PLANNING FOR ADULTS WITH SPECIAL NEEDS WHEN PARENTS ARE GONE

By Sandy Harrison-Brown
and
Corinne Bacharach Spiegel

Preface

As parents of adults with disabilities, we all share a common worry – "what will happen to my adult child when I'm gone." This book is designed to help you prepare for that future. This is an interactive workbook that will help you collect all of the information a future advocate or guardian will need to help ease that transition when the parent passes away or simply ages out. Once this book is completed, it will give the future guardian or advocate the details of your disabled adult's life to ensure the transition is as seamless as possible.

Thank you for your interest in this workbook: **Planning for Adults with Special Needs when Parents are Gone.** While there is no cost for this workbook, donations to the Kehillah Community Group, are appreciated. (The Kehillah Community Group is a non-profit group supporting semi-independent housing for adults with developmental disabilities.)

Tax-deductible donations can be made on-line or by mail:

On-line donations: https://jewishportland.givingfuel.com/kehillahcommunityfund

Mail donations: Kehillah Community Group c/o JFGP, 9900 SW Greenburg Rd., Suite 220, Tigard, OR 97223

Dedication

With appreciation to Melanie Marmion, J.D., of Fitzwater Law, for her expertise in reviewing this Workbook. We are indebted to you for your insightful comments and corrections in the preparation of this book.

We dedicate this workbook to all young adults living with disabilities, from whom we've learned so much about what it takes to succeed in life. They have all been willing teachers to us, sharing their frustrations as well as their happiness as adults who have demonstrated their abilities and successes as adults living with disabilities. And to their parents, who have dedicated so much of their lives to supporting their young adults, yet still lie awake at night wondering "what will happen when I'm gone?"

Collaborating on this book has been a years-long commitment, made possible by Sandy's willingness to share the original guide about her son, which was simply titled the "Book of Alan." She worked on that original version off and on for over 15 years so that Alan's brothers would have the information they needed when she was no longer able to be Alan's primary advocate. Corinne, Nathan's mom, shared her concern about leaving all the details, necessary supports, and information for his subsequent guardian. Those shared concerns led to us collaborating on this book so others could benefit from the original idea of providing all the details needed for someone else to assume the role of advocate or guardian when the time comes.

Lastly, we dedicate this book to our dear friend Janet Menashe, who was a great support to so many people with disabilities, but left this world way too soon; may her memory always be a blessing.

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INTRODUCTION:

Assuming responsibility for an adult with special needs can be a formidable decision. As the Advocate for a person with developmental disabilities, mental illness, or physical disabilities, you have the responsibility for the health, care, and well-being for that person, much like a parent doesfor their child. It is different though, than parenting a child. Being responsible for another adult means taking on this challenge with a commitment to a person who is not able to carefor themselves due to their disabilities. Whether you are the current primary provider for the Person or are taking on this new responsibility as a family member, provider, or friend, it is important to recognize that you will be the most important advocate for that person.

It is not always easy; in fact, it can often be challenging to balance what you must do as an Advocate with careful consideration of the desires and beliefs of the individual with special needs. Your Person will likely have their own ideas of how things should be done; balancing those ideas with choices that you must make can be difficult, but recognizing the importance of including that person's desires is critically important.

If you are the parent or current Advocate for your Person, you hold a tremendous amount of knowledge in your head regarding their daily life, social services, living skills, medical conditions, specific disability-related issues, financial information, and resources, to name but a few. Your challenge is how to transfer that knowledge to the person you will designate as the new Advocate once you are unable to fulfill that role.

If you are the new Advocate, you will likely have a steep learning curve in taking on this new responsibility.

This workbook is designed to help both the current and new Advocate prepare for the transition time, as well as providing an ongoing resource for the future.

Whether you are becoming a guardian, conservator, trustee, or simply taking on the role as a primary advocate, this workbook will provide suggestions and guidance on how to navigate existing systems. While it may seem overwhelming at first, this workbook will help guide you through the process of knowing as much as you can about the individual, existing support systems, and the social service agencies you may be dealing with. **It is not designed to replace an attorney, social worker, case manager, or others that should be on your team.**

This workbook is not designed to be read from front to back, rather it is a resource that will guide you through many aspects of being an advocate. Included is a table of contents to help you easily find the section you need. However, it is highly recommended that the new Advocate immediately refer to the Getting Started section, as there is critical information included in that section which you must be aware of from day one.

