6 hrs for fevers, cold, headaches, cramps colds.

Triaminic or Robitussin cough syrup per dosing instructions on bottle for coughs and colds.

Triamcin/ORA 0.1% PST TARO (Prescribed Dental Paste) Applied after meals and at bedtime with Q-Tip for canker sores. (She gets them frequently)

Past operations/conditions: _____ had several surgeries on both legs to correct her gait.
had several eye surgeries on her right eye for the droopy lid.

Other Important Medical Information: _____ has _____ and in school was in a TMI classroom. She wears glasses and wears AFO's leg braces. She had Mono in 1976, Chicken Pox in 1979. She is up to date on all immunizations- She received Hepatitis Series in 1994 and 1995. HIV tested Negative. Periods are regular and normal. History of cancer on both sides of family- monthly breast exam is done by mom and is a requirement. Required that _____ keeps up on

Medical Appts and on a timely basis due to family history of cancer. If [REDACTED] is living outside of our home (w/o mom) or working outside of sheltered workshop, some form of birth control may have to be considered.

I would like [REDACTED] to continue with her current Doctors.

[REDACTED] uses a walker at the workshop (their suggestion) because of her gait. She does not bring the walker home and has not used it outside of the workshop as of yet. She is well liked by staff and co-workers. A favorable report has been given by her supports coordinator.

[REDACTED] rides the Smart Bus (Nankin Transit) to and from work. Her a.m. pick up is between 7:10 and 7:30. Her p.m. drop off of between 3:00 and 3:30. [REDACTED] carries a house key and lets herself in. [REDACTED] is very responsible in locking the house and turning off the lights and TV in the morning. Workshop hours are from [REDACTED] Transit dispatch [REDACTED] (Cancellations [REDACTED] before 7am)

Supported employment in the community has been brought up at [REDACTED] annual meetings. I do not feel that this is a feasible option. She would need one on one job supervision. Transportation could be a problem. If something became available in the community that would suit/benefit her we could "maybe" try. [REDACTED] is too easily taken advantage of (too friendly with strangers). SUPERVISION WOULD BE MANDATORY!

[REDACTED] would have her own bedroom with AT LEAST a twin-size bed with a good mattress and accompanying furniture. She will have from my estate or special needs trust FOR HER USE:

1. Color TV with remote
2. VCR Recorder/ Videos
3. Telephone
4. Stereo or Radio with cassette/CD player- cassettes/CD's
5. Large 3 wheel bike
6. Bowling ball
7. My Quantex computer or other
8. Hand held tape recorder
9. Coffee Pot
10. Micorwave
11. Typewriter
12. Polaroid camera
13. Any and all contents that are in my estate that she could or would use.

[REDACTED] needs help putting on her bra and tying her shoes. Mom puts out her clothes for the next day, but [REDACTED] could probably coordinate this. [REDACTED] dresses herself otherwise. [REDACTED] needs help/supervision with showering, baths and shampooing her hair. Bathing is done daily (more often as needed) and usually in the evening. Shaving under arms 2 times weekly (caregiver to do). [REDACTED] uses a shower chair when she is in the shower. [REDACTED] is independent in taking care of her menstrual cycle. She may need some reminders. [REDACTED] brushes her own teeth- she has to be reminded to brush all of them not just the front ones. [REDACTED] needs help with her hair- mom uses curling iron for her but she is capable of brushing it. Mom takes [REDACTED] every 4-6 weeks for a

hair cut. Using clippers, [REDACTED] does her fingers and toes nails. Puts on deodorant and occasionally blush and lipstick. [REDACTED] changes her clothes daily. [REDACTED] would need assistance with seasonal change of clothing. Mom buys clothes, [REDACTED] is present sometimes. [REDACTED] needs laundry assistance. Mom uses Q-Tip to clean ears for her. She is not allowed to do this. [REDACTED] does have pierced ears she does need assistance putting in her earrings but she can take them out herself. She wears them to church, work and social activities. [REDACTED] likes to have her nails polished- has to be done for her. She wears a watch but cannot tell time. Mom has to put it on and [REDACTED] takes it off.

