Detroit Long-Term Care

Stakeholder Engagement Committee

Advocacy Training

Through the Eyes of People in Long-Term Care:

Understanding the Need for Advocacy

PARTICIPANT HANDOUTS

Long-Term Care Advocacy Training

Presented by:

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8:30 a.m.	**Welcome and Workshop Overview**
8:45 a.m.	**Participant Introductions**
9:15 a.m.	**Reforming Long-Term Care**
10:00 a.m.	**BREAK**
10:15 a.m.	**A Really Good Day**
11:45 a.m.	**Using Planning Tools to Complete Your Day**
12:15 p.m.	**LUNCH**
12:45 p.m.	**Afternoon Start-Up**
1:05 p.m.	**Effective and Persuasive Communications**
1:50 p.m.	**BREAK**
2:00 p.m.	**Pulling Back to Stay Effective**
3:00 p.m.	**Speaking Up Guidelines and Role Plays**
3:35 p.m.	**BREAK**
3:45 p.m.	**Speaking Up,** *continued…*
4:30 p.m.	**Opinion Poll/Learning Circle –**
5:00 p.m.	**Adjourn**

Through the Eyes of People in Long Term Care: Understanding the Need for Advocacy

Workshop Goal and Objectives

Goal:

To enhance participants understanding of:

- **the panorama of long term care supports and services**
- **the people they will be advocating for,**
- **how consumers' supports and services need to be improved so they can live the best lives possible.**

Objectives

Participants who complete this workshop will be able to:

- Describe the values and goals underlying the culture change movement in long-term care.
- Outline many of the conditions requiring quality improvement in the delivery of long-term care.
- Explain the impact of challenges in the long-term care system on consumers.

Workshop Learning Agreements

Create a safe, supportive space:

1. Listen for understanding.
2. Speak about issues, not individuals.
3. Questions are great! None are stupid.
4. Everyone participate, no one dominate.
5. No side conversations or cell phones, please.
6. Everyone facilitate so we stay on track!

★ *Are there other agreements that would help create a great learning environment for you?*

Understanding Person-Centered Language

The goal of person-centered language is to support the whole community in:

- ★ **Seeing each person who needs long-term supports and services as a unique individual**
- ★ **Respecting each person's skills and abilities**
- ★ **Supporting each person to be successful and maintain independence**
- ★ **Helping each person meet his or her needs for attachment, inclusion, occupation, and comfort**
- ★ **Supporting each person as a member of his or her community**

Examples of Person-Centered Language

A person with a disability; a person who is blind or who is deaf
NOT: He or she *is* disabled, crippled, handicapped; a blind person; a deaf person
(as if that's all they are!)

A person who uses a wheel chair
NOT: wheel chair bound

A person with cerebral palsy
NOT: a victim of…

We provide supports and services, we assist people
NOT: We provide care; we take care of the resident or patient.

A person with an intellectual disability
NOT: He's retarded or he's slow.

A person with a mental illness or psychiatric disability
NOT: She's crazy or she's nuts….

A person who needs assistance eating

NOT: A "feeder"

Rosa

Rosa is a woman of German and Irish descent in her mid-70's. She has been living at St. Damian's nursing home for 3 years due to physical difficulties she has performing activities of daily living. She is a "sweetie pie" who is well-liked by the staff. She enjoys activities, particularly bingo and musical performances, and likes to keep busy by watching TV and visiting with other residents. Keeping up her appearance is also important to her, and she puts efforts into her outfit each day.

Nursing homes must be able to set up trust accounts to hold and disperse personal funds for residents who request them, and Rosa has such an account. Medicaid-funded residents must, if financially possible, pay nursing homes a certain amount – called the "patient pay amount," or "co-pay" out of their own funds for their care. Rosa's only income is her social security check. Given this, Medicaid determined how much it required for her nursing home costs, and then designated an "allowance" of $60 for Rosa's personal spending per month.

The only family in Rosa's life is her daughter, Brenda. Each month on the 1st, Brenda calls the business office at St. Damian's and insists that her mother needs her money. The business office always calls Rosa and explains that her daughter has called and asked that the money be released. Rosa always agrees. Once the cash is released, Brenda visits and takes the money from Rosa. It is the only time that Brenda does visit. Rosa acts resigned about this situation, as Brenda is the only loved one she still has visiting and in her life. However, not having the funds means that Rosa isn't able to participate in off-site activities, such as shopping or visits to local attractions, which distresses Rosa when the occasions arise.

Debra

Debra is in her early 80's. She was admitted Caring Hearts Nursing Home for rehab 18 months ago from the hospital after having a stroke. Debra spent the 100 days allowed for the rehab program under Medicare. Although she came into the nursing home able to walk, at the end of 100 days, her condition had deteriorated. She was unable to walk, had become dehydrated and incontinent, and suffered from pressure sores. She also had injuries from repeated falls – bruises, skin breaks, and one bone break – that occurred because she believed she could get up to go to the toilet rather than waiting for staff to respond to her calls. During the first 100 days, the family repeatedly asked nursing home staff what was going on and what could be done to improve their mother's condition. They were told again and again, "We're doing everything we can to take care of your mother, and trying to ensure that she has all the physical therapy she needs."

Once the 100 days of rehab were over, Debra needed to remain in the home because she was unable to perform her ADLs. She was placed on "maintenance," a plan to keep a resident's level of functionality, because Medicare would no longer pay for rehab. It was the family's perception that she was not being taken care of, including getting dressed, to meals, and having opportunities for mobility activities. They called in the ombudsman. The Director of Nursing (DON) gave fairly common reasons for the perceived lack of care, including Debra's dislike and unwillingness to undergo manipulations, and lack of CNA time to revisit residents who refuse care when they can get to them. Debra's condition continues to deteriorate at Caring Hearts, leading to new hospitalizations for breaks, pressure sores and dehydration.