Before you move further into this workbook, remember you are not alone and you aren't expected to know everything immediately. Use your resources and do ask others for help. Those resources may include an attorney, social worker, case manager, personal agent, provider(s), family members, friends, etc. You don't have to do this alone.

For Parents or Current Advocates:

Every parent of a child with special needs has particular concerns over what happens to their child as he or she ages, and especially who will take over the parents' role when the time comes that the parent is no longer here, or no longer able to do all the things that the parent has done before. No one knows your Person better than you, and no one else can take over without your careful planning for that transition. This workbook can help you organize your thoughts, plans, suggestions, resources, and goals for your Person. You will have an opportunity in the pages ahead to relay information about your Person that will be helpful in the future. It can serve as a roadmap so that whoever follows you in your role as Advocate can do so with your careful consideration and guidance that will continue when you cannot serve in the same capacity as you've done in the past.

For New Guardians, Conservators, Trustees, and Advocates:

You have been chosen to take on the primary responsibility for an individual with a disability. It might mean a sudden introduction to mental illness, physical disabilities, or developmental disabilities. You may or may not have been fully exposed yet to the dynamics of that Person's disabilities *and abilities,* but the hopes are that you can assume that responsibility with clear guidance and planning from the parent or previous Advocate for that individual. The transition to this role can be challenging, but with the careful planning provided by the parent or previous Advocate, and the guidance provided by this workbook, you can do it! Keep in mind that there are resources available to help you with this process, most of which may be outlined in the pages ahead.

DISCLAIMER:

1. **This workbook's content is as of time of publication unless otherwise noted; rules & regulations may change from year to year.**
2. **This workbook contains information specific to the State of Oregon; other states may, and likely will, vary in multiple areas.**
3. **The authors have made reasonable effort to ensure the information is correct at the time of publication.**
4. **The authors do not assume liability for any loss, damage or disruption caused by errors or omissions.**
5. **The advice and strategies contained in this workbook may not be suitable for your situation, contact an attorney or appropriate social services agency for clarification or verification whenever questions arise.**

SUGGESTIONS FOR ASSEMBLING NOTEBOOK

Assembly:

- Ideally the pages will be inserted in a 3-ring notebook which will make it easy to add or remove pages as needed.
- Adding dividers will enable easy identification of specific sections.
    - Suggested divider tab labels are included.
- Dividers can be as detailed as you want, for example:
    - You can use individual dividers for each major topic, e.g. "Medical" and put all medical related pages behind that divider.

      OR
    - You can use an individual divider for each individual topic, e.g. Medical / Health Overview / Physicians / Medicaid & Medicare / Medications / Ordering Prescriptions, etc.
- You may want to insert extra items such as a copy of your guardianship appointment, a list of immunizations, copies of reports, etc. in the appropriate sections.
- You may want to insert pages that give more detail on a specific subject.
- You may need to add sections that are not covered in this workbook.

Using the notebook:

- Each person's notebook is going to look different; some sections will not be applicable to your Person; you may choose to omit those sections in your workbook. However, keep in mind that your Person's life will change as they age. For example, your Person may be living at home with their parents at this time, however, they may move into a group home or independent housing as they gain more skills or situations change. At that time, you would want to update the housing section to reflect their current housing. Use caution if you delete pages; ensure they are an area that is not going to change.
- Making photocopies of fillable pages before completing them may be useful in the future as information changes; having those extra copies of fillable pages will make updating easier.
- If your Person's situation changes and you don't update the workbook, that section becomes outdated. Areas such as medical, contacts, providers, financial and daily schedule are a few of the sections that often change.
- We suggest you update the workbook annually, perhaps on your Person's birthday, unless critical information changes more frequently.
- Talk to the future Advocate, show them the workbook and reassure them it isn't as overwhelming as it may seem. Remember the workbook is a resource the new Advocate will use as they encounter different areas or issues in your Person's life.
    - There is information in the book that will be seldom used, for example, the school history is an area that may never be needed.
    - We have tried to include everything we could think of that a new Advocate may need, both on day one and in ensuing years. However, there may be areas we have not covered; in that case, add sections or pages that are applicable to your Person's life.

If you are completing a paper copy of the workbook, keep in mind:

- As areas of your Person's life change, you will need to update applicable sections of the workbook.
- Once you have used a page, you cannot make changes except for crossing out items and inserting information in the margins. You may want to make photo-copies of pages that are prone to change, e.g. medical, prescriptions, bank accounts, etc. Having a copy of the blank pages will enable you to easily continue to add updated details.

