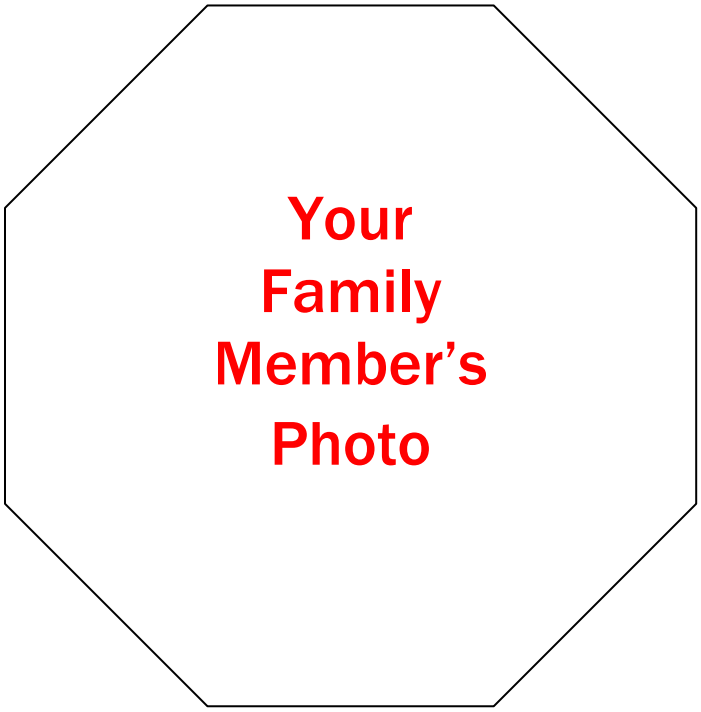
FAMILY
HEALTH
COMMUNITY

Footprints for the Future™

A Personal Planning Manual

EDUCATION
HISTORY
SUPPORT
EMPLOYMENT

Unlike footprints in the sand, which the waves wash away, this document leaves footprints for the future. These special footprints leave a trail of where we have been to guide those who will follow us. This ensures the future for those we love.



Name: _____

Date: _____

Prepared by: _____

When this document is updated, don't forget to give new copies to: _____

_____

_____

A LETTER TO YOU

If you are reading this, you love someone who needs you. My son, Jonathan, was born in 1979 with Down syndrome and four heart defects known collectively as Tetralogy of Fallot. He wears hearing aids, has sleep apnea, has had open heart surgery three times and has an implantable defibrillator.

Jon is also a high school graduate, attended community college and is an accomplished athlete. He has been inducted into the National Jewish Sports Hall of Fame. He has his own home, a great job and many friends and a loving family. Jon is also afraid of the dark, drinks lots of diet soda, loves wrestling, listens to an iPod, likes to travel, go to the movies and eat in restaurants. As Jon increased his independence I worried about him alot. I worry about all the information only I know. What would happen if I were gone? Who would know his medical record numbers and where the recordswere? Who would know all his benefit and staffing information? Who would remember to have night lights everywhere and flashlights handy? Who would make sure he had an ample supply of soda or transfer his new CD's to his iPod? The worries went on and on. I needed to address my worries and that is why we created Fiftprints for the Future.

Fiftprints for the Future is a personal planning tool that provides a place for you to record specific and personal information about your loved one.

We developed this so I could sleep more easily at night, comfortable in the knowledge that important information would be available to future caregivers and to the people who currently support Jonathan.

We wanted this document to be inviting, complete and easier than the other products that were available. We also wanted families and caregivers to have free access to it and be able to make changes easily. This downloadable MS Word document available at http://www.theemarc.org/resources12.html can be saved onto your computer. Once downloaded any changes you make in the future can be saved.

This work would not be possible without Jonathan who is and continues to be my greatest teacher.

The Arc of East Middlesex

20 GOULD STREET
READING, MA 01867
www.theemarc.org

Jo Ann Simons, MSW
Former Executive Director, 1993-2008
The Arc of East Middlesex

TABLE OF CONTENTS

Personal Information

Today's date: _____

Full Name	Date of Birth
Home Address (Street & Number)	- - Social Security Number
City State Zip	- Passport Number
( ) - Home Phone	( ) - Cell Phone
( ) - ext. Work Phone	
( ) - Fax Number	( ) - Other Phone
E-mail	

US Citizen ☐ Yes ☐ No

Registered to Vote ☐ Yes ☐ No

Registered Selective Service: ☐ Yes ☐ No

Height	Weight
Hair Color	Eye Color
Medicaid Number	Medicare Number
Spouse name if applicable	