[REDACTED] uses the following care items:

White Rain Shampoo (Classic Care Extra Body)
Style Hair Spray
Dial Bar Soap
Lady Speed Stick Deodorant
Stayfree/Kotex Pads
Colgate Tarter Control (w/ Baking Soda and Peroxide)
Gillette Good News Plus (Disposable Razor)

[REDACTED] showers/bathes in the P.M., at times more than 1 time a day if she has an outing or special event. Teeth are brushed in the morning and before bed, more if needed or special event. Her hair is shampooed daily.

[REDACTED] would require safety handrails in the shower/tub. [REDACTED] is able to get in and out of the shower/bath by herself but **HAS TO BE WATCHED!**

[REDACTED] will eat just about everything. She would rather have dinner foods for breakfast i.e.; macaroni and cheese, spaghetti, noodles and meatballs, casseroles etc.

[REDACTED] likes: Spaghetti, steak, hamburgers with mushrooms, macaroni and cheese, salads, casseroles, tuna, any pasta, any kind of corn, fast food- McDonalds. Snacks: popcorn, Doritos, peanuts, whoppers, M&M's, Prefers box crackers (most any kind- she calls them cookies) over cookies or other sweets. [REDACTED] has a small snack daily after work and before bed, likes most kinds of pop (limited pop intake) and Ice Tea.

[REDACTED] does not care for: cold cereal, oatmeal, bananas, green beans, peas, squash, sweet potatoes, cottage cheese. Even though dislikes are few, they are included in her diet.

[REDACTED] has to be reminded to eat fruit, unless put in front of her or packed in her lunch. [REDACTED] does not drink alcohol or smoke.

[REDACTED] likes to eat out. She cannot read the menu. She will order from several entrees offered to her. Needs help cutting up some foods, meat etc. Do not use table salt on foods- only occasionally.

[REDACTED] likes the leisure/recreation activities:

Outings with [REDACTED] Therapeutic Program, Special Olympics (bowling and soft ball throw), shopping, bowling, movies, dances, parties, taking pictures with Polaroid, watching TV (any

emergency, Dr. or Medical Program. Brady bunch, Flintstones, Gilligan, Golden Girls, Sitcoms) likes to cut coupons, go and visit family, listen to stereo. [REDACTED] is game for anything- she just likes to go. [REDACTED] is a very social person and likes to go and just DO about anything. attention span is short, will watch/attend to a two-hour movie only if it is something she likes. She will watch some horror movies with mom. Likes disaster movies- Earthquake, Airplane crashes etc. (Weird!) [REDACTED] is Happy to go anywhere- anytime!

[REDACTED] favorite friends to go out with are;

Sister [REDACTED] Home Number: [REDACTED] Work Number: [REDACTED]

[REDACTED] usually vacations up north in the summer- my wish is that she will still be able to do this for 1 or 2 weeks. Her aunt lives up north. Any other place she may wish to go with plans made and supervision for her. She would also like to visit her uncle in Florida for a vacation, with supervision.

[REDACTED] likes to ride her 3-wheel bike outside weather permitting- she will have to be prompted. [REDACTED] will also help with yard work in the summer. She will also throw the softball or Frisbee.

[REDACTED] attends [REDACTED] Church located at [REDACTED] in [REDACTED] MI. The phone number is [REDACTED]. [REDACTED] is the Pastor. [REDACTED] attends weekly if possible- transportation provided by church people in area- contact person at this time [REDACTED]. Several of [REDACTED] friends attend this church.

Currently there are no funeral arrangements for [REDACTED]. Options: One (1). Cremating interment space at [REDACTED] in [REDACTED] Option two (2). Two burial plots plus two cremating spaces at [REDACTED] are available to the family.

Special arrangements regarding religion:

[REDACTED] was baptized in the [REDACTED] religion and I would like/prefer a [REDACTED] Minister to preside at her funeral- subject to change. [REDACTED] was baptized at [REDACTED]

Our family is close. We celebrate almost all holidays together including Birthdays, Thanksgiving, Christmas, Christmas Eve and Easter.

Our family celebrates events by...

Birthdays- Favorite dinner (at home or out) cake, ice cream and gifts and of course singing Happy Birthday!

Valentine's Day- [REDACTED] receives a card in the mail from mom and sister and sometimes a small gift.