Paul

Paul is 67, over 6 feet tall, with a deep voice and a powerful manner. He had been a semi-pro boxer as a young man, and then earned his living in a steel mill. He had been married once, but that was long ago and he was out of touch with family and friends. He has been living in Elm Grove Nursing Home for a year, and has been a challenging resident throughout his stay. He is on dialysis, and also has diabetes and a heart condition. Though he uses a wheelchair, he had been to stand for short amounts of time and was able to use the toilet himself and do some other ADLs. He tends to be gruff, and is regularly verbally abusive. This has led staff to avoid him and, at times, neglect his needs. In one instance, this led to ulcers on his legs. He was hospitalized, but the ulcers became gangrenous and required the amputation of one of his legs at the knee.

He has now called the ombudsman, but not because of his amputated legs. He is reporting that he is being refused his pain medication. Staff at Elm Grove say they believe he abuses the medication, and they are carefully controlling his intake.

Carlo

Carlo, a Mexican-American in his 60’s, has lived in the nursing home for five years. Prior to having cancer that left him disabled, he had been an auto worker and owned his own store in southwest Detroit where he was active in community politics and development. He is a widower and he and his wife had been unable to have children, so he has no family in his life now, though friends occasionally still come to visit. He is pleasant with staff and enjoys flirting. He also loves watching sports on TV, and is often helpful to other residents. Although he sometimes gets a bit depressed about needing to live in the nursing home at a younger age, he’s determined to make the best of it.

A few months ago, he met Janis in the dining room. She is in her 80’s and has very mild dementia, as well as a heart condition. She is a widow with four children. Carlo’s attentions charmed her from the start and they have become close. They have their meals together, and enjoy watching TV and playing cards with one another. He invited her once to join him in his room, and they closed the door.

When an aide realized they were together, she mentioned it to the charge nurse because she had heard Janis’s daughter, Peggy, her legal guardian, complain about the relationship. When Peggy visited Janis, it had become usual for Carlo to withdraw because she clearly didn’t approve of him.

The nursing home has told Carlo that they can no longer be alone in his room with the door closed because the daughter has given them express directions to not allow it. Carlo and Janis are upset about this, though Janis is not able to assert her own wishes with her daughter. Carlo, a UAW retiree, has called in the UAW Retiree Department to advocate for him.

Esther

Esther is a 110 year old Russian Jewish woman. She will be 111 in May, 2009. She suffers from some dementia but many times, she is coherent and conversational, and enjoys socializing with others. She has no relatives and is fiercely independent. She has no teeth, but still eats soft food that the nursing home offers.

She has a mental illness, which presents itself though her desire to strip. She refuses to keep clothes on herself. As soon as she is done eating, she will strip. No matter where she is, she will strip. Nursing home staff keep her confined to her room because of this behavior, though they hate it because she is so social and dislikes being cooped up in her room.

Frank

Frank is a 72-year-old African-American man with advanced dementia. He'd worked in the city's Building Department for 40 years, and was a proud family man who was proud of his good career. He has been living in the Pontchartrain Nursing Home for four years. Generally, he is an easy-going man, but he has times when he becomes anxious.

This morning, Marla, the Aide getting him up and dressed, was upset because an Aide had called in and the unit was short-staffed. She grumbled, *"I don't know what these people are thinking, not coming to work! With the economy the way it is, everyone losing their jobs and going bankrupt, you'd think they'd show up!"* When she realized he was getting nervous, she stopped talking about that and spoke to soothe him.

Later in the morning in the common room, Frank focuses on the TV as news of recent economic problems are covered. The commentator speaks of all the investors who have lost their savings and the pension funds that have been bankrupted. Frank becomes increasingly anxious as he stews about these problems. Finally, he jumps up and says that his pension has been bankrupted and his check not arrived. "I don't have my money!" He starts heading out the door for the bank.

Twice, Marla cajoles him back, but she is busy with other residents. The third time he starts to leave, he gets near the outside door before she catches up to him. He refuses to come back, desperately making for the door and repeating that he's got to get to the bank. Another Aide comes up to assist and takes Frank by the arm. Frank resists, and gets louder and louder. He's frightened and angry by the second Aide's grip and starts hitting out. The Aide moves to get a tighter hold on him, and Frank punches him. More staff come and take him to his room, where he's given a sedative.

Later that day, the nursing home calls his daughter, saying that her father has become aggressive and combative and they can no longer care for him. She's given two weeks to find another facility to take him.

Joyce

Joyce, a single, 32-year-old woman, has been in Larkspur Nursing Home for 6 months. She had transitioned from the hospital and been admitted with "Medicaid pending," being assured she would qualify because of needing assistance with a number of activities of daily living (ADLs). She requires a wheel chair, and has diabetes and congestive heart failure. A stroke has left one side of her body partially paralyzed. She is also obese and has difficulty moving.

The focus of Joyce's life is her 2-year-old son, Jermaine. He is now staying with a friend. She has had him visit her at the nursing home and spend the night when her son's caretaker is working late evenings. The nursing home has informed her that she is not allowed to keep Jermaine overnight due to safety concerns and risk management issues. She insists he is safe when she is with him, and that he can perform any activities with her one-handed assistance. The nursing home doesn't believe this to be true.

Now, the nursing home wants discharge her because Medicaid has determined that she is not eligible for long-term care. Since she's not a senior, she doesn't qualify for most supports that Medicaid disability eligibility would open to her, such as home care, meals on wheels, transportation, and rent support. Joyce has contacted the local ombudsman. She'd love to be on her own again taking care of her son, yet, she knows that moving out to her empty house without supports would clearly be dangerous and financially difficult. The social worker at the nursing home has appealed the denial for Medicaid nursing home eligibility and has applied for social security disability, which would entitle her to Medicaid. Meanwhile, the nursing home is going without payment as she remains there without options and is pressuring for her to be discharged, though the State Ombudsman is advocating on her behalf.