Personal Information *Mother*

Name | Date of Birth

Home Address (Street & Number) | ( ) - Home Phone

City State Zip - | Home E-mail

( ) - Cell Phone | ( ) - Other Phone | ( ) - Home Fax

Employer Name

Employer Address

( ) - ext. Work Phone | ( ) - Work Fax | Work e-mail

Health Concerns / Conditions:

Personal Information *Father*

Name | Date of Birth

Home Address (Street & Number) | ( ) - Home Phone

City State Zip - | Home E-mail

( ) - Cell Phone | ( ) - Other Phone | ( ) - Home Fax

Employer Name

Employer Address

( ) - ext. Work Phone | ( ) - Work Fax | Work e-mail

Health Concerns / Conditions:

Use “Extended Family and Friends Worksheet” on page 27 to identify siblings, relatives and other important people in your family member’s life.

Disability Information

Primary Diagnosis _____ Cause (if known) _____

Secondary Diagnosis _____ Cause (if known) _____

Hospitalizations/Major Illnesses

Condition	Age at Onset	Treatment/Medication	On-going	Resolved
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Use "Additional Hospitalizations Worksheet" to list any other major hospitalizations.

Other Chronic Health Conditions

Condition	Age at Onset	Treatment/Medication	On-going	Resolved
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Insurance Information

Primary Health Insurance Company

Subscriber Number

Address

( ) - ext.

Phone

Subscriber

Secondary Health Insurance Company

Subscriber Number

Address

( ) - ext.

Phone

Subscriber

Medicare Number

Address of Office

( ) - ext.

Phone

Case Manager

Medicaid Number

Address of Office

( ) - ext.

Phone

Case Manager

Dental Health Insurance Company

Subscriber Number

Address

( ) - ext.

Phone

Subscriber

Prescription Drug Insurance Company

Subscriber Number

Address

( ) - ext.

Phone

Subscriber

Vision Health Insurance Company	Subscriber Number *( ) - ext.*
Address	Phone
Subscriber	

Other Health Insurance Company	Subscriber Number *( ) - ext.*
Address	Phone
Subscriber	

Other Health Insurance Company	Subscriber Number *( ) - ext.*
Address	Phone
Subscriber	

Current Physicians

Primary Care Physician

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ext. | ( ) - | e-mail address

Phone | Fax

Tests and/or Frequency of Visits:

Dentist

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) - | e-mail address

Phone | Fax

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) - | e-mail address

Phone | Fax

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode

( ) - ex. | ( ) - | e-mail address

Phone | Fax

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

Phone ( ) - ex. | Fax ( ) - | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

Phone ( ) - ex. | Fax ( ) - | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

Phone ( ) - ex. | Fax ( ) - | e-mail address

Tests and/or Frequency of Visits:

Specialist (Type:)

Name | Hospital or Clinic

Street Address | City | State | Zipcode -

Phone ( ) - ex. | Fax ( ) - | e-mail address

Tests and/or Frequency of Visits:

Use "Additional Physicians Worksheet" if you need to document more medical professionals.

Pharmacy and Hospital Information

Pharmacy

Name

( ) - Telephone

Fax

e-mail

Street Address

City

State

Zip Code -

Pharmacy

Name

( ) - Telephone

Fax

e-mail

Street Address

City

State

Zip Code -

Regional or Specialized Hospital

Name

Medical Record Number

Address

City

State

Zip Code -

( ) - Phone

( ) - Fax

Local Hospital

Name

Medical Record Number

Address

City

State

Zip Code -

( ) - Phone

( ) - Fax

Allergies (Food, Medicine, Substances)

Allergy to	Reaction	Treatment

Intolerance (Food, Medicine, Substances)

Intolerance to	Reaction	Treatment

Medicines

Prescription and Non-Prescription

Medicine	Condition	Dosage	Doctor's Name / Phone Number	Start/End Date	Comments/Side Effects
COMMENTS:					

Attach extra pages as needed

***Adapted from Planning Ahead, Florida Developmental Disabilities Council, Inc. 2002**

Service Providers/Agencies

Primary State Agency / School District

Email

Street Address

( ) - ext.

Phone

- ( ) -

City State Zip

Fax

Contact Person / Title

Supervisor or Director

Services received:

Comment or other information:

Residential

Contact

( ) - - ext.

Telephone

Address

( ) - -

Fax

- City State

E-mail

Services Received:

Comment or other information:

Day/Employment/Program

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Family Support

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Transportation

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Personal Care

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Fiscal Intermediary

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Education

( ) - - ext.