St. Patrick's Day- [REDACTED] has to wear green so she doesn't get pinched.

Thanksgiving Day- Parade on TV, does not hold her interest- dinner at home or out with family

Christmas Eve- At sister's home with mom opens gifts Christmas Eve from mom and sister.

Christmas day- Breakfast at [REDACTED] or [REDACTED] (half-brothers) more gifts to open. Dinner with all of the family (Aunts, Uncles and Cousins etc.)

New Years Eve- Usually spent at home- quietly.

Valentines Day- [REDACTED] sends cards to her nieces and nephews with \$1.00 in card. Mom helps with this.

Community Participation:

[REDACTED] does vote by absentee ballot. I explain the ballot to her and she makes the choice and I mark the ballot.

[REDACTED] is a member of the [REDACTED] [REDACTED] pays yearly membership fees with a renewal form. New ID card issued yearly. Quarterly newsletter (which comes to the home) it gives events, prices, and detailed information of outings with registration forms. [REDACTED] enjoys these outing and we try to do as many as we can. As a rule, we don't participate on work nights if it's late.

[REDACTED] is used to the following routine: [REDACTED] goes to bed during the work week between 8:00-8:30 (because mom's work and leaving the house before her in the morning [REDACTED] has to be dressed, hair done, everything ready to go and breakfast in front of her). Gets up at 5:00am, uses alarm. Has breakfast, brushes teeth and washes her face. Timer on the stove is set so she knows when to put on coat etc. and start watching for bus. [REDACTED] cannot tell time. Otherwise bed and wake up times are her call. Home from work- she puts things away and does any chores that were talked about in the am. She will watch TV and knows mom will be home when a certain program is on. Occasionally I will leave a message on tape recorder for her. Mom home- if in for the night will have shower/bath before dinner. Weekends if no outings she does not get dressed right away.

will have her coffee and watch TV. After she is dressed she will help mom with chores in the house/ outside. Bathes Sat. night unless she has an outing. This way she is ready for church in the morning. She takes her bible, purse and money. If she has an outing late Saturday night she will bathe Sunday morning.

Habits: [REDACTED] is a "peeping Tom"- she likes to watch out the window to see what the neighbors are doing- they wave when they see her. When [REDACTED] is anxious/nervous she will pick at her fingernails- sometimes making her fingers very sore or she will ask the same question over and over. [REDACTED] is a worrier- just like mom. I assume (for self-stimulation) she "hums"- this drives me crazy. When she is tired she will swing her head side to side. [REDACTED] wears a bite splint on her ^{lower} teeth at night when sleeping because she grinds her teeth. She takes care of this by herself, putting the splint in warm water before putting it in her mouth, in the morning she removes it and cleans it when she brushes her teeth.

[REDACTED] does not have a behavior problem. Twice I have seen her mad, reacting with 1. Pounding her fist on the table and 2. Pulling her sisters hair. [REDACTED] becomes very anxious/nervous when she knows she has a Dr. or Dentist appointment. I TRY NOT TO LET HER KNOW AHEAD OF TIME! [REDACTED] does not like to be home alone. [REDACTED] has sensitive hearing and loud music, TV etc. bother her.

[REDACTED] has a phobia about the weather- snow, rain, storms, wind etc. Try not to let her hear weather reports. She will hear things from her coworkers. If she hears were having snow, she's afraid

her bus won't pick her up and she will be alone at home. She will not sleep well if she hears "bad" weather is coming. Many times I have taken her in to work with me because of several inches of snow and not knowing whether her bus will be running after I have left for work. Situations when she has been left alone because of weather, she has pestered family members at their work- (calling on the phone) many times.

I would hope and Pray that can have a happy, healthy and fulfilling life, to the greatest extent she can realize. Also, any wishes, hopes and dreams she may express may become a reality. It is my wish and prayer that she see and have contact with family outside of her housing and that family in turn see and have contact with her within her housing, seeing that she is well, happy and taken care of physically, emotionally and financially.