Marcus

Marcus, a divorced 45-year-old African-American male who worked as a truck driver and played jazz trumpet with friends in his free time, was in a car accident 4 years ago that paralyzed him from the waist down. He initially came to Autumn Hills Nursing Home for rehab, but because he lacked family who were able or willing to care for him, and has some complex medical issues that require weekly nursing treatment, his physician had initially determined that he needed to remain in the home. He is a quiet man, but his friends and music mean a lot to him. He also has a 24-year-old daughter he rarely sees that he thinks of often. Friends visit every two weeks or so, and he sometimes will go out with them to listen to music, see a movie or for a meal. He really enjoys these visits. He says he hates living in the nursing home in the midst of so many "old people."

Although he is usually nice to staff and other residents, he regularly complains about his life in the nursing home. He generally stays in his room during the day, often listening to music, and keeps away from other residents. He grumbles that he can't really play his trumpet as he'd like. At night, he is often out in the hallways and by the nurse's station, talking with and observing staff. He's become increasing invested in knowing what all the staff are doing – well and not so well – and then sharing that information with other staff. This has caused some grumbling and tension among the staff.

Although auto insurance pays fully for his care, and he can explore moving to a group home and other options, but he resists the possibility of leaving. He says, "There's no way I could manage on my own! Why would living with a group of other people who are messed up by any better? They wouldn't let me play my trumpet either!" The staff feel that he is scared of transitioning to a new setting, in spite of being very unhappy and discontent at Autumn Hills.

Ivory

Ivory was born and raised in Detroit, and is in her early 30's. She has multiple sclerosis and mental retardation. She is also severely obese and cannot move around easily. She uses an electric wheelchair because MS has damaged her ability to move her lower body. She loves to talk, though many people have difficulty understanding her. She has been living in the nursing home for over 10 years.

Her size presents problems for nursing home staff. It takes 3 – 4 people to lift her out of bed using a hoist. Moving her into the shower or toilet is also extremely difficult. In spite of her challenges, she is very active with arts and crafts, and really enjoys helping out the activities director. She also enjoys socializing and is well liked by other residents. Last year, for the first time in her life, she attended a summer camp. She loved the experience, including being outdoors and meeting new people, and it's given her a stronger desire to live in an independent setting.

Although social workers at the nursing home have explored options for her, adult foster care homes cannot accommodate her because they don't have the special hoists and other equipment needed to move her around. They are also unclear if they can provide the level of care she needs. The nursing home asked Adult Well Being Services (AWBS) to help find her a placement. AWBS has tried placing her in more independent settings without success.

Kenneth

Kenneth, a white male resident in his late 50's, is in the nursing home for shorter term rehab. A former Marine, he has been physically active most of his life – hiking, camping, swimming and water skiing in the summer, and hunting and downhill and cross-country skiing in the winter. He is almost always grumpy. His chronic medical condition now leaves him constantly in physical pain, and being physically limited – and facing increasing disability for the rest of this life – frustrates him and adds to his anger and depression. He has no family, and a woman friend with whom he'd been involved before his recent debilitating episode has cut off their relationship.

He is a demanding resident, putting on his call light at least once every 30 minutes wanting assistance, something to eat or drink, or more pain relief. He is quickly aggravated when his needs can't be met immediately, and then becomes belligerent with staff. One day he blows up at Anna, an Aide. He swears at her, verbally attacks her looks and skills, and generally chews her out. She loses her cool and curses back at him, which leads to her being fired.

The nursing home staff are sympathetic to Anna, and though they know it's right to uphold Marcus's resident's rights, they are pretty fed up with him too. Ken has contacted the veteran's administration, demanding to know why he can't get better care.

Andre

Andre is a 64-year-old transsexual who is HIV-positive. He entered Martin Manor Nursing Home as a male and a Medicaid-funded resident who is also receiving social security. His sister, Doris, is his legal guardian. He has been living as a male for 40 years, but has not had sex-change surgery.

During one of his ADLs, an Aide discovered that he had the physical characteristics of a woman. She became alarmed and, in a panic, ran to the nurses' station exclaiming that he wasn't a man but a woman to the floor nurse and all those in the hall. Word spread to all the Aides and staff in the home. After this, staff's behavior with him changed. He found their treatment ostracizing, belittling, and undignified. He reported that they regularly made inappropriate comments about his sexuality to him. Male residents also attacked him. He complained to the nursing home administration.

After this, the nursing home issued an "involuntary discharge," purportedly because he had not been following smoking regulations. This charge allowed the nursing home 30 days to arrange a new home for a resident. The nursing home claims it is unable to find a placement for him because he insists on living as a male and being with men and they believe he is at risk with men, and unwelcome by women. After Doris received the involuntary discharge and found that the nursing home wanted to have him put in a shelter, she called the ombudsman. The appeal deadline of 10 days had already passed, and there were no options other than out-placement.

John

As a teenager, **John** was involved in street gangs in his neighborhood, and had trouble with the police. He loved hip hop music, girls, and basketball, not always in that order. For his 17th birthday, his mother threw a party for him at the family's home. While it was going on, the house was riddled with gun shots and John was paralyzed below the waist by the bullet that hit him. Over the next three years, he was in and out of hospitals and nursing homes, learning how to manage a wheel chair and coping with ulcers from skin break downs. His mother, unable to return to her house, relied on relatives, but arrangements to have John with her and his uncle didn't work out. His mother eventually became homeless herself, further complicating plans to find him a stable independent living arrangement. John is also on probation.

John is a confident young man who is able to speak up for what he wants, and he didn't like living in nursing homes. When he was 20 years old, the social worker at the nursing home where he was living contacted the Detroit Area Agency on Aging and asked to have him enrolled in the Transitions Program through the MI Choice Waiver Program. As of Nov. 1, 2007 and according to MSA Bulletin 07-45, the Detroit Area Agency on Aging Regional Call Center maintains waitlists and monitors access to all Medicaid-based home and community-based services. John's case was prioritized based upon his choice to participate in the Nursing Facility Transition Services program. Options Counselors conducted an initial interview and screening. Depending upon which Home and Community Based Service (HCBS) program is suitable for the consumer, the DAAA makes referrals to a Mental Health (MH) agency, a MI Disability Network agency, or a waiver agent. John was referred to a waiver agent.