Telephone

( ) - -

Fax

E-mail

Contact

Address

-

City State

Services Received:

Comment or other information:

Other
( ) - - ext.
Telephone
( ) - -
Fax

Contact
Address
-
City State

E-mail

Services Received:

Comment or other information:

Other
( ) - - ext.
Telephone
( ) - -
Fax

Contact
Address
-
City State

E-mail

Services Received:

Comment or other information:

Employment History (include volunteer positions)

Jobs held (begin with first job)					
Employer / Address / Phone	Job Title	Start/End Salary	Reason Left	Supports Required	Start/End Dates

Attach extra pages as needed. *Adapted from Planning Ahead, Florida Developmental Disabilities Council, Inc. 2002

Benefits

Social Security (SSI, SSDI) Office

Contact

( ) - ext.

Phone

Address

-

City State Zip Code

( ) -

Fax

Benefits Received:

Other Information (recertification, etc):

Section 8

Contact

( ) - ext.

Phone

Address

-

City State Zip Code

( ) -

Fax

Benefits Received:

Other Information (recertification, etc):

Food Stamps

Contact

( ) - ext.

Phone

Address

-

City State Zip Code

( ) -

Fax

Benefits Received:

Other Information (recertification, etc):

Transportation

Contact

( ) - ext.

Phone

Address

City State Zip Code

( ) -

Fax

Benefits Received:

Other Information (recertification, etc):

Other

Contact

( ) - ext.

Phone

Address

City State Zip Code

( ) -

Fax

Benefits Received:

Other Information (recertification, etc):

Other

Contact

( ) - ext.

Phone

Address

City State Zip Code

( ) -

Fax

Benefits Received:

Other Information (recertification, etc):

Community Services/Supports

(Religious, Recreation, Arts, Special Olympics, etc.)

Name of Organization

Address

Contact

City State Zip Code

( ) - ext.

( ) -

Phone

Fax

Participation:

Other Information:

Name of Organization

Address

Contact

City State Zip Code

( ) - ext.

( ) -

Phone

Fax

Participation:

Other Information:

Name of Organization

Address

Contact

City State Zip Code

( ) - ext.

( ) -

Phone

Fax

Participation:

Other Information:

Name of Organization

Address

Contact

City State Zip Code

( ) - ext.

( ) -

Phone

Fax

Participation:

Other Information:

Name of Organization

Address

Contact

City State Zip Code

( ) - ext.

( ) -

Phone

Fax

Participation:

Other Information:

Name of Organization

Address

Contact

City State Zip Code

( ) - ext.

( ) -

Phone

Fax

Participation:

Other Information:

Legal & Financial Information

Representative Payee Name

Address

e-mail

City State Zip Code

( ) -

Home Phone

( ) -

Fax

( ) - *ext.*

Work Phone

( ) -

Cell

Successor Rep Payee

( ) -

Phone

Power of Attorney

Address

e-mail

City State Zip Code

( ) -

Home Phone

( ) -

Fax

( ) - *ext.*

Work Phone

( ) -

Cell

Successor Power of Attorney

( ) -

Phone

Health Care Proxy

Address

e-mail

City State Zip Code

( ) -

Home Phone

( ) -

Fax

( ) - *ext.*

Work Phone

( ) -

Cell

Successor Health Care Proxy

( ) -

Phone

Authorization to Advocate

Address

e-mail

City State Zip Code

( ) -

Home Phone

( ) -

Fax

( ) - ext.

Work Phone

( ) -

Cell

Successor Advocate

( ) -

Phone

Name of Trust

Trustee

Type of Trust

Address

Successor of Trustee

Location of copy of trust

Life/Burial Insurance

Policy Number

Company

Address

( ) - ext.

Contact

Phone

Financial Planner

Account Number

Company

Address

( ) - ext.

Contact

Phone

Insurance Agent

Company

Contact

Policy Number

Address

( ) - ext.

Phone

Accountant/Tax Assistance

Company

Contact

Account Number

Address

( ) - ext.

