






Individualized Housing Options Worksheet—Your self-directed plan

<p>1. Where do I want to live?</p> 	<p>What town do I want to live in?</p> <p>1st Choice: _____</p> <p>2nd Choice: _____</p> <p>3rd Choice: _____</p>										
<p>2. What kind of housing do I want?</p> 	<p>Do I want to own my own place?</p> <p><input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Condo</p> <p>Do I want to rent?</p> <p><input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> House <input type="checkbox"/> Townhouse</p> <p><input type="checkbox"/> Duplex <input type="checkbox"/> Other: _____</p>										
<p>3. Do I want a roommate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many? _____</p> 	<p>If yes, What type of roommate do I want?</p> <p><input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Peer <input type="checkbox"/> Paid Caregiver</p> <p><input type="checkbox"/> College Student <input type="checkbox"/> Other: _____</p>										
<p>4. What is my monthly income?</p> 	<p>This is how much money I earn each month:</p> <table border="1" data-bbox="844 1176 1421 1449"> <tr> <td>Social Security:</td> <td></td> </tr> <tr> <td>My Job:</td> <td></td> </tr> <tr> <td>Shelter Needy Funds:</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td>TOTAL:</td> <td></td> </tr> </table>	Social Security:		My Job:		Shelter Needy Funds:		Other:		TOTAL:	
Social Security:											
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Shelter Needy Funds:											
Other:											
TOTAL:											
<p>5. How much money do I need to pay for housing each month?</p> 	<p>My rent or mortgage will be _____ each month.</p>										
<p>6. How much money do I need to pay for expenses each month?</p>	<p>These are what my expenses will be each month:</p> <table border="1" data-bbox="779 1795 1453 1848"> <tr> <td>Electric:</td> <td></td> <td>Heat:</td> <td></td> </tr> </table>	Electric:		Heat:							
Electric:		Heat:									



Phone:		Internet:	
Cable:		Insurance:	
Groceries:		Water/Trash:	
Other: _____		Other: _____	
Other: _____		Other: _____	
TOTAL:		TOTAL:	
GRAND TOTAL: _____			

7. What do I need help with to live in this setting?



What do I need help with in my own place?
(Examples: budgeting, shopping, rides)

8. What people or things can help me with items listing in Question 7?



Who can help me?
(Examples: Family, friends, paid staff, job coach, etc.)




1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

9. Do I have any concerns about living in this setting?



What am I worried about when I move?
Who will help me with these concerns?
(Examples: What if I can't afford it? What if I get lonely? What if I have health issues?)

1.	1.
2.	3.
3.	3.
4.	4.
5.	5.

<p>10. Who will help me move?</p> 	<p>Do I know someone with a truck to help me? If yes, who: _____</p>		
<p>11. What do I need in my new home?</p> 	<p>What kinds of furniture and supplies will I need? See Furniture Checklist.</p>		
<p>12. What are the tasks and who is responsible for each?</p> 	<p>Tasks:</p>	<p>Who will help me:</p>	<p>Timeline:</p>
	<p>1.</p>		
	<p>2.</p>		
	<p>3.</p>		
	<p>4.</p>		
	<p>5.</p>		