If you are completing an electronic copy of the workbook:

- You can replace data in any fillable field.
- You cannot change text in any field that is not fillable.

Suggested Tab Divider Labels

Introduction	**Contact List**	**Legal History**	**Equipment/Items Owned or Rented**
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GETTING STARTED

(Items in green are designed to be completed by current Advocate)

As the new Advocate for your Person, there are several areas you will immediately need to become familiar with:

1. Financial information which can have huge negative impacts on your Person if handled improperly
2. Tasks you need to do within a short timeframe
3. People or organizations you will need to contact
4. Any serious and immediate health conditions your Person has

This section will give you a basic introduction to these areas, however, further details on each topic can be found in ensuing sections of this workbook. This section is just to get you started.

FINANCIAL INFORMATION:

This is one of the most critical areas which you need to become familiar with. **Failure to understand the restrictions placed upon a person receiving Supplemental Security Income can be devastating.** Read this section carefully. If you are unclear on any aspect of the rules governing the resources your Person can hold without causing negative impacts, immediately contact your Person's case worker or brokerage personal agent; their contact information can be found below.

The following types of resources are received by your Person (check those that are applicable):

- ☐ Social Security Disability Income (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Subsidized Housing
- ☐ Medicaid medical, dental, vision insurance
- ☐ Food Stamps (SNAP)
- ☐ Other _____
- ☐ Employment Income: _____
- ☐ Other: _____
- ☐ Other: _____

SOCIAL SECURITY

Most individuals with disabilities receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) based on their inability to work due to a medical diagnosis. It should be noted that the amount awarded may increase upon the death of a parent, so it is always a good idea to meet with a Social Security representative to be assured that benefits are reviewed and updated in that event. Note that to receive SSDI upon the death of a parent, the disability must have been diagnosed prior to a certain age, contact the Social Security Administration or an attorney to see if your Person would be eligible for this.

Your Person may have a Representative Payee (Rep Payee) for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) if they are not capable of managing their own finances. If you will be the new Rep Payee, you will need to meet with Social Security.

- A Representative Payee, appointed by Social Security, commonly called a Rep Payee, establishes or assumes responsibility for a checking account that receives social security monthly payments and pays all expenses from that account, including rent, food, utilities, clothing, and frequently, cash for that Person to spend as needed. **It is critically important to monitor the balance in the Person's account(s) throughout the month; should that money exceed $2,000, your Person risks losing SSI benefits.**

- To start the process to be named as Rep Payee, contact the Social Security office nearest you to apply. You must complete form SSA-11 (Request to be selected as payee) and show documents to prove your identity. You will need to provide your social security number, or if you represent an organization, the organization's employer identification number. Usually, you must complete the payee application with Social Security in person. For more information see: https://www.ssa.gov/payee/faqrep.htm?tl=8

- If a person with disabilities gets a paying job, there is a limit set as to how much can be earned without affecting (or possibly losing) disability payments. If your Person has a paying job, see the following link for more information: https://www.usa.gov/disability-benefits-while-working

Social Security	Phone: 800 772-1213
Website:	www.ssa.gov.
Medicare:	Phone: 833 696-6431
Local Social Security Office:	_____

SUPPLEMENTAL SECURITY INCOME (SSI)

In addition to Social Security Disability Income, your Person may receive Supplemental Security Income (SSI) which provides monthly payments and/or benefits for individuals with a disability who have low income or few resources and is designed to assure the recipient has food, clothing, and housing. This is a resource that also allows the recipient to obtain other benefits, such as subsidized housing, food stamps (SNAP, or Supplemental Nutrition Assistance Program), brokerage services, and Medicaid insurance, along with reduced or free admission to some cultural events**.** There are strict rules regarding total resources your Person may have to retain their eligibility for SSI; you must not allow total resources to exceed those limits. **If SSI is lost, your Person's benefits may be lost entirely.**

Allowable SSI Resources

It is critical to understand this section; immediately contact your Person's case worker, brokerage personal agent or attorney for clarification if you have any questions.

The Social Security Administration currently limits resources; they may not exceed $2,000 total for any individual receiving SSI or $3,000 for married couples. This includes money held in any bank accounts, representative payee account, trusts, etc. that the Person can access.