Setting John up for independent living required the juggling of many issues. He needed a home that was physically adapted to accommodate his disability, within his income constraints. The DAAA counselors conducted the housing search, and made it their first priority to work with the waiver agent, to locate housing for John.

John, *continued….*

Although John's supplemental social security income would cover rent, he also needed a security deposit to move in and basic household goods and furniture. In addition, like most Transition's consumers, he needed a start-up supply of food, and some clothing. John's DAAA Counselor arranged for funding approved by the Michigan Department of Community Health (MDCH), to offer John the supports he needed to get set up in his home.

Now, John is finding life on his own exciting, though he has some struggles. He must report in to a probation officer once a month. He is receiving MI Choice home and community-based services to help him with his medical and personal care needs. Through the social support network that his Counselor and Care Manager arranged, he gets help with available community resources. John wishes he has more care and chore hours to help him with his slow-healing ulcers and household chores, and he wishes he could have more opportunities (and funding) to date, and go to concerts and basketball games. He's also wondering what kind of work he might do. Overall, he's happy living mostly independently, with friends and family occasionally looking in on him.

Vera and her Family

Vera was 80 and was living on her own in a beautiful apartment, enjoying an active life, involved in her church and community. She was a great mother of two sons and a daughter and had been a successful professional with the Board of Education. The fall after her 80th birthday, her daughter, **Carol**, a single mother working full-time, noticed that Vera's memory was worsening, she was eating less, and her energy level was declining. As they planned an extended visit at Carol's, Vera had a severe attack of pain with diarrhea, and she went to the hospital. After two weeks of testing, she was diagnosed as having a small hole in her colon. The doctors asked Carol to make an immediate decision to approve risky surgery to hopefully save her life. With the stress of surgery and medications, Vera became more confused and wasn't recognizing family members. Her ability to walk was also undermined along with her vision.

The team of doctors told Carol that Vera could not live alone. They said it wasn't a good idea for her to live with Carol in her 2-story house unless Carol provided 24-hour care. The doctor convinced Carol not to try, saying, "You either choose a nursing home for your mother now, or you go ahead and bring her home and see how you can get people to come in and help, and then you'll end up dying from the stress and demands, and someone else will find a nursing home for her and you'll have nothing to do with it. They'll bring her to your funeral in her wheel chair." Moreover, though her mother had good insurance, it didn't cover at-home care, and her combined pension and social security could not cover all the costs. It was devastating to her Carol to put her mother in a nursing home, but she took the list the social worker at the hospital gave her.

Carol visited 13 nursing homes. Walking in the door of the first 6 or 7, she burst into tears. After that, one of her brothers or her sister-in-law went with her. She found two that didn't smell of urine, where residents weren't languishing in the halls, where people's hair and clothes were well taken care of, and where Aides were caring and kind. Her first choice had a long waiting list, so she placed Vera in her second choice. Later, a friend recommended a place in Detroit that was closer to her home. She toured it and loved the chapel, the large resident rooms, and the "sunshine" activities room.

Vera and her Family*, continued…*

After a few weeks, they offered a double room, and Carol moved Vera there, waiting for a private room coming up soon that eventually was open.

Meanwhile, Carol was paying rent at her Mom's apartment. It was full of a lifetime of furniture, knickknacks, files, jewelry, clothing and household items. The family spent weekends over three months going through things carefully, and arranging to sell and give it all away. Carol was also applying for Medicaid – a complex and demanding task. Meanwhile, the family visited Vera regularly – almost every day. Vera valued their visits and how each talked to her about different aspects of their lives. Given the nursing home's open door policy, Carol stops by when she can – from late at night till early in the morning. Carol also does Vera's laundry. The family has a note book in Vera's room so that every visitor can log her condition when they visit. This monitoring encourages the nursing home to provide the best possible care. The family has also built a positive relationship with staff, working with and helping them when they can.

Carol is very happy her mother's care, but hopes to improve the experience of families and residents in long-term care through advocacy for issues such as:

- More staff per resident, so staff could really attend to people's needs – ensuring they're dry and changed, kept clean, and helped to move regularly.
- More training to support staff in building caring, compassionate relationships with residents and family.
- Better pay for staff.
- More attention to activities, based in understanding that even if residents can't speak or communicate, they can hear and see and feel what's going on around them. Residents need music, scents, decorations to commemorate and celebrate the holidays and offer vibrant distracting colors and images, and opportunities to participate with others in pleasurable activities.
- Families need training and support in their role – in how to be involved in their loved one's care. Every nursing home needs an effective family council to offer support and education about finances, elder's progress through the final stages of life, including taking the usually painful step of moving into hospice care, how to constructively communicate and work with staff, etc.

A Really Good Day

Describe what a really good day would look like.

What would your consumer be doing? Think from morning till night.

Where would s/he be? Who would s/he be with?

What would s/he be feeling?

What would make the day good for others in the scenario?

Family members? …Staff in the nursing home? ….Advocates?

A Really Good Day

What conditions are necessary to make a really good day possible?

What information is needed by the consumer, the family, advocates?

What skills are needed by each?

What supports do each need (finances, equipment, staff, etc.)?

My Advocacy Goals

1. What inspires you to be an advocate?

"The Pioneer Network supports models where elders live in open, diverse, caring communities."

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2. What outcomes for consumers do you want from your advocacy work?

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We [Eden Alternative] provide education and resources for improving quality of life for our Elders and for recapturing a meaningful work life for their Caregivers. We are dedicated to supporting others in the creation of communities which eliminate the plagues of Loneliness, Helplessness, and Boredom.

3. Try to capture your core reason for being an advocate in a phrase or short sentence that summarizes your hopes.

- Know each person
- Relationships are the fundamental building block of a transformed culture
- Defeat the three plagues: loneliness, helplessness & boredom
- Even home can be an institution if care receivers are not empowered

Fairport Baptist Homes, N.Y.

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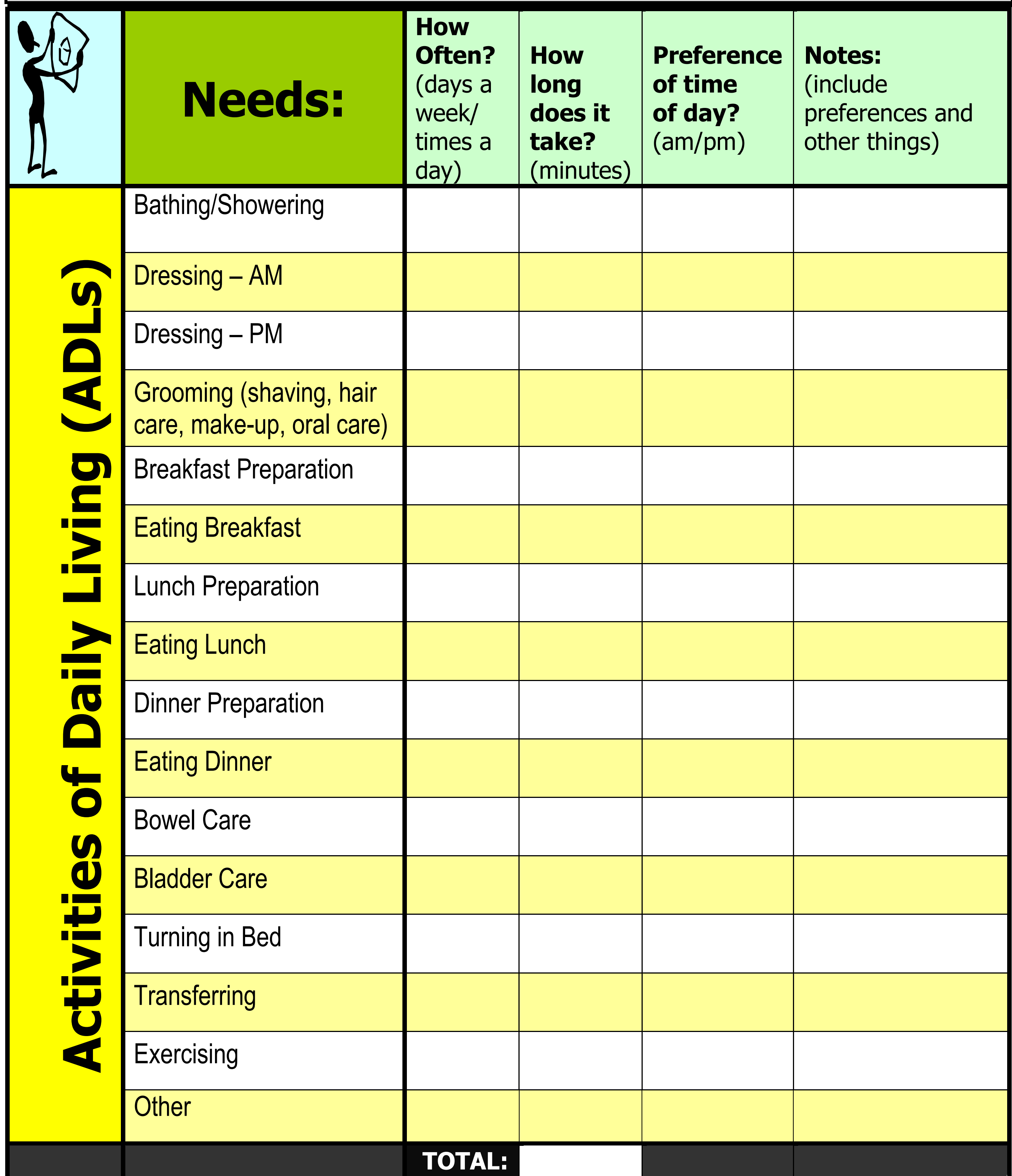
Person-centered care is a philosophical approach to nursing home care that honors and respects the voice of elders and those working closest with them. It involves a continuing process of listening, trying new things, seeing how they work, and changing things in an effort to individualize care and de-institutionalize the nursing home environment. *- Ohio Person-Centered Care Coalition*

MY ASSISTANCE PLANNING LIST



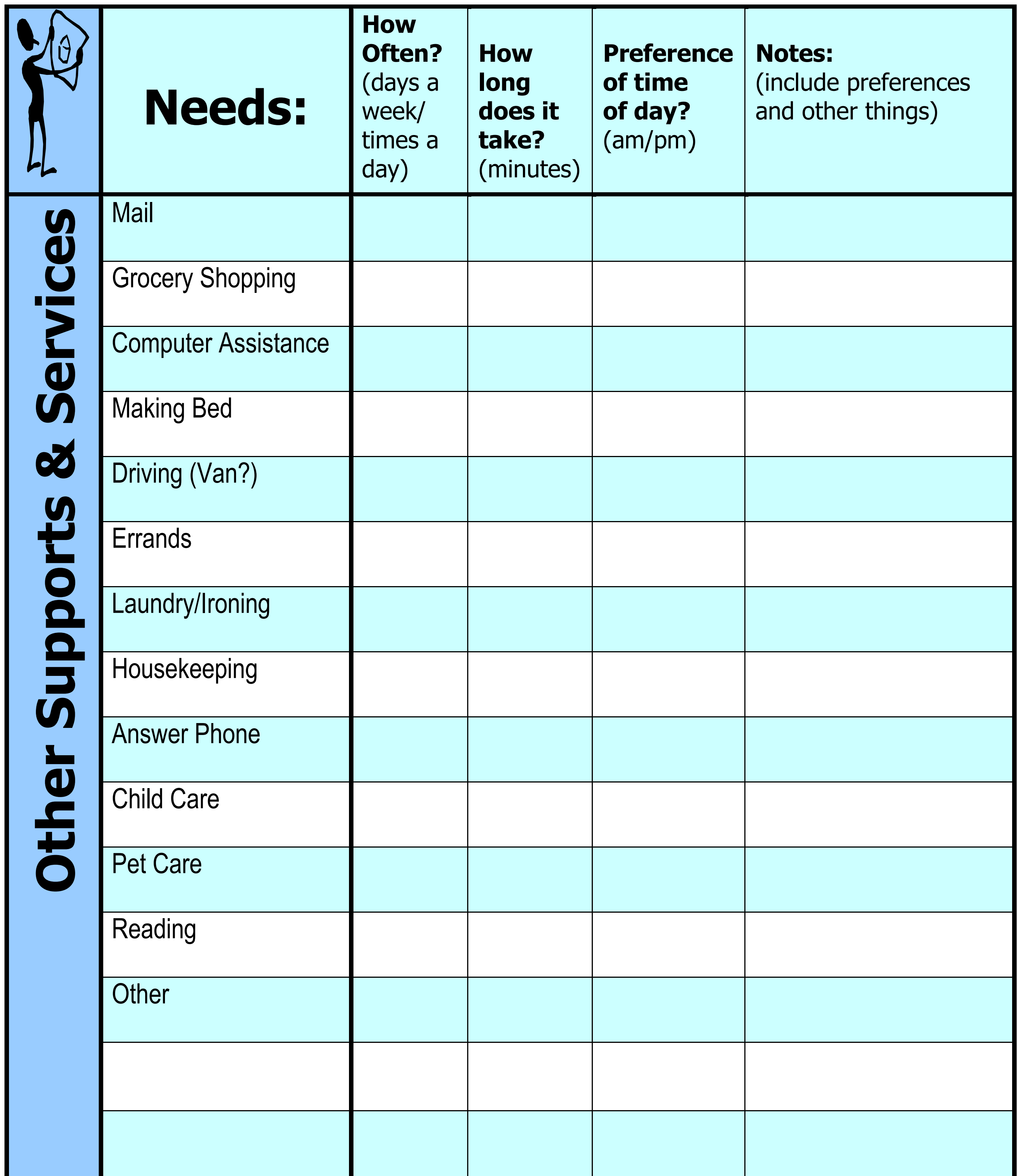
	Needs:	**How Often?** (days a week/ times a day)	**How long does it take?** (minutes)	**Preference of time of day?** (am/pm)	**Notes:** (include preferences and other things)
Activities of Daily Living (ADLs)	Bathing/Showering				
	Dressing – AM				
	Dressing – PM				
	Grooming (shaving, hair care, make-up, oral care)				
	Breakfast Preparation				
	Eating Breakfast				
	Lunch Preparation				
	Eating Lunch				
	Dinner Preparation				
	Eating Dinner				
	Bowel Care				
	Bladder Care				
	Turning in Bed				
	Transferring				
	Exercising				
	Other				
		TOTAL:			

My Assistance Planning List, *continued*

Medical Assistance

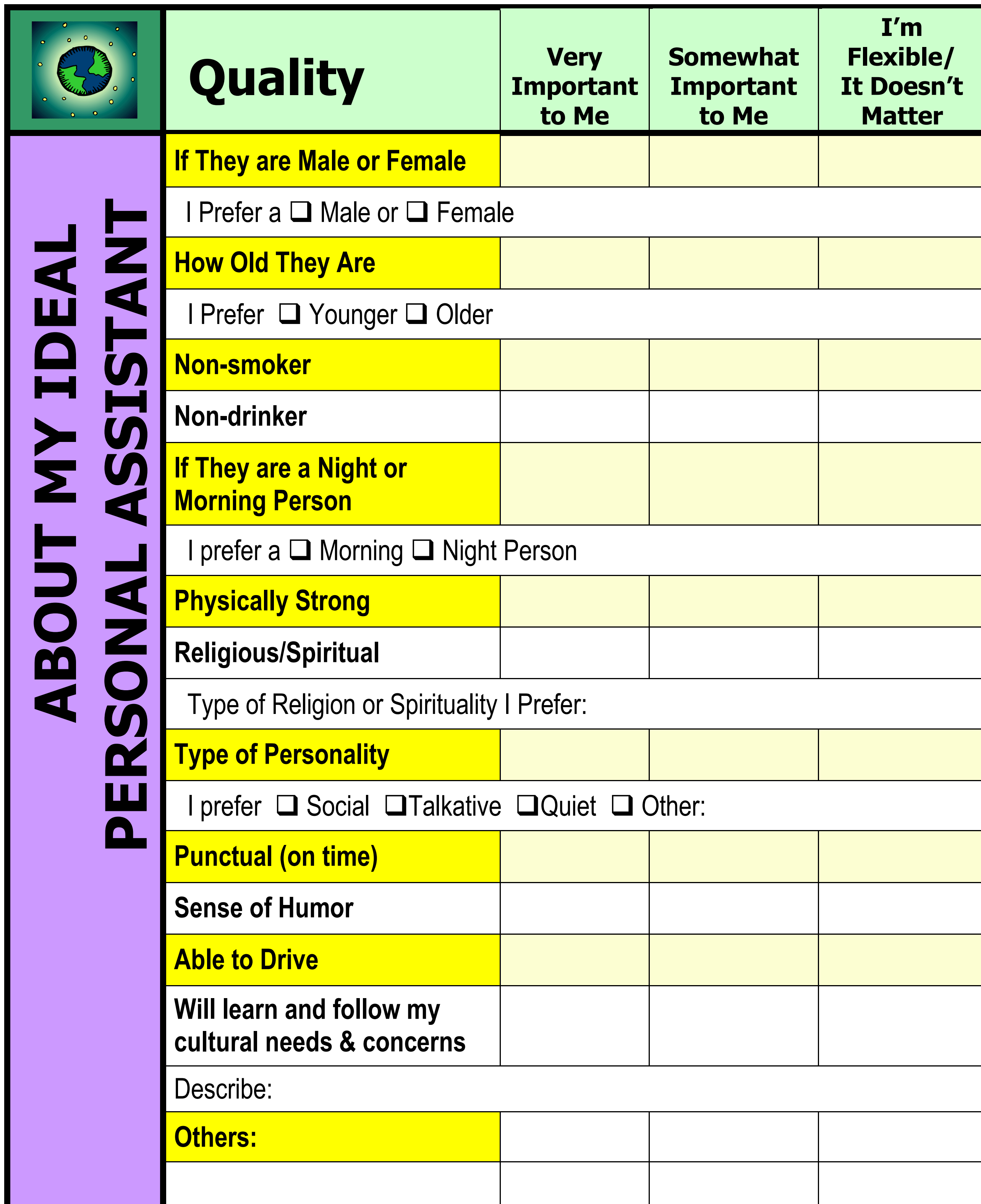
Needs:	**How Often?** (days a week/ times a day)	**How long does it take?** (minutes)	**Preference of time of day?** (am/pm)	**Notes:** (include preferences and other things)
Pressure Relief/ Positioning				
Medications				
Range of Motion				
Skin Care/Inspection				
Suctioning/Respiratory. Care				
Wound Care				
Diabetes Care				
Other				

My Assistance Planning List, *continued*



	Needs:	**How Often?** (days a week/ times a day)	**How long does it take?** (minutes)	**Preference of time of day?** (am/pm)	**Notes:** (include preferences and other things)
Other Supports & Services	Mail				
	Grocery Shopping				
	Computer Assistance				
	Making Bed				
	Driving (Van?)				
	Errands				
	Laundry/Ironing				
	Housekeeping				
	Answer Phone				
	Child Care				
	Pet Care				
	Reading				
	Other				

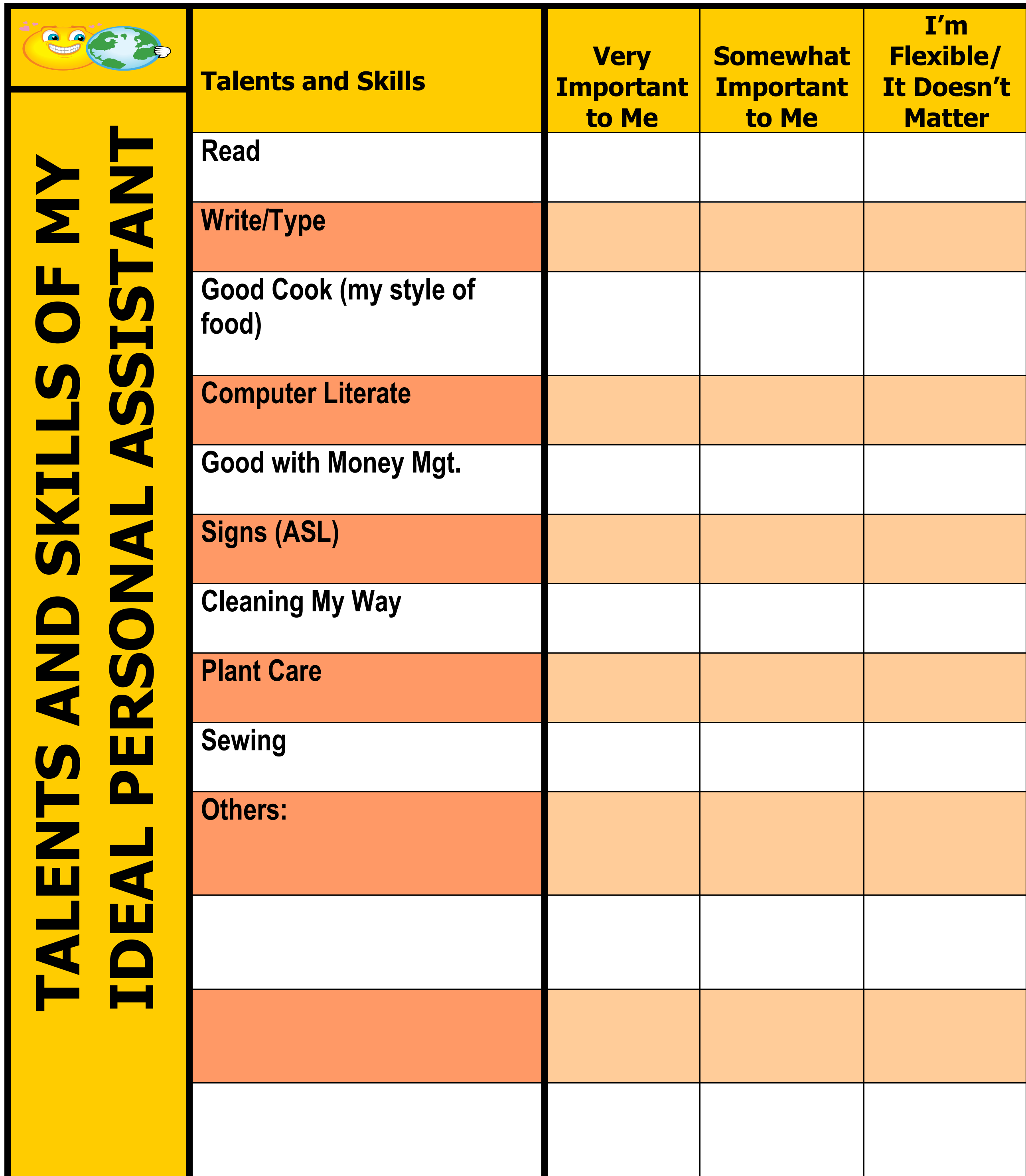
My Preferences List



ABOUT MY IDEAL PERSONAL ASSISTANT

Quality	Very Important to Me	Somewhat Important to Me	I'm Flexible/ It Doesn't Matter
If They are Male or Female			
I Prefer a ❑ Male or ❑ Female			
How Old They Are			
I Prefer ❑ Younger ❑ Older			
Non-smoker			
Non-drinker			
If They are a Night or Morning Person			
I prefer a ❑ Morning ❑ Night Person			
Physically Strong			
Religious/Spiritual			
Type of Religion or Spirituality I Prefer:			
Type of Personality			
I prefer ❑ Social ❑Talkative ❑Quiet ❑ Other:			
Punctual (on time)			
Sense of Humor			
Able to Drive			
Will learn and follow my cultural needs & concerns			
Describe:			
Others:			

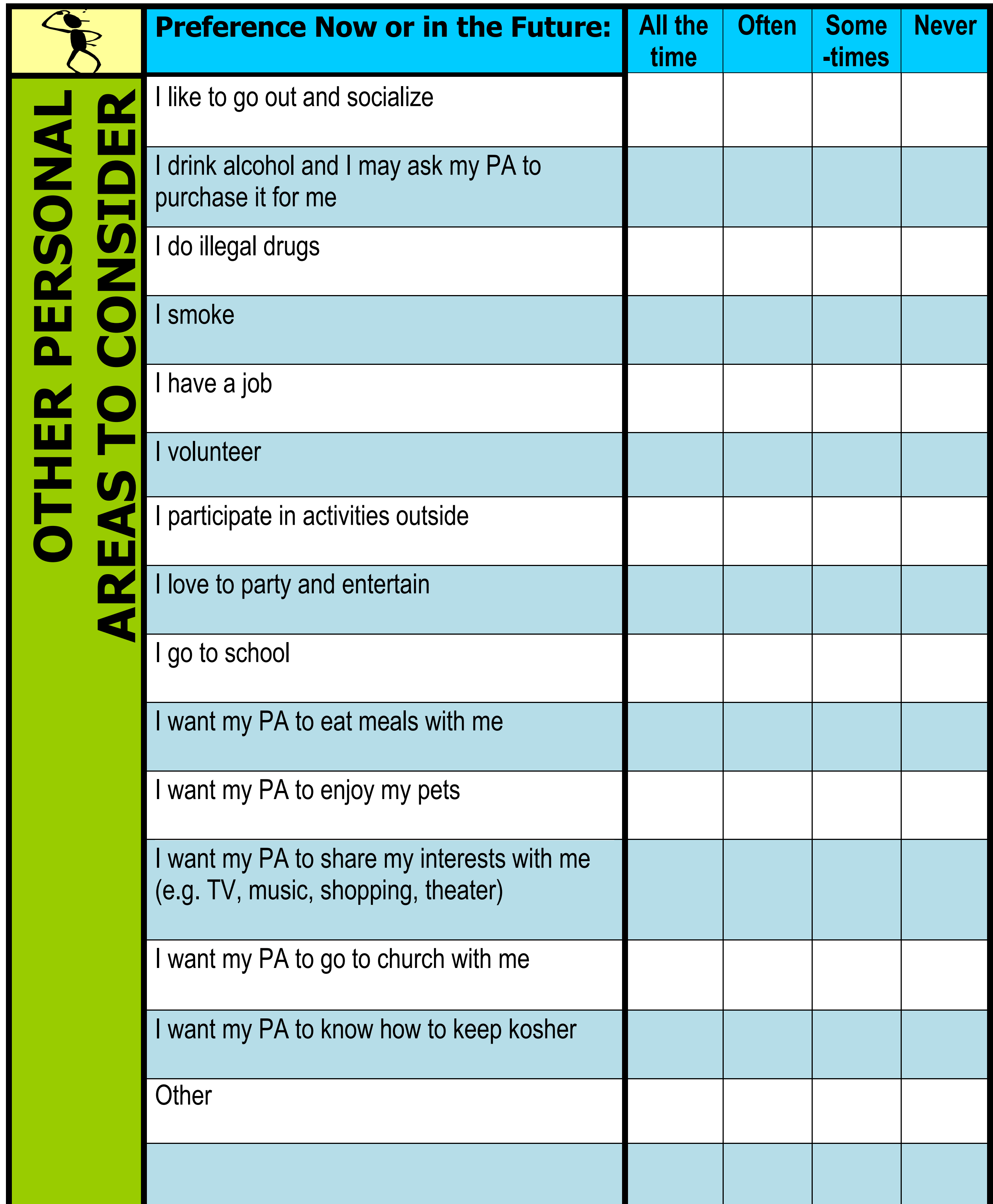
My Preferences List, *continued*



TALENTS AND SKILLS OF MY IDEAL PERSONAL ASSISTANT

Talents and Skills	Very Important to Me	Somewhat Important to Me	I'm Flexible/ It Doesn't Matter
Read			
Write/Type			
Good Cook (my style of food)			
Computer Literate			
Good with Money Mgt.			
Signs (ASL)			
Cleaning My Way			
Plant Care			
Sewing			
Others:			

My Preferences List, *cont…*



OTHER PERSONAL AREAS TO CONSIDER	Preference Now or in the Future:	All the time	Often	Some -times	Never
	I like to go out and socialize				
	I drink alcohol and I may ask my PA to purchase it for me				
	I do illegal drugs				
	I smoke				
	I have a job				
	I volunteer				
	I participate in activities outside				
	I love to party and entertain				
	I go to school				
	I want my PA to eat meals with me				
	I want my PA to enjoy my pets				
	I want my PA to share my interests with me (e.g. TV, music, shopping, theater)				
	I want my PA to go to church with me				
	I want my PA to know how to keep kosher				
	Other				