

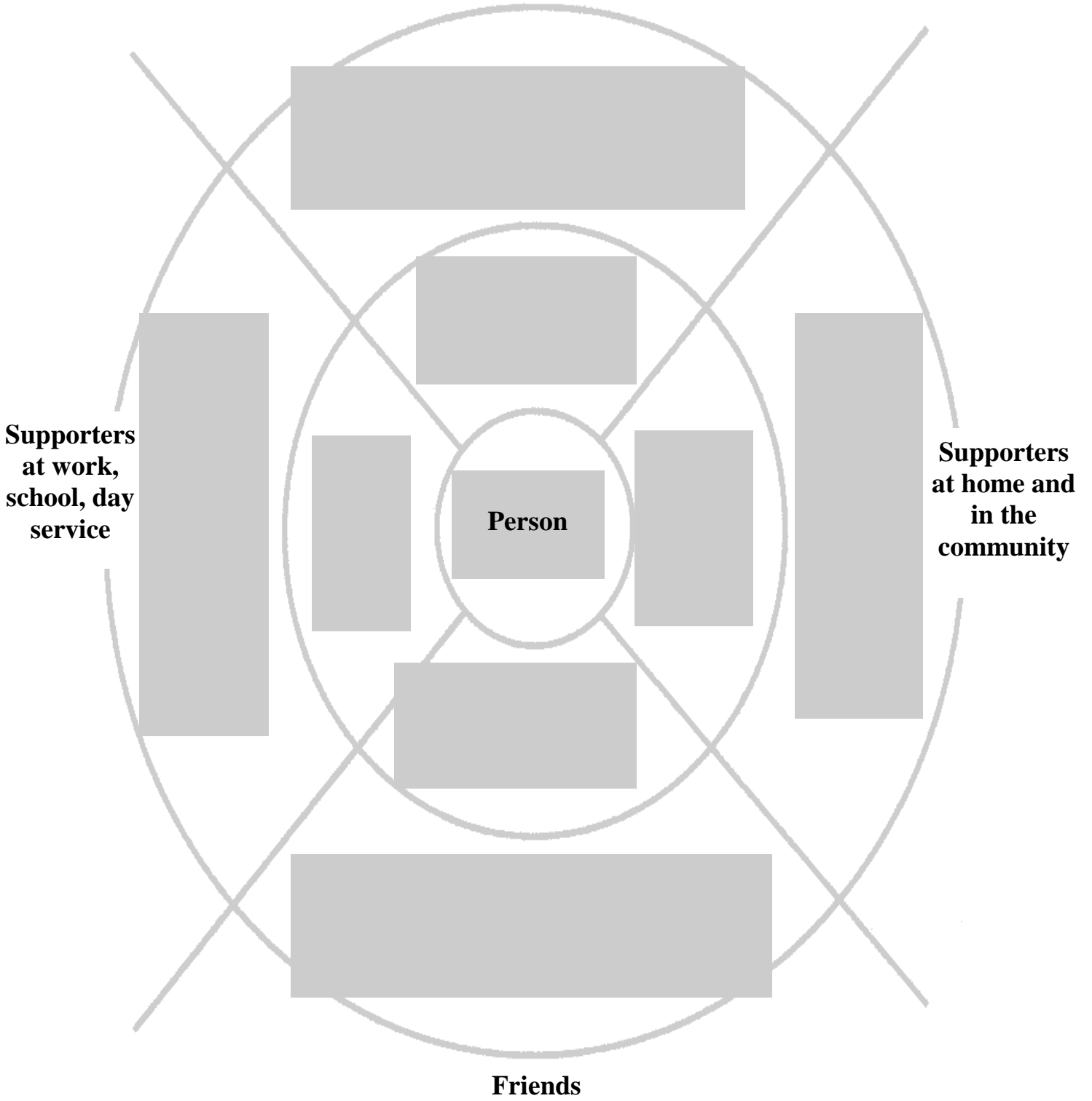
Person-Centered Planning Tool (PCPT)*

The Person-Centered Planning Tool (PCPT) is a mandatory discovery tool used to guide the person centered planning process and to assist in the development of an individual's Service Plan.

Role	Name	Phone/email	Agency/Region
Individual			
Guardian			
Co-Guardian			
Family/Friends			
Family/Friends			
Support Coordinator			
Waiver Assurance Coordinator (WAC)			
Support Broker (If Applicable)			
Other			

*The NJISP includes person centered concepts, principles and materials used with permission from:
The Learning Community for Person Centered Practices
www.learningcommunity.us

Family



What do you and others like or admire about you?

This section reflects your positive qualities and includes likes, goals, aspirations, etc.

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What is important to you?

This section describes what is important to you, including: routines, relationships, places to go, things to do, etc.

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What do others need to do to support you?

This section describes what others need to know and do to support you at home, work or in the community.

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What are the characteristics of the people who support you best?

This section includes personality characteristics that you would like to see present in the individuals that support you.

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What do caregivers/providers need to know about how you communicate?

This sections captures information about how you communicate: What language do you speak? Do you read/write? This section also includes information about how you communicate non-verbally, including how you let others know if you are happy, sad, excited, angry, disagree, understand, or want to go somewhere.

