**Who do you want involved in planning your life?**

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| --- |
| Where and when do you want to meet? |
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| --- | --- |
| Who do you want involved in your planning? | How do you want each person involved and in what areas of your life?  |
|  |  |

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| Is there anyone you don’t want to include? |
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| Do you need any accommodations in order to fully participate in planning your life? (e.g. translation/interpretation, large print) |
|  |

If you have questions about the planning process, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_