

**Tool X-C**  
**Living Options Worksheet**

Factors	Essential Elements	Discussion Problems
<b>Individual's Preference</b>	<ul style="list-style-type: none"> <li>• Does the person indicate a clear preference of where he or she wishes to live?</li> <li>• How do we know?</li> <li>• What information has been provided to the person regarding living options?</li> <li>• If this preference is different from the last Living Options Discussion, what is different and why?</li> </ul>	<ul style="list-style-type: none"> <li>• Person's awareness of his or her options.</li> <li>• Person's experience of living/visiting other places both on campus and elsewhere and what he or she liked or didn't like about those settings.</li> <li>• It is acceptable to determine that the PST is unaware of a person's preference – be careful about inferring a preference or assuming there is no preference.</li> <li>• It is acceptable to address a person's perceived satisfaction with the current setting based on his or her behavior.</li> <li>• What makes the current setting "home" (that is, personalized room, relationships/bonds of affection with staff or peers, freedom of movement, etc.)?</li> <li>• Person's likes or dislikes about the current setting (that is, noise level, privacy, crowds, etc.).</li> <li>• Person's response to returning from home visits or community outings.</li> </ul>
<b>Guardian/Family Preference</b>	<ul style="list-style-type: none"> <li>• What is the guardian/family's preference regarding the living situation of the person?</li> <li>• What information has been provided to the guardian/family regarding living options?</li> </ul>	<ul style="list-style-type: none"> <li>• Guardian/family's awareness of and experience with other options.</li> <li>• Willingness to accept additional information regarding options if not fully aware.</li> </ul>
<b>Medical Issues</b>	<ul style="list-style-type: none"> <li>• Does the person have medical/nursing needs that impact his or her living situation?</li> <li>• If so, what are they?</li> <li>• Can these needs be met in an alternative setting?</li> <li>• If not, why not?</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly identify any needs that cannot be met and why.</li> <li>• A list of all medical diagnoses is not needed – address the issues that impact the person's living situation.</li> <li>• What can facility/MRA staff do to support/facilitate these needs being met in an alternative setting in the future (that is, provision of adaptive equipment, additional training for the person, professional consults, etc.)?</li> </ul>
<b>Behavioral/ Psychiatric Issues</b>	<ul style="list-style-type: none"> <li>• Does the person have behavioral/psychiatric treatment needs that impact his or her living situation?</li> <li>• If so, what are they?</li> <li>• Can these needs be met in an alternative setting?</li> <li>• If not, why not?</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly identify any needs that cannot be met and why.</li> <li>• What can facility/MRA staff do to support/facilitate these needs being met in an alternative setting in the future (that is, additional training for the person, professional consults, etc.)?</li> </ul>

Factors	Essential Elements	Discussion Problems
<b>Quality of Life Issues</b>	<ul style="list-style-type: none"> <li>• What is most important to this person in choosing a place to live? (That is, family, friends, employment, daily routine, privacy, freedom of movement, etc.)</li> <li>• Can these needs be met in an alternative setting?</li> <li>• If not, why not?</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly identify any needs that cannot be met and why.</li> <li>• Address what is important to the person as well as what the PST considers important.</li> <li>• What can facility/MRA staff can do to support/facilitate these needs being met in an alternative setting in the future (i.e. additional training for the person, etc.)?</li> </ul>
<b>MRA Recommendations/ Input</b>	<ul style="list-style-type: none"> <li>• Did the MRA participate in the living options discussion?</li> <li>• What were their recommendations/input?</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly note efforts to gain MRA input.</li> </ul>
<b>Other Issues</b>	<ul style="list-style-type: none"> <li>• Were other factors (issues), not included on this worksheet, discussed at the person-directed planning meeting? If so, explain.</li> </ul>	