The Arc
Jefferson, Clear Creek & Gilpin Counties

About Me

Full name:
Preferred name:
Pronouns:
Date of birth (optional):
Primary language(s):
Culture/faith/identity notes (optional):

Communication

How I communicate best: (speech / device / sign / other)
What helps me understand: (short phrases / visuals / yes-no / other)
What makes communication harder for me: (noise, time pressure, etc.)
How to offer choices respectfully: (2 choices, confirm understanding, etc.)

What matters to me

What I enjoy:
My strengths:
What motivates me:
What a good day looks like:
Important routines I want to keep:
People and places that matter to me:

Support preferences

How I like to be helped:
Personal care preferences: (privacy, gender preferences, step-by-step supports, etc.)
Food & mealtime supports: (preferences, allergies, texture needs, swallowing supports)
Mobility supports: (transfers, walking aids, wheelchair, etc.)

Stress and calming supports

Early signs I'm stressed: (changes in tone, pacing, shutting down, etc.)
Common stress triggers:
What helps me feel calm: (quiet, sensory supports, movement, music, etc.)
What does not help:
If I'm overwhelmed, please: (give space, lower voice, call supporter, etc.)

Health and safety (high-level)

Allergies:
Medical conditions to know: (high-level list)
Medications: (or "see medication list")
Pain cues (how I show discomfort):
Safety needs: (wandering risk, choking risk, fall risk, seizures, supervision needs)
Urgent health plan: (seizure/asthma/diabetes plan location)

Key contacts

Primary support person: name / relationship / phone
Backup support person: name / relationship / phone
Case manager/support coordinator: name / phone
Primary care provider: name / phone
Pharmacy: name / phone

One thing I want you to know about me

(Write in the person's voice when possible.)
"_____"