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What are your long-term hopes and dreams?

This section captures information about your long-term hopes and dreams.

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Pathway to Employment

Use the tool below to assist in developing employment-related outcomes for your Service Plan

Path 1: Already Employed		
Questions	Yes	No
1) Are you making enough money to meet your living expenses?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you working the amount of hours you want to work during the week?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you happy / satisfied with the job you have?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you want to stay where you are working now?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you get the opportunity to try all the different jobs/tasks you'd like at work?	<input type="checkbox"/>	<input type="checkbox"/>
6) Are you happy with the employment services you are currently receiving/SE provider?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are you happy with your job coach?	<input type="checkbox"/>	<input type="checkbox"/>
Are all of the answers "YES"?	<input type="checkbox"/>	<input type="checkbox"/>
If all answers are "YES" –		
<ul style="list-style-type: none"> Determine whether or not employment services are needed to maintain current job. If employment services are provided identify areas in which the employee needs support, must improve due to supervisor feedback, wants to improve, etc. and indicate on the Intervention Plan & Service Log. Include these outcomes and any services that are needed to accomplish these outcomes in "Section B: Personally Defined Outcomes" of the Service Plan. 		
<p>If any answers are "NO" (i.e. you may be underemployed or unsatisfied with your job) --</p> <p>Identify outcomes related to getting an increase in salary, additional hours, another position/job that will increase the employee's satisfaction level, etc. and indicate on the Intervention Plan & Service Log if the individual is receiving employment services. Include these outcomes and any services that are needed to accomplish these outcomes in "Section B: Personally Defined Outcomes" of the Service Plan.</p> <p>Activities you may consider to increase job satisfaction include, but are not limited to:</p> <ul style="list-style-type: none"> Speak with your employer about increasing your hours/salary or about trying other job duties within the company - supported employment services can provide assistance if needed Seek alternative employment (part-time or full-time) - supported employment services can provide assistance if needed Consider exploring employment options through Career Planning services Utilize suggested activities listed under "Path 2." 		
Additional Notes		

Path 2: Unemployed & Has Paid/Unpaid Experiences/Training
 (i.e., internships, volunteering, prevocational training, career planning, job try-outs/sampling, etc.)

Questions	Yes	No
1) Do you know what kind of job you want?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you applied for any jobs?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you have a resume?	<input type="checkbox"/>	<input type="checkbox"/>
Are most of the answers “YES”?	<input type="checkbox"/>	<input type="checkbox"/>

If most answers are “YES” –	Yes	No
1) Do you have the necessary skills to perform the job you want?	<input type="checkbox"/>	<input type="checkbox"/>

If the individual has the skills to perform the job -

Activities you may consider to pursue employment include but are not limited to the following:

- Network with friends, family, neighbors, and other contacts to seek out job opportunities in the field of interest
- Utilize the One-Stop Career Center to assist in finding a job
- Pre-placement services through the Division of Vocational Rehabilitation Services (DVRS)
- If DVRS pre-placement services are not available, use DDD Supported Employment services, as needed, to assist the individual in finding a job

If the individual does not have the skills to perform the job –

Activities you may consider to build skills related to employment include but are not limited to the following:

- Explore the opportunity to receive financial assistance from DVRS for college courses, training, education in the field of interest
- Take classes to gain skills, education, training in the field of interest
- Utilize Prevocational Training services

Please provide a short list of the skills that are needed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Path 2: Unemployed & Has Paid/Unpaid Experiences/Training

(continued)

Path 2: Unemployed & Has Paid/Unpaid Experiences/Training		
(continued)		
If any answers are “NO” –	Yes	No
1) Have you gone to the Division of Vocational Rehabilitation Services (DVRS) to see if you are eligible for their services and if they can help you get a job?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what was the most recent date of contact: _____ What was the result of contacting DVRS: _____ _____		
2) Have you gone to the One-Stop Career Center to see how they can help you write a resume, build skills, network and meet with other unemployed people, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what was the most recent date of contact: _____ What was the result of contacting the One-Stop: _____ _____		
3) Have you had a situational (community-based vocational) assessment or job sampling?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when was the most recent situational assessment conducted: _____ What was the result of this assessment: _____ _____		
If most answers are “Yes” (to the 3 questions above) - Activities you may consider to assist you in exploring employment options include but are not limited to the following: <ul style="list-style-type: none"> • Situational assessments (or vocational evaluations) and/or pre-placement services through DVRS • If DVRS services are not available, use DDD Career Planning, Supported Employment, or Prevocational Training services, as needed • Utilize the One-Stop Career Center to access assistance in identifying a career path 		
If any answers are “No” (to the 3 questions above) – <ul style="list-style-type: none"> • Contact your local DVRS office and set up a meeting to determine eligibility for services • Visit your One-Stop Career Center to learn about the services they have to offer and access those services that apply • Discuss getting a situational assessment through DVRS or (if unavailable from DVRS) through DDD Supported Employment services 		
Additional Notes - 		

