

INDEPENDENT LIVING SERVICES CHECKLIST (OPTIONAL)

Name – Participant: _____

SKILL AREAS	POTENTIAL ACTION PLAN WITH SUGGESTED ACTIVITIES AND TOOLS	NOTES
EDUCATIONAL PLANNING		
High School Completion	<input type="checkbox"/> Develop plan to finish high school: <input type="checkbox"/> Diploma <input type="checkbox"/> HSED <input type="checkbox"/> Other: _____	
Post High School Planning	<input type="checkbox"/> Explore and choose post high school option: <input type="checkbox"/> GED / HSED <input type="checkbox"/> Technical school <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Job Corp <input type="checkbox"/> Military <input type="checkbox"/> College <input type="checkbox"/> Other: _____	
Applications	<input type="checkbox"/> Fill out applications <input type="checkbox"/> Submit applications	
Financial Aid Resources	<input type="checkbox"/> Identify and apply for various: <input type="checkbox"/> Grants <input type="checkbox"/> Loans <input type="checkbox"/> Scholarships <input type="checkbox"/> Visit / tour school you plan to attend <input type="checkbox"/> Other: _____	
CAREER EXPLORATION	<input type="checkbox"/> Gather information about specific jobs / careers <input type="checkbox"/> Complete a career interest inventory through high school or MATC <input type="checkbox"/> Conduct informational interviews with adults working in three careers of interest <input type="checkbox"/> Arrange to job shadow adults in jobs / careers of interest <input type="checkbox"/> Other: _____	
DOCUMENTS		
Personal Identification	<input type="checkbox"/> Obtain and gather important documents for adulthood: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Social security card <input type="checkbox"/> Driver's license <input type="checkbox"/> ID card <input type="checkbox"/> Medical card <input type="checkbox"/> Medical records <input type="checkbox"/> High school or GED diploma <input type="checkbox"/> School transcripts <input type="checkbox"/> Work permit <input type="checkbox"/> Selective service (males) <input type="checkbox"/> Citizenship papers <input type="checkbox"/> Death certificate	
Who Am I?	<input type="checkbox"/> Life book <input type="checkbox"/> Other documents: _____ _____ _____	
EMPLOYMENT		
Job Seeking Skills	<input type="checkbox"/> Explore positive work values and qualities employers look for <input type="checkbox"/> Identify various job seeking methods <input type="checkbox"/> Use various job seeking methods <input type="checkbox"/> Job center: register on job net <input type="checkbox"/> Gather information to complete job applications (personal data sheet)	

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CONSUMER AWARENESS (cont.) Legal Regulations to Protect Consumers (cont.) Credit	<input type="checkbox"/> Analyze a sweepstakes offer you receive in the mail <input type="checkbox"/> Department of Consumer Protection Agency: <input type="checkbox"/> Explore how they help consumers <input type="checkbox"/> Learn the process for filing complaints <input type="checkbox"/> Other: _____ <input type="checkbox"/> How to establish credit <input type="checkbox"/> How to access credit rating <input type="checkbox"/> Advantages of using credit cards <input type="checkbox"/> Disadvantages to using credit cards	
LEGAL Delinquency Status Adult Criminal Justice Adult Rights and Responsibilities	<input type="checkbox"/> Review current legal record (charges, fines, restitution) <input type="checkbox"/> Learn rights of arrest (Miranda) <input type="checkbox"/> Learn differences between misdemeanor, felony, and violation <input type="checkbox"/> Learn legal penalties for various crimes charged as an adult <input type="checkbox"/> Learn how to access affordable legal counsel <input type="checkbox"/> Learn rights of being an adult ("On Being 18" book) <input type="checkbox"/> Learn how to register for selective service <input type="checkbox"/> Voting - Learn: <input type="checkbox"/> How to register <input type="checkbox"/> Where to vote <input type="checkbox"/> Learn how to contact elected governmental representatives <input type="checkbox"/> Understand consequences of signing a legal contract <input type="checkbox"/> Learn responsibilities of jury duty <input type="checkbox"/> Other: _____	
GETTING AROUND Transportation Options and Resources Vehicle Ownership	<input type="checkbox"/> Develop transportation plan: Needs vs. wants <input type="checkbox"/> Learn how to read: <input type="checkbox"/> City map <input type="checkbox"/> State map <input type="checkbox"/> Bus schedule <input type="checkbox"/> Obtain: <input type="checkbox"/> Bus pass <input type="checkbox"/> Driver's permit <input type="checkbox"/> Driver's license <input type="checkbox"/> Car pool <input type="checkbox"/> Learn how to shop for first vehicle <input type="checkbox"/> Write down realistic costs of vehicle ownership; vehicle payments, maintenance, repairs, gas, license, insurance, etc. <input type="checkbox"/> Explore types of vehicle insurance; e.g. collision, liability, etc. <input type="checkbox"/> Discuss ongoing upkeep / maintenance on vehicle <input type="checkbox"/> Other: _____	
RECREATION AND COMMUNITY INVOLVEMENT Personal Interests Leadership Community Activities	<input type="checkbox"/> Examine current friendships and expanding / changing friends <input type="checkbox"/> Identify current and new areas of interest (hobbies, sports, etc.) <input type="checkbox"/> Get involved in a hobby or organizations reflecting interests <input type="checkbox"/> Participate in youth leadership activities: <input type="checkbox"/> Trainings <input type="checkbox"/> Conference <input type="checkbox"/> Youth boards <input type="checkbox"/> Independent living groups <input type="checkbox"/> Camp counselor <input type="checkbox"/> Safe Night <input type="checkbox"/> Other: _____ <input type="checkbox"/> Volunteer in an activity that helps your community <input type="checkbox"/> Identify community activities and level of interest <input type="checkbox"/> Other: _____	

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PERSONAL SUPPORT AND COMMUNITY RESOURCES Personal Support Networks Community Resources	<input type="checkbox"/> Identify and assess current personal support system (self, eco-maps) <input type="checkbox"/> Identify and develop personal support system for adulthood <input type="checkbox"/> Learn about various community resources and how to access <input type="checkbox"/> Learn how to use the telephone book to locate services <input type="checkbox"/> List and visit resources you will use as an adult (scavenger hunt)	
VALUES AND INTERPERSONAL SKILLS	<input type="checkbox"/> Identify values and impact of values on decisions and outcomes <input type="checkbox"/> Identify situations that may have negative impact on future (alcohol / other drug use, poor job skills, criminal record, early pregnancy, poor choices, relationships, etc.) <input type="checkbox"/> Identify alternative choices <input type="checkbox"/> Identify current style of making decisions / problem solving / dealing with conflict <input type="checkbox"/> Identify current problems / conflicts and how they are being resolved <input type="checkbox"/> Identify and role play new strategies for above. Use tools if helpful (SODAS, satellite decisions) <input type="checkbox"/> Identify and plan towards long and short term measurable goals <input type="checkbox"/> Identify current emotional coping strategies <input type="checkbox"/> Identify and practice new emotional coping strategies <input type="checkbox"/> Identify and practice ways to develop positive self-esteem <input type="checkbox"/> Identify and practice stress management techniques <input type="checkbox"/> Identify and practice ways to deal with anger <input type="checkbox"/> Identify and practice appropriate social skills for a variety of situations <input type="checkbox"/> Identify and practice messages that body language conveys <input type="checkbox"/> Identify and practice assertive communication skills <input type="checkbox"/> Identify and practice time management techniques	
HEALTH AND HYGIENE Medical Needs and Issues Health Insurance Preventive Health First Aid Hygiene	<input type="checkbox"/> Gather health history information <input type="checkbox"/> Identify current medical needs: <input type="checkbox"/> Physical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Medications <input type="checkbox"/> Therapy <input type="checkbox"/> Mental; e.g., depression and / or abuse issues <input type="checkbox"/> AODA <input type="checkbox"/> Identify plan for how above medical and mental health needs will be taken care of in adulthood <input type="checkbox"/> Visit community health care clinic; explore low cost health care <input type="checkbox"/> Call to make medical appointments: <input type="checkbox"/> Obtain prescriptions <input type="checkbox"/> Investigate the appropriate use of visits to: <input type="checkbox"/> Doctor's office <input type="checkbox"/> Emergency room <input type="checkbox"/> Urgent care facility <input type="checkbox"/> 911 <input type="checkbox"/> Explore options for medical insurance (include BadgerCare) <input type="checkbox"/> Identify plan to stay healthy (diet, exercise, yearly doctor and dentist visits, etc.) <input type="checkbox"/> Learn how to care for self when ill (cold, flu, sore throat, fever): <input type="checkbox"/> Take a temperature <input type="checkbox"/> Over-the-counter medications <input type="checkbox"/> Learn various first aid methods <input type="checkbox"/> Practice good personal hygiene	