Parent's Signature

Date:

The Arc Staff Signature

Date:

EMERGENCY FACT SHEET

Name:

Phone:

Address:

Date of Birth:

Social Security Number:

Case Management Agency:

Phone:

Address:

Medicare Number:

Phone:

Medicaid Number

Phone:

_____ Health System Medical Record Number:

Primary Care Physician:

Phone:

Dentist:

Phone:

Attorney:

Phone:

Day Program:

Phone:

Respite Care:

Phone:

Additional Emergency Numbers:

Mom:

Sister/Brother:

Aunt/Uncle:

Primary Diagnosis:

Secondary Diagnosis:

Medications:

Non prescription:

Prescription

Allergies:

Medical History:

Funeral Arrangements:

Primary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone:

Secondary Contact:

Name:

Address:

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as written by her mother

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A Special Needs Trust has been set up for [REDACTED] and is to be activated upon my death. Patricia E. Kefalas Dudek is our attorney and has also established Power of Attorney legal documents for [REDACTED] and myself.

[REDACTED] receives SSDI in the amount of \$875.00 a month. Her Medicaid Case Number is [REDACTED] A and her recipient number is [REDACTED]. [REDACTED] also receives Medicare; her number is [REDACTED]

[REDACTED] FIA worker is [REDACTED] at [REDACTED]

[REDACTED] Drs. are with the [REDACTED] Health System. Her medical record # is [REDACTED]

[REDACTED] does not have any bank accounts. She signs her own paychecks, then I endorse and we cash at my bank Comerica. [REDACTED] does have a coin sorter and will roll coins to be taken to the bank. Need coin wrappers periodically. [REDACTED] would need help with money management. [REDACTED] has direct deposit for her Social Security Check- Comerica.

works at STEP . It is located at in .
 is her supports coordinator and he can be reached at . Her annual
 plan is completed in October. averages \$40 every two weeks.
 uses her paychecks for outings with Therapeutic Program, buying mom dinner
 and for other miscellaneous.

does not do her own banking. She does require assistance with her banking. Other than
 signing a check, she would need help with any and all banking if she were to open an account.

has not had to file for taxes yet. If she does need to file use at .
 will need full assistance with her taxes.

is receiving casemanagement through STEP. also is on the Family and
 Neighborhood waiting list for housing.

receives sheltered employment services through STEP. 734-722-1000. She receives
 respite services through has stayed at the
 . She is not very happy to go. She does not sleep or eat well when she is
 there. She will get homesick and tries to manipulate mom.

Current Doctors of Include:

Primary Care-

Medical Center

is seen here yearly for physical and to have numerous forms filled out.
 REQUIREMENT! 1st Mammogram will be done at age 30. Mammogram every two (2) years till
 age 40. Mammogram will be done yearly after age 40, due to mother's history.

Dentist-

should see him twice a year. REQUIREMENT!

OB/GYN-

Medical Center

PAP/Pelvic- will decide yearly whether this will be done. REQUIREMENT!
 Pelvic ultrasound to be done yearly! REQUIREMENT!

Neurologist- _____
_____ Medical Center

No longer being seen- only if problems arise.

_____ is Allergic to Penicillin.

Vision- _____ (if retired see _____)

_____ Health Care System

Seen yearly REQUIREMENT.

Hearing- No reported problems. See by primary doctor.

Braces- New AFO's _____ (as needed)

New Provider is _____

Seizures- 1 seizure in November 1983. Put on Phenobarbital till October 1990- has been seizure free. No medication since 1990.

Medications:

NO PENICILLIN!

Lacri-Lube Ointment (OTC) Squeeze small amount in right eye at bedtime. Right eye Ptosis-dry eye, eyelid does not close.

Antibiotic Keflex has been given and was tolerated.

Extra Strength Tylenol- (OTC) 1-2 Tabs every 4-6 hrs for fevers, cold, headaches, cramps colds.

Triaminic or Robitussin cough syrup per dosing instructions on bottle for coughs and colds.

Triamcin/ORA 0.1% PST TARO (Prescribed Dental Paste) Applied after meals and at bedtime with Q-Tip for canker sores. (She gets them frequently)

Past operations/conditions: _____ had several surgeries on both legs to correct her gait. had several eye surgeries on her right eye for the droopy lid.

