MAKING INFORMED CHOICES

Community Living Options
Information Process
Introduction

This workbook is intended for use by mental retardation authority service coordinators (SC) working with individuals living in State Supported Living Centers. It can help individuals explore community living options as part of the Community Living Options Information Process (CLOIP). If an individual has a legally authorized representative (LAR), the LAR’s permission should be obtained to use this or any other information with the individual.

Service coordinators can use the pictures in this workbook to help individuals identify the types of places they might want to live and things they might want to do. It is to be used in discussions with the individual and can help them to consider his or her options in a community placement. Depending on the individual’s capacities, the workbook may be used solely with the resident; otherwise, the service coordinator may need to enlist the help of someone who knows the individual and is familiar with his or her communication skills. This party could be the LAR, a family member, special friend or living center staff. It might also be a professional, such as a speech therapist or sign language interpreter. If an individual shows a preference for one or more community living options, the service coordinator might find it beneficial to take them to visit residences of these types.
Who would I like to live with...

Live by myself
Who would I like to live with...

A few friends with help
Who would I like to live with...

Live with a family
Who would I like to live with...

A lot of friends
Where I would like to live...

Live in an apartment with a friend
Where I would like to live...
Live in an apartment by myself
Where I would like to live...

Live in a house with family
Where I would like to live...

Live in a house with friends
Where I would like to live...

Live in a large house with a lot of friends
Where I would like to live...

Live where I live now with a lot of friends
Community Living Options Information Process
Notes

Your service coordinator: ___________________________

Telephone number: ______________________________
Austin Travis County MHMR Center

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