See Social Security's website for complete details on what are and are not considered resources and what resources are not counted for SSI purposes: https://www.ssa.gov/ssi/text-resources-ussi.htm

If you let an individual receiving SSI accumulate more than $2,000 (all resources combined), the benefits of SSI may end abruptly and services will end. To reiterate, that would mean the loss of SSI income, food stamp benefits, Medicaid (including medical insurance and long term care), brokerage support services, and access to subsidized housing.

The exception to that $2,000 limit would be funds kept in an ABLE account, a Special Needs Trust as properly created by an attorney, or other exceptions allowable by SSI.

Be certain you understand the SSI limits. Most people with disabilities depend on the funds and benefits they receive from this program including their medical insurance. You do not want to lose those benefits!

ABLE ACCOUNT

In the SSI section above, you will see the term ABLE account, the ABLE account is the common term referring to the "Stephen Beck Jr. Achieving a Better Life Experience Act of 2014," a federal law that allows each state to offer its own savings accounts for individuals who qualify. To qualify you must:

- Have a disability or blindness that developed before the age of 26 that will last, or has lasted at least a year. In 2026 that disability age requirement will change from age 26 to 46;
- Confirm one of the following:
    - Are eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) because of a disability;
    - Experience blindness as determined by the Social Security Act; or
    - Can produce a signed diagnosis form by a licensed physician if requested.

ABLE Accounts are savings accounts for individuals with disabilities. They have very specific rules and must be set up accordingly; most importantly an ABLE account allows monies that might otherwise cause an individual's resources to exceed the $2,000 SSI limit to be placed in a savings account administered by the state. **The funds held in the ABLE account do not count against the $2,000 SSI limit.** Detailed information on ABLE accounts is provided in the "Financial" section of this workbook.

For now you simply need to understand a few things about the ABLE account:

- The funds held in the ABLE account do not count against the $2,000 SSI limit.
- There are currently annual and lifetime limits on the amount you can deposit to an ABLE account.
- There are also limits on the total balance of funds in an ABLE account.
- There are strict rules about what money withdrawn from an ABLE account can be used for.
- Do not withdraw funds from the ABLE account until you have learned more about the ABLE account regulations regarding withdrawals.
- There are record-keeping requirements.
- Read further in the Financial section of this workbook to learn how to navigate the ABLE system, how to deposit and withdraw funds and what the rules and record-keeping requirements are.
- See https://www.oregonablesavings.com/ for more details on Oregon's ABLE accounts.
- See the ABLE section of this workbook for current annual and lifetime limits on ABLE accounts.
- There is a fee associated with an ABLE account which is generally withdrawn quarterly by the plan administrator.

- The money in an ABLE account may revert back to the State upon the death of your Person to reimburse expenses for the Person's care, including medical expenses, health insurance, Medicaid costs, and more, so it is a good idea to not put large sums in an ABLE account, using it only as a holding place to avoid exceeding the $2,000 SSI limit.

An ABLE account can be set-up by either the person who meets the above qualifications or their legal representative. See Financial tab in this workbook for more information on setting up an ABLE account.

Your Person _____ (does or does not) currently have an ABLE account. If your Person has an ABLE account, the details of that account can be found in the "Financial" section of this workbook.

Previous Advocate _____ (did or did not) have a Power of Attorney or _____ (was or was not) an Authorized Legal Representative or Conservator on the ABLE account.

If your person has an ABLE account and the previous Advocate was either an Authorized Legal Representative or held a Power of Attorney, you should contact the Oregon ABLE Savings Plan at 1-844-999-2253 to notify them of the current Advocate status.

SPECIAL NEEDS TRUST

A special needs trust (SNT) is a specific type of trust which allows a disabled person to have assets that do not affect their eligibility for public assistance. Typically, a special needs trust will be established with the assistance of an attorney.

This type of trust is often used in estate planning by parents or others that want to provide assets to be used for the benefit of a person with a disability without jeopardizing the person's eligibility for services.

There are three types of special needs trusts commonly used:

First-party trusts:
A first-party special needs trust allows people with disabilities to place their own money into a special needs trust and still be eligible for certain benefits under SSI and Medicaid programs. These trusts only hold assets that belonged to the person with disabilities before the funds are placed into the trust.

Assets originally belonging to the person with a disability which are held in this type of trust may be subject to Medicaid's repayment rules.