Other Important Medical Information: _____ has _____ and in school was in a TMI classroom. She wears glasses and wears AFO's leg braces. She had Mono in 1976, Chicken Pox in 1979. She is up to date on all immunizations- She received Hepatitis Series in 1994 and 1995. HIV tested Negative. Periods are regular and normal. History of cancer on both sides of family- monthly breast exam is done by mom and is a requirement. Required that _____ keeps up on

Medical Appts and on a timely basis due to family history of cancer. If [REDACTED] is living outside of our home (w/o mom) or working outside of sheltered workshop, some form of birth control may have to be considered.

I would like [REDACTED] to continue with her current Doctors.

[REDACTED] uses a walker at the workshop (their suggestion) because of her gait. She does not bring the walker home and has not used it outside of the workshop as of yet. She is well liked by staff and co-workers. A favorable report has been given by her supports coordinator.

[REDACTED] rides the Smart Bus (Nankin Transit) to and from work. Her a.m. pick up is between 7:10 and 7:30. Her p.m. drop off of between 3:00 and 3:30. [REDACTED] carries a house key and lets herself in. [REDACTED] is very responsible in locking the house and turning off the lights and TV in the morning. Workshop hours are from [REDACTED] Transit dispatch [REDACTED] (Cancellations [REDACTED] before 7am)

Supported employment in the community has been brought up at [REDACTED] annual meetings. I do not feel that this is a feasible option. She would need one on one job supervision.

Transportation could be a problem. If something became available in the community that would suit/benefit her we could "maybe" try. [REDACTED] is too easily taken advantage of (too friendly with strangers). SUPERVISION WOULD BE MANDATORY!

[REDACTED] would have her own bedroom with AT LEAST a twin-size bed with a good mattress and accompanying furniture. She will have from my estate or special needs trust FOR HER USE:

1. Color TV with remote
2. VCR Recorder/ Videos
3. Telephone
4. Stereo or Radio with cassette/CD player- cassettes/CD's
5. Large 3 wheel bike
6. Bowling ball
7. My Quantex computer or other
8. Hand held tape recorder
9. Coffee Pot
10. Micorwave
11. Typewriter
12. Polaroid camera
13. Any and all contents that are in my estate that she could or would use.

[REDACTED] needs help putting on her bra and tying her shoes. Mom puts out her clothes for the next day, but [REDACTED] could probably coordinate this. [REDACTED] dresses herself otherwise. [REDACTED] needs help/supervision with showering, baths and shampooing her hair. Bathing is done daily (more often as needed) and usually in the evening. Shaving under arms 2 times weekly (caregiver to do). [REDACTED] uses a shower chair when she is in the shower. [REDACTED] is independent in taking care of her menstrual cycle. She may need some reminders. [REDACTED] brushes her own teeth- she has to be reminded to brush all of them not just the front ones. [REDACTED] needs help with her hair- mom uses curling iron for her but she is capable of brushing it. Mom takes [REDACTED] every 4-6 weeks for a

hair cut. Using clippers, [REDACTED] does her fingers and toes nails. Puts on deodorant and occasionally blush and lipstick. [REDACTED] changes her clothes daily. [REDACTED] would need assistance with seasonal change of clothing. Mom buys clothes, [REDACTED] is present sometimes. [REDACTED] needs laundry assistance. Mom uses Q-Tip to clean ears for her. She is not allowed to do this. [REDACTED] does have pierced ears she does need assistance putting in her earrings but she can take them out herself. She wears them to church, work and social activities. [REDACTED] likes to have her nails polished- has to be done for her. She wears a watch but cannot tell time. Mom has to put it on and [REDACTED] takes it off.

[REDACTED] uses the following care items:

White Rain Shampoo (Classic Care Extra Body)
Style Hair Spray
Dial Bar Soap
Lady Speed Stick Deodorant
Stayfree/Kotex Pads
Colgate Tarter Control (w/ Baking Soda and Peroxide)
Gillette Good News Plus (Disposable Razor)

[REDACTED] showers/bathes in the P.M., at times more than 1 time a day if she has an outing or special event. Teeth are brushed in the morning and before bed, more if needed or special event. Her hair is shampooed daily.

[REDACTED] would require safety handrails in the shower/tub. [REDACTED] is able to get in and out of the shower/bath by herself but HAS TO BE WATCHED!