Path 3: Unemployed & Has No Exposure to Paid/Unpaid Experiences/Training

Questions	Yes	No
1) Do you want to learn a new skill?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you thought about something you are really good at and how that could become a job or business for you?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you thought about what information you need in order to help you consider employment?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you thought of how your life might change if you had money to spend on things you want?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you thought of how your life might change if you were more involved in the community?	<input type="checkbox"/>	<input type="checkbox"/>
6) Would you like to get paid to do work in the community?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever taken work-related training, education or classes?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you had any job experiences in school or as an adult?	<input type="checkbox"/>	<input type="checkbox"/>
Are most of the answers “YES”?	<input type="checkbox"/>	<input type="checkbox"/>

If most answers are “YES”

- What needs to change in order for you to consider finding a job in your future?
- Why do you feel that work is not an option at this time?
- What is your greatest fear when you think about working?
- Are you aware of the services and supports that are available to help you find and keep a job?
- Are you aware of ways that you can maintain benefits while working?
- Are you aware that you may be able to have someone with you at work to help coach and support you, called a Job Coach?

If most answers are “NO”

- Continue thinking about the possibility of going to DVRS for employment services and supports
- Consider exploring employment options through Career Planning services
- Consider building skills or gaining work-related experiences through volunteer work by using Prevocational Training services
- Consider spending time learning more about employment/work through job touring, job shadowing, job clubs, and/or job sampling
- Consider watching videos, reading books, exploring the Internet for information about various jobs/career

Additional activities you may consider to assist you in exploring employment options include but are not limited to the following:

- Seek benefits counseling/planning through providers of this service, Supported Employment providers that offer benefits counseling services, the Social Security Administration, or other entities with expertise in this area.
- Use www.njdb101.org to assist in calculating your benefits
- Determine whether WorkAbility (NJ’s Medicaid buy-in program) is an option for you by DDS at 888-285-3036 or visiting www.state.nj.us/humanservices/dds/projects/discoverability

Additional Notes -

Voting

These questions are to be used to guide a discussion with the individual, family, and his/her caregivers about their right to vote.

<u>Questions</u>	<u>Check, if “Yes”</u>	<u>Check, if “No”</u>
1) Are you registered to vote?	<input type="checkbox"/>	<input type="checkbox"/>
2) If no, do you want to register to vote?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you planning to vote?	<input type="checkbox"/>	<input type="checkbox"/>
4) If yes, do you need supports when voting?	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health Pre-Screening

These questions are to be used to guide a discussion with the individual, family, and his/her caregivers about any possible indicators that a mental health evaluation may be necessary. A “yes” response to any of these questions may be an indicator that someone might be experiencing a mental health problem and a further assessment is required.

<u>Questions</u>	<u>Check, if “Yes”</u>	<u>Check, if “No”</u>
5) Does the person hurt himself/herself or others?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has the person been sleeping more or less than usual?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has there been a change in the person’s appetite?	<input type="checkbox"/>	<input type="checkbox"/>
8) Is the person overly fearful?	<input type="checkbox"/>	<input type="checkbox"/>
9) Is the person sad or withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>
10) Is the person extremely confused or disoriented?	<input type="checkbox"/>	<input type="checkbox"/>
11) Does the person hear voices even when no one is there? (This is not the same as talking to oneself for company or to reduce anxiety)	<input type="checkbox"/>	<input type="checkbox"/>
12) Is there a change in the person’s behavior?	<input type="checkbox"/>	<input type="checkbox"/>
13) Has there been any change in the way that the person reacts/interacts with caregivers?	<input type="checkbox"/>	<input type="checkbox"/>
14) Are any of these changes/behaviors impeding the person’s day to day functioning?	<input type="checkbox"/>	<input type="checkbox"/>
15) Have there been any recent medication changes?	<input type="checkbox"/>	<input type="checkbox"/>
16) Has there been any recent change to the person’s environment? (Examples: new roommate, death of someone close to them, new staff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Potential Funding Sources

Use the below to assist in identifying resources for the person

Potential Funding/Resources for Employment Services and Supports			
<u>Source</u>	<u>Receiving?</u>	<u>If Not, Was it Pursued?</u>	<u>Result</u>
Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI)	<input type="checkbox"/>	<input type="checkbox"/>	
Ticket to Work Program	<input type="checkbox"/>	<input type="checkbox"/>	
Workforce Investment Act (WIA)	<input type="checkbox"/>	<input type="checkbox"/>	
General Assistance/WorkFirst NJ	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Work Incentives – PASS, IRWE, other SSA Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
What other funding/resources are available for services and supports?			
<u>Source</u>	<u>Receiving?</u>	<u>If Not, Was it Pursued?</u>	<u>Result</u>
New Jersey Medicaid State Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
Private Insurance/Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care Assistance (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Preference Program	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Assistance Service Program	<input type="checkbox"/>	<input type="checkbox"/>	
Food Stamp Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	
Federal/State Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Advocacy Services	<input type="checkbox"/>	<input type="checkbox"/>	
Special Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	
Senior/Aging Support Services	<input type="checkbox"/>	<input type="checkbox"/>	
Personal, Special Needs Trust	<input type="checkbox"/>	<input type="checkbox"/>	
Home Energy Assistance (HEA & LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	