Phone

Map to Important Papers

☐ Health Insurance Cards
Location: _____

☐ Social Security Card
Location: _____

☐ Bank Books/Statements
Location: _____

☐ Life Insurance/Wills
Location: _____

☐ Birth Certificate
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

☐ _____
Location: _____

Final Arrangements

Persons to contact at time of death:			
NAME	ADDRESS	PHONE NUMBERS	RELATIONSHIP (Personal, co-worker, neighbor, other)
		( ) - ( ) -	
		( ) - ( ) -	
		( ) - ( ) -	

Funeral and burial arrangements have been made:	☐ Yes	☐ No	Prepaid:	☐ Yes	☐ No
Burial plot purchased:	☐ Yes	☐ No	Headstone/Marker:	☐ Yes	☐ No

Type of Marker preferred and epitaph:	If prepaid, policies, contracts can be found:

Cemetery/Mausoleum Name:	Address	Phone Number
		( ) -

Preferred funeral company (if applicable):		
Name	Address	Phone Number
		( ) -

Cremation:			
Ashes Given to:	Name :		Address :
Memorial Service:	☐ Yes	☐ No	Location:
Special content:	☐ Yes	☐ No	Describe:
Flowers	☐ Yes	☐ No	Specified donations:
Songs to be played:			
Invite these persons to the service:			

Preferred Clergy/Eulogist	Address	Phone Number
		( ) -
		( ) -

Attach extra pages as needed.

***Adapted from Planning Ahead, Florida Developmental Disabilities Council, Inc. 2002**

Friends and Extended Family

These are the people who know and understand the best interests of your family member and that could be helpful and supportive.

Name

Relationship

Address

( ) -
Home Phone

City State Zip Code

( ) -
Home Fax

( ) -
Cell Phone

Email

Additional Information

Name

Relationship

Address

( ) -
Home Phone

City State Zip Code

( ) -
Home Fax

( ) -
Cell Phone

Email

Additional Information

Name

Relationship

Address

( ) -
Home Phone

City State Zip Code

( ) -
Home Fax

( ) -
Cell Phone

Email

Additional Information

Name

Relationship

Address

( ) -
Home Phone

City State Zip Code

( ) -
Home Fax

( ) -
Cell Phone

Email

Additional Information

Likes and Dislikes

Likes

Favorite foods, drinks, restaurants:

Favorite TV shows, movies, sports, hobbies, etc:

Favorite clothing or possessions (include styles, patterns, preferred fastners, etc):

Provide clothes/shoe sizes:

Favorite destinations:

Favorite friends:

Favorite staff:

Other favorites (pets, colors, etc.)

Dislikes

People:

Animals:

Clothing:

Fears (the dark, loud noises, heights, etc)

Other likes/dislikes not yet mentioned:

Significant Behaviors

Issues And Ways To Resolve

Daily Routines

Shaving

Bathing/Showering/Toileting

Oral hygiene, dental care

Dressing

Toileting

Menstrual care (if appropriate)

Eating/cooking

Housekeeping

Shopping

Budgeting

Sleeping /Nap patterns

Communication

Mobility

Hearing/speech

Vision

Adaptive Equipment

Other

Making a Life

Here is an opportunity to provide some details about a typical day in the life of your family member.

Wakes up at:	a.m.	and
Has breakfast at	a.m.	and
Goes to school / work at:	a.m.	and
Other activities		
Has dinner at:	p.m.	and
Gets ready for bed at:	p.m.	and
Any other information:		

Having a Life

This is where you can let others know about your family member's personality, ability, skills, hobbies and special interests. Don't forget to include what kind of environment is preferred.

Monthly Calendar

January	February	March	April

May	June	July	August

September	October	November	December

Comment:

Author Biography

Jo Ann Simons, MSW

Jo Ann Simons is Executive Director of The Arc of East Middlesex. She is currently on the Boards of the Association of Developmental Disability Providers, the National Down Syndrome Society and LIFE, Inc, and a consultant to the Healthy Athletes program of Special Olympics, Inc. She previously was President of the National Down Syndrome Congress and a Board Member of Special Olympics, Inc.

Jo Ann addresses audiences around the country and throughout the world on topics such as transition, employment, housing, post-secondary programs and independent living in addition to the Personal Life Planning. Jo Ann has received the Human Rights Award from the Massachusetts Department of Mental Retardation, Outstanding Advocacy Award from the National Down Syndrome Society and service awards from the National Down Syndrome Congress.

Jo Ann is a graduate of Wheaton College (MA), and the University of Connecticut's School of Social Work. She and her husband, Chet Derr, live in Swampscott, MA. Their son Jon, who has Down syndrome and is Jo Ann's best teacher lives, independently on Cape Cod. Their daughter Emily reminds her that being "typical" is special, too.

Jo Ann put off writing the Footprints for the Future plan for too long and is committed to helping others get theirs done.

Jo Ann Simons