[REDACTED] will eat just about everything. She would rather have dinner foods for breakfast i.e.; macaroni and cheese, spaghetti, noodles and meatballs, casseroles etc.

[REDACTED] likes: Spaghetti, steak, hamburgers with mushrooms, macaroni and cheese, salads, casseroles, tuna, any pasta, any kind of corn, fast food- McDonalds. Snacks: popcorn, Doritos, peanuts, whoppers, M&M's, Prefers box crackers (most any kind- she calls them cookies) over cookies or other sweets. [REDACTED] has a small snack daily after work and before bed, likes most kinds of pop (limited pop intake) and Ice Tea.

[REDACTED] does not care for: cold cereal, oatmeal, bananas, green beans, peas, squash, sweet potatoes, cottage cheese. Even though dislikes are few, they are included in her diet.

[REDACTED] has to be reminded to eat fruit, unless put in front of her or packed in her lunch. [REDACTED] does not drink alcohol or smoke.

[REDACTED] likes to eat out. She cannot read the menu. She will order from several entrees offered to her. Needs help cutting up some foods, meat etc. Does not use table salt on foods- only occasionally.

[REDACTED] likes the leisure/recreation activities:

Outings with [REDACTED] Therapeutic Program, Special Olympics (bowling and soft ball throw), shopping, bowling, movies, dances, parties, taking pictures with Polaroid, watching TV (any

emergency, Dr. or Medical Program. Brady bunch, Flintstones, Gilligan, Golden Girls, Sitcoms) likes to cut coupons, go and visit family, listen to stereo. [REDACTED] is game for anything- she just likes to go. [REDACTED] is a very social person and likes to go and just DO about anything. attention span is short, will watch/attend to a two-hour movie only if it is something she likes. She will watch some horror movies with mom. Likes disaster movies- Earthquake, Airplane crashes etc. (Weird!) [REDACTED] is Happy to go anywhere- anytime!

[REDACTED] favorite friends to go out with are;

Sister [REDACTED] Home Number: [REDACTED] Work Number: [REDACTED]

[REDACTED] usually vacations up north in the summer- my wish is that she will still be able to do this for 1 or 2 weeks. Her aunt lives up north. Any other place she may wish to go with plans made and supervision for her. She would also like to visit her uncle in Florida for a vacation, with supervision.

[REDACTED] likes to ride her 3-wheel bike outside weather permitting- she will have to be prompted. [REDACTED] will also help with yard work in the summer. She will also throw the softball or Frisbee.

[REDACTED] attends [REDACTED] Church located at [REDACTED] in [REDACTED] MI. The phone number is [REDACTED]. [REDACTED] is the Pastor. [REDACTED] attends weekly if possible- transportation provided by church people in area- contact person at this time
Several of [REDACTED] friends attend this church.

Currently there are no funeral arrangements for [REDACTED]. Options: One (1). Cremating interment space at [REDACTED] in [REDACTED] Option two (2). Two burial plots plus two cremating spaces at [REDACTED] are available to the family.

Special arrangements regarding religion:

[REDACTED] was baptized in the [REDACTED] religion and I would like/prefer a [REDACTED] Minister to preside at her funeral- subject to change. [REDACTED] was baptized at [REDACTED]

Our family is close. We celebrate almost all holidays together including Birthdays, Thanksgiving, Christmas, Christmas Eve and Easter.

Our family celebrates events by...

Birthdays- Favorite dinner (at home or out) cake, ice cream and gifts and of course singing Happy Birthday!

Valentine's Day- [REDACTED] receives a card in the mail from mom and sister and sometimes a small gift.

St. Patrick's Day- [REDACTED] has to wear green so she doesn't get pinched.

Thanksgiving Day- Parade on TV, does not hold her interest- dinner at home or out with family
Christmas Eve- At sister's home with mom opens gifts Christmas Eve from mom and sister.

Christmas day- Breakfast at [redacted] or [redacted] (half-brothers) more gifts to open. Dinner with all of the family (Aunts, Uncles and Cousins etc.)

New Years Eve- Usually spent at home- quietly.

Valentines Day- [redacted] sends cards to her nieces and nephews with \$1.00 in card. Mom helps with this.