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RELATIONSHIPS	<input type="checkbox"/> Discuss values regarding abstinence and sexual decisions <input type="checkbox"/> Explore sexual orientation / identity <input type="checkbox"/> Identify issues facing young adult relationships and strategies to overcome <input type="checkbox"/> Identify and discuss avoiding and / or getting out of abusive relationships <input type="checkbox"/> Learn about current birth control options <input type="checkbox"/> Uses current options in birth control <input type="checkbox"/> Effective use of condoms <input type="checkbox"/> Practices safe use of condoms to prevent STI's <input type="checkbox"/> Learn about STI's: <input type="checkbox"/> Symptoms <input type="checkbox"/> Treatment <input type="checkbox"/> Prevention <input type="checkbox"/> Learn and practice positive parenting skills: <input type="checkbox"/> Family enhancement <input type="checkbox"/> Support group <input type="checkbox"/> Mentor <input type="checkbox"/> Urban League Teen Parenting Program <input type="checkbox"/> Other: _____	
HOUSING	<input type="checkbox"/> Identify factors important to consider when renting an apartment <input type="checkbox"/> Explore housing options (apartment, room, co-op) <input type="checkbox"/> Call about two apartments <input type="checkbox"/> Visit two apartments <input type="checkbox"/> Do household furnishings inventory / wish list <input type="checkbox"/> Obtain affordable furnishings <input type="checkbox"/> Start-up kit <input type="checkbox"/> Learn about: <input type="checkbox"/> Lease <input type="checkbox"/> Application terms <input type="checkbox"/> Security deposit <input type="checkbox"/> Check-in / check-out forms <input type="checkbox"/> Sublet / sublease <input type="checkbox"/> Complete housing application <input type="checkbox"/> Review / sign lease <input type="checkbox"/> Learn how to turn on utilities <input type="checkbox"/> Visit tenant resource center <input type="checkbox"/> Learn about tenant / landlord rights and responsibilities <input type="checkbox"/> Learn how to identify and report housing discrimination with consumer protection agency <input type="checkbox"/> Identify qualities desired in a roommate <input type="checkbox"/> Interview potential roommate (roommate questionnaire) <input type="checkbox"/> Develop and sign a roommate agreement <input type="checkbox"/> Role play roommate conflict resolution <input type="checkbox"/> Learn about renter's insurance and costs <input type="checkbox"/> Other: _____	
FOOD MANAGEMENT		
Nutrition	<input type="checkbox"/> Identify own eating habits <input type="checkbox"/> Learn about food pyramid, nutrients, and healthy eating habits <input type="checkbox"/> Practice healthy eating habits	
Meal Planning	<input type="checkbox"/> Plan menu for one week using food pyramid guidelines; breakfast, lunch, dinner / supper <input type="checkbox"/> Create cookbook of favorite recipes <input type="checkbox"/> Make grocery list and shop for ingredients using unit price comparisons. Use budget guidelines.	
Food Handling, Storage / Spoilage	<input type="checkbox"/> Practice safe food handling techniques; proper refrigeration of leftovers, thawing, handling raw meats, sanitation <input type="checkbox"/> Identify signs of food spoilage: <input type="checkbox"/> Check expiration dates	
Meal Preparation	<input type="checkbox"/> Prepare one meal per week for others	

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HOME MANAGEMENT	<input type="checkbox"/> Keep room clean, make bed <input type="checkbox"/> Do chores to keep home clean <input type="checkbox"/> Do laundry <input type="checkbox"/> Practice how to: <input type="checkbox"/> Test smoke detector / change battery <input type="checkbox"/> Reset circuit breaker or change fuse <input type="checkbox"/> Unclog toilet: <input type="checkbox"/> Stop toilet from running <input type="checkbox"/> Change light bulb <input type="checkbox"/> Use a vacuum: <input type="checkbox"/> Change a vacuum bag <input type="checkbox"/> Other simple home repairs <input type="checkbox"/> Use cleaning products for various jobs <input type="checkbox"/> Other: _____	
EMERGENCY AND SAFETY SKILLS		
Emergency Situations	<input type="checkbox"/> Identify various emergency situations and how to respond: <input type="checkbox"/> Poisoning <input type="checkbox"/> Gas leak <input type="checkbox"/> Fire <input type="checkbox"/> Car accident <input type="checkbox"/> Medical emergency <input type="checkbox"/> Rape	
Street and Personal Safety	<input type="checkbox"/> Identify community resources to deal with various emergencies <input type="checkbox"/> Identify potential personal safety concerns (street violence, date rape, sexual / physical abuse) <input type="checkbox"/> Practice strategies to stay safe: <input type="checkbox"/> Personal safety awareness <input type="checkbox"/> Self-defense techniques <input type="checkbox"/> Home safety (stop mail and paper, lights on timers, etc. when away) <input type="checkbox"/> Check smoke detector battery	
Hazardous Materials	<input type="checkbox"/> Discuss proper usage, storage and disposal of hazardous materials: <input type="checkbox"/> Household cleaners <input type="checkbox"/> Used oil / gasoline <input type="checkbox"/> Antifreeze <input type="checkbox"/> Paint thinner <input type="checkbox"/> Varnish <input type="checkbox"/> Paint <input type="checkbox"/> Prescription drugs	
Fire Extinguisher	<input type="checkbox"/> Discuss proper use of fire extinguisher to put out fire <input type="checkbox"/> Other: _____	