Wants
Things participants will likely identify that are written on the viewable list

- He wants to:
  - Get a job
  - Join a gym (exercise)
  - See his kids/family
  - Have a girlfriend/friends
  - Have more money
  - Help others
  - Avoid the NF/Hospital and have better health
  - Be listened to have others be patient when he speaks
  - Stay living where he is because he likes it there (possibly)

Values
Translating the person's wants into what the person values. These values help frame the "life the person is seeking to live."

- Participants view him as someone who:
  - Is motivated, self-reliant and needs meaningful activity
  - Prefers to be a self-supporting productive contributor
  - Likes to be physically active
  - Is a proud, engaged and responsible dad
  - Seeks relationships, love, trust, sex and belonging
  - Is a people person and very social
  - Values some independence, control and freedom
  - Exhibits insight, self-advocacy, personal awareness and is grateful

Goals
Avoid jargon and use the person's own language. Person-centered goals often begin with I want/I will/To be/etc.

- Person-Centered Goals
  - I want to find a job
  - I will have more spending money
  - I would like to feel better so I can do the things I enjoy
  - I want to join a gym
  - I want to stay out of the hospital and nursing home
  - I want to spend more time with others who are important to me
  - I will see my kids more often
  - I want to meet new friends to do things with
  - I would like to find a girlfriend
  - I want to know that I am helping others
  - I want others to be patient when I speak and let me finish what I have to say
Assessed Needs
Things participants will likely identify that are written on the viewable list and are based on their professional judgment.

• Identified Needs:
  • Medication management
  • Diabetes management (nutrition, BGL)
  • Memory/cognition issues
  • Vocational supports/assistance
  • Personal cares/hygiene
  • Bathing/safety, balance
  • Home management/IADLs (laundry, meal prep, paperwork & appointments
  • Financial management, benefits, insurance
  • Cueing
  • Service coordination
  • Socialization
  • Transportation
  • Caregiver supports

Referrals and Follow-up
Identified needs that should have additional evaluation by another professional and identified needs that prompt further action.

• Tasks for Follow-up:
  • Referral for an evaluation of cognition and memory
  • Referral for an OT/PT evaluation
  • Review mental health records and collateral information
  • Referral for mental health services
  • Referral for evaluation and teaching by dietician
  • Engage SNBC care coordinator
  • Referral to Voc Rehab or other employment supports

Thoughts about Service Options and Solutions
NOTE: This is a placeholder to list if suggested by candidate(s). Compliment them on their effort to "solve" problems. However, not the focus of this exercise. Redirect to needs and referrals.

• Considering:
  • ILS: learning to do laundry, simple meal prep, shopping
  • Equipment: bath/shower
  • ILS or Voc Support or DEED
  • Medication dispenser
  • Nursing: intermittent assessment, teaching
  • Homemaker
  • Home Delivered Meals
  • Caregiver support
  • Rep-payee