Community Participation:

[redacted] does vote by absentee ballot. I explain the ballot to her and she makes the choice and I mark the ballot.

[redacted] is a member of the [redacted] [redacted] pays yearly membership fees with a renewal form. New ID card issued yearly. Quarterly newsletter (which comes to the home) it gives events, prices, and detailed information of outings with registration forms. [redacted] enjoys these outing and we try to do as many as we can. As a rule, we don't participate on work nights if it's late.

[redacted] is used to the following routine: [redacted] goes to bed during the work week between 8:00-8:30 (because mom's work and leaving the house before her in the morning [redacted] has to be dressed, hair done, everything ready to go and breakfast in front of her). Gets up at 5:00am, uses alarm. Has breakfast, brushes teeth and washes her face. Timer on the stove is set so she knows when to put on coat etc. and start watching for bus. [redacted] cannot tell time. Otherwise bed and wake up times are her call. Home from work- she puts things away and does any chores that were talked about in the am. She will watch TV and knows mom will be home when a certain program is on. Occasionally I will leave a message on tape recorder for her. Mom home- if in for the night will have shower/bath before dinner. Weekends if no outings she does not get dressed right away.

[redacted] will have her coffee and watch TV. After she is dressed she will help mom with chores in the house/ outside. Bathes Sat. night unless she has an outing. This way she is ready for church in the morning. She takes her bible, purse and money. If she has an outing late Saturday night she will bathe Sunday morning.

[redacted] Habits: [redacted] is a "peeping Tom"- she likes to watch out the window to see what the neighbors are doing- they wave when they see her. When [redacted] is anxious/nervous she will pick at her fingernails- sometimes making her fingers very sore or she will ask the same question over and over. [redacted] is a worrier- just like mom. I assume (for self-stimulation) she "hums"- this drives me crazy. When she is tired she will swing her head side to side. [redacted] wears a bite splint on her ^{lower} teeth at night when sleeping because she grinds her teeth. She takes care of this by herself, putting the splint in warm water before putting it in her mouth, in the morning she removes it and cleans it when she brushes her teeth.

[redacted] does not have a behavior problem. Twice I have seen her mad, reacting with 1. Pounding her fist on the table and 2. Pulling her sisters hair. [redacted] becomes very anxious/nervous when she knows she has a Dr. or Dentist appointment. I TRY NOT TO LET HER KNOW AHEAD OF TIME! [redacted] does not like to be home alone. [redacted] has sensitive hearing and loud music, TV etc. bother her.

[redacted] has a phobia about the weather- snow, rain, storms, wind etc. Try not to let her hear weather reports. She will hear things from her coworkers. If she hears were having snow, she's afraid

her bus won't pick her up and she will be alone at home. She will not sleep well if she hears "bad" weather is coming. Many times I have taken her in to work with me because of several inches of snow and not knowing whether her bus will be running after I have left for work. Situations when she has been left alone because of weather, she has pestered family members at their work- (calling on the phone) many times.

I would hope and Pray that [REDACTED] can have a happy, healthy and fulfilling life, to the greatest extent she can realize. Also, any wishes, hopes and dreams she may express may become a reality. It is my wish and prayer that she see and have contact with family outside of her housing and that family in turn see and have contact with her within her housing, seeing that she is well, happy and taken care of physically, emotionally and financially.

Parent's Signature

Date:

The Arc Staff Signature

Date:

EMERGENCY FACT SHEET

Name:
Phone:
Address:
Date of Birth:
Social Security Number:

Case Management Agency:
Phone:
Address:

Medicare Number: Phone:
Medicaid Number Phone:
_____ Health System Medical Record Number:
Primary Care Physician:
Phone:

Dentist:
Phone:

Attorney:
Phone:

Day Program:
Phone:

Respite Care:
Phone:

Additional Emergency Numbers:
Mom:
Sister/Brother:
Aunt/Uncle:

Primary Diagnosis:
Secondary Diagnosis:

Medications:
Non prescription:
Prescription

Allergies:

Medical History:

Funeral Arrangements:

Primary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone:

Secondary Contact:

Name:

Address:

Work Number:

Home Number:

Cell Phone: