



Person Centered Planning Tool



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Care Manager Name:

Date Completed:

About Me

What do I like about myself?	
What do others admire about	
me?	
What challenges impact me the most?	
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How do I celebrate holidays and culturally important events?	
How do I communicate?	
What might someone new to my	
life need to know about how I communicate?	

My Goals

(including, but not limited to: health, fitness, relationships, friendships, advocacy, independent living, community involvement, education/employment)

What goals do I have for myself?

What would I like to get better at?

What would I like to maintain?





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What do I consider success with my goals?	
What do I need/What support do I	
need to reach these goals?	
What would stand in the way of	
me reaching these goals?	

People who support me (family, friends, staff members, community members, etc.)



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Who supports me on a regular basis?	
How does the person/people provide support?	
(attending meetings, emotional support, helps make decisions, provides support for daily hygiene/living tasks)	
Do I have any pets?	
People who support me should be	
(list of characteristics/qualities)	
I do not feel supported when someone	



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Likes/Dislikes	
Some things that make me feel anxious, upset, frustrated, sad, etc.	
How can the people around me support me when this happens?	
What makes it worse?	
Where do I like to go?	



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What am I interested in? Hobbies?	
I want to learn more about/do more of	
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Do I want to try something new?	
Are there activities/places that I do not like to do/go?	
Are there any personal hygiene products/household items that I prefer?	