Third-party trusts:
Third-party special needs trusts are set up and funded by someone other than the person with a disability. This type of trust is often part of an estate plan to help parents or other family members provide for future needs without disqualifying the person for public assistance.

One of the key advantages of a third-party special needs trust is that the government is not entitled to payback for Medicaid payments upon the beneficiary's death, unlike a first-party or pooled trust.

Pooled Trusts:
A pooled trust is a type of special needs trust established and managed by a nonprofit. An individual's funds are invested along with all the other funds in the trust, i.e. the assets of many people with special needs are pooled together for investment purposes; however, each person's account remains their own. Pooled trusts are typically subject to a Medicaid payback provision.

For Oregon Special Needs Trust contact: https://thearcoregon.org/osnt/ or https://oregonsnt.org/about-osnt/.

It is advisable to consult with an attorney who is familiar with special need trusts to determine which trust will best fit your Person's needs.

DEPARTMENT OF HUMAN SERVICES

In most states, including Oregon, it is the Dept. of Human Services (DHS) that qualifies adults with special needs for various programs including Medicaid and food stamps.

Benefits your Person currently receives through DHS are (check each benefit that your Person currently receives):

☐ Supplemental Nutrition Assistance Program (SNAP) / Food Stamps
SNAP benefits are loaded onto an Oregon Trail Card which is used to purchase food, a PIN number is required.

PIN # can be found: _____
SNAP card #: _____
SNAP card is kept by the Person or by the Advocate: _____

☐ Medicaid
Medicaid is the secondary medical insurance for Oregon low income residents. It is managed by CareOregon and/or HealthShare. Medicaid also includes long-term care benefits.

☐ Extra Help
Extra Help is a Medicare program that helps pay for some or most of your Person's prescription drug costs if income and assets are below certain levels. Extra Help also pays your Person's Part D plan's premium, deductible, coinsurance and copay if it is at or below the benchmark amount. See https://secure.ssa.gov/i1020/start for further information on Extra Help. This is automatically available if your Person is receiving SSI.

To qualify for these programs, there are limits:

- Be low income
- Have resources under $2,000 unless funds are in a Special Needs Trust or an ABLE account
- Be disabled

In order to retain those services, your Person must continue to meet criteria as outlined above. **Reports, re-applications and recertification must all be done timely to ensure those services are not lost.** If lost, it means the following would disappear:

- Low income housing
- Case management and Brokerage Services (usually through the county of residence)
- Medical, vision, and dental insurance
- Food Stamps (SNAP/Oregon Trail Card) & the associated benefits that go with them
- Long-term health care benefits

Typically, there are annual reports that must be completed and returned to DHS within a specific time period; failure to do so can result in services being suspended, including your Person's medical insurance if it is Medicaid.

Note: you MUST watch your mail and email on a regular basis. Some of these applications/reports have short turn-around times. You typically have to get the documents back within a certain time frame and some of them may need to be notarized. Notary services are often available through public libraries or banks.

You will likely want to be named as either an authorized representative or an alternate payee for your Person's DHS services. There are forms you must complete to do so.

- Authorized representative – as authorized representative, you can act for your Person to apply for benefits and can report changes. The Department of Human Services (DHS) and Oregon Health Authority (OHA) can also discuss your Person's case with you.
- Alternate payee – as an alternate payee, you will get a card that lets you spend benefits for your Person, including SNAP/Oregon Trail Card purchases.

Contact your local DHS office to start the process.
https://www.oregon.gov/odhs/aging-disability-services/pages/disability-services.aspx

GUARDIAN / CONSERVATOR /REPRESENTATIVE PAYEE

You may need to start the process to be appointed as a Legal Guardian and/or a Conservator; this is typically facilitated by an attorney. If your Person had either a guardian or conservator who is no longer serving in that capacity, you should immediately apply to become guardian/conservator. Contact the below listed attorney to start the process for you to be appointed. This is a court process that will take some time, so start the process as soon as practical.

Your Person _____ (does or does not) currently have a Guardian.
Your Person _____ (does or does not) currently have a Conservator.
Your Person _____ (does or does not) currently have a Representative Payee.

Current Guardian: _____
Guardian Phone #: _____
Guardian Email: _____

Current Conservator: _____
Conservator Phone #: _____
Conservator Email: _____

Current Representative Payee: _____
Representative Payee Phone #: _____
Representative Payee Email: _____

Attorney Name: _____
Attorney Phone #: _____
Attorney Email: _____
Attorney Website: _____
Attorney Address: _____

A **Legal Guardian**, appointed by the court, is responsible for the care and promotion of a person's well-being when that individual does not have the capacity for managing self-care. It is usually obtained by a relative, person, or institution familiar with the individual with mental disabilities, developmental disabilities, or physical limitations. It includes keeping track of the whereabouts of the person, and is usually the only one who can enter into legal contracts for that person. The legal guardian is typically responsible for medical decisions, placement (housing) decisions, and services for that person. The legal guardian may also be responsible for all, or some, of that person's financial interests similar to a conservator (see below). Guardians may currently manage up to $10,000 in total assets. Legal guardianship is awarded by the county Circuit Court in Oregon, upon recognition that an individual is incapacitated due to mental, developmental, or physical disabilities. A petition mustbe filed with the appropriate court, and notice given to all interested persons. Note that a court investigator may be called upon to meet with the person to assess theircompetency in handling the Person's affairs. The process may be complicated, so it is wise to consult with an attorney. Guardians have a duty to the Person being represented and must have that Person's best interests in mind at all times.

A **Conservator,** appointed by the court, is responsible for all assets and personal financial affairs of the person with special needs whose assets exceed $10,000. This would include payments to credit cards, rent or room and board, managing investments, and medical expenses not covered by insurance. In addition, the conservator is also responsible for reporting assets each year to the Probate Court, and filing income taxes for that individual as needed. This may be of particular importance if a Special Needs Trust has been established for the individual. Conservators have a fiduciary duty to the Person being represented and must have that Person's best interests in mind at all times. All expenses and purchases must have receipts retained by the Conservator. The process of being appointed as conservator is similar to that of guardian; again it is wise to consult with an attorney.

Note too that a court investigator may be called upon to meet with the person to assess competency in handling financial affairs.

Representative Payee, this is a position appointed by Social Security to handle Social Security funds only. It may be the guardian, the conservator, a separate organization, or a trusted individual who is responsible for payments from Social Security that are used for the food, clothing, housing, medical and personal needs of the person. The funds handled by the Representative Payee are not reported in any conservatorship filings. It is the duty of the Rep Payee to provide an annual accounting of those expenses to Social Security. It may be done via form SSA-623-OCR-5M.

SERIOUS OR IMMEDIATE MEDICAL CONCERNS:

Last Updated: _____
(This section should be updated whenever there are changes to the Person's serious medical condition(s))

There is a Medical section in this workbook which will provide non-critical medical details, medical history, physician information, insurance, etc. Serious or immediate medical conditions a new Advocate should be aware of are listed below:

Condition _____
Physician Name _____
Address _____
Phone # _____
Email _____

Condition _____
Physician Name _____
Address _____
Phone # _____
Email _____

Condition _____
Physician Name _____
Address _____
Phone # _____
Email _____

Condition _____
Physician Name _____
Address _____
Phone # _____
Email _____

NOTES:

NOTIFICATIONS:

You will need to notify a number of people or organizations informing them that you will be handling your Person's affairs (some of these are previously mentioned). They may require copies of your legal appointment as guardian, conservator, representative payee, or power of attorney:

Information you may need in contacting agencies:

Social Security # _____
State ID or drivers license # _____
County Case # _____
SNAP (food stamps) Card # _____
DHS Case # & Prime # _____
Medicare Card # _____
Person's Address _____

Notify the below as soon as practical:

Attorney for help with guardianship & conservatorship:

Name _____
Phone # _____
Email _____
Address _____

Social Worker / Case Manager / Personal Agent:

Name _____
Phone # _____
Email _____
Address _____
Name _____
Phone # _____
Email _____
Address _____

Social Security (local office) for help in becoming a Rep Payee and to discuss if your Person will receive increased benefits due to the death or retirement of a parent:

Name _____
Phone # _____
Email _____
Address _____

Dept. of Human Services to be named as an Authorized Representative or Alternate Payee:

Name _____
Phone # _____
Email _____
Address _____

Housing Manager to let them know you will be the emergency contact for your Person:

Name _____
Phone # _____
Email _____
Address _____

Provider(s) to let them know you are now their primary contact:

Provider Name_____
Phone # _____
Email _____

Provider Name_____
Phone # _____
Email _____

Employer to let them know you will be the emergency contact for your Person:

Name _____
Phone # _____
Email _____
Address _____

Financial Institutions to start the paperwork to change authorized names on accounts:

Representative Payee Checking Account
Bank Name _____
Phone # _____
Address _____
Account # _____

Savings Account
Bank Name _____
Phone # _____
Address _____
Account # _____

Personal Checking Account
Bank Name _____
Phone # _____
Address _____
Account # _____

Safe Deposit Box
Bank Name _____
Phone # _____
Address _____
Box # _____

ABLE Account #: _____
Oregon ABLE Phone #: 1-844-999-2253.
ABLE Account web address: https://www.oregonablesavings.com/

Special Needs Trust:
Attorney Name _____
Phone # _____
Where document is kept _____
Trustee Name _____
Trustee Address _____
Trustee Phone # _____
If funded, financial institution _____
Financial institution contact _____

Other financial institutions:
Name _____
Phone # _____
Address _____
Account # _____

Friends and family who are close to your Person, so they know you will be the primary contact going forward:

Name _____
Phone # _____
Email _____
Address _____

Name _____
Phone # _____
Email _____
Address _____

Name _____
Phone # _____
Email _____
Address _____

MEDICAL SECTION

This section contains:

- Health overview
- Health provider's name(s) and contact information
- Medicaid, Medicare, and Oregon Health Plan overview
- Insurance
- How to order medications and medical equipment
- Medical records
- Family medical history
- Aging Assessment

It is important that these documents are reviewed on a regular basis and updated whenever changes occur.

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HEALTH OVERVIEW

Date information last updated: _____

(This section should be updated on a regular basis)

List your Person's allergies, current medical, dental, and vision information, conditions and concerns. Describe the condition; who is monitoring the condition; what is the likely outcome; what follow-up is being done and frequency. Please note there are multiple pages to complete, many individuals with disabilities also have numerous medical conditions.

Allergies:

List all allergies including food, drug, respiratory, skin, insect, latex, mold, pet, etc. Also list antidote(s) where applicable.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Other information regarding allergies:

_____

_____

_____

_____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

Condition or concern: _____

- Explanation of health condition:

  _____

  _____

- Who is monitoring the condition (doctor, provider, guardian) and how is the condition being monitored:

  _____

- Likely outcome:

  _____

- Follow-up needed:

  _____

ADDITIONAL HEALTH INFORMATION

Use this section to share additional information not included in the above section regarding your Person's health.

Example of things you may want to include:

- Further details of a particular health concern
- Does your Person have difficulty taking medication
- Are they anxious over doctor visits
- Are they able to self-medicate or do they need monitoring
- Concerns you have regarding current or follow-up care
- Background on a medical condition
- How you prepare your Person for a medical appointment
- Can they schedule their doctor appointments independently
- Do they have the expressive language skills to explain their symptoms to a doctor or do they need assistance
- Indicate whether your Person should be accompanied to medical appointments by a guardian, provider, or other person to be sure communications and instructions are understood

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PHYSICIANS
Medical / Dental / Vision
Updated: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

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Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Physician Name: _____

Specialty: _____

Phone #: _____

Medical Clinic Name: _____

Address: _____

Preferred Hospital: _____

Address: _____

Phone #: _____

Dentist Name: _____

Dental Clinic: _____

Dentist Address: _____

Dentist Phone #: _____

Optometrist/ Ophthalmologist: _____

Optical Clinic: _____

Optical Physician Phone: _____

Optical Physician Address: _____

Optician Name: _____

Optician Clinic Name: _____

Optician Phone: _____

Optician Address: _____

Indicate whether your Person should be accompanied to medical appointments by a guardian, provider, or other person to be sure communications and instructions are understood. _____

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MEDICARE / MEDICAID / OREGON HEALTH PLAN / COORDINATED CARE ORGANIZATION

Medicare is health insurance for people 65 or older and for some who have disabilities.

Different parts of Medicare help cover specific services:

- Medicare Part A (Hospital Insurance):
  Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- Medicare Part B (Medical Insurance):
  Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.
- Medicare Part D (prescription drug coverage):
  Medicare Part D helps cover the cost of prescription drugs (including many recommended shots or vaccines).
- Extra Help:
  Extra Help is a Medicare program that helps pay for some or most of your Person's prescription drug costs if income and assets are below certain levels. Extra Help also pays your Person's Part D plan's premium, deductible, coinsurance and copay if it is at or below the benchmark amount. This is automatically available if your Person is receiving SSI.

See this website for additional information: https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare

Medicaid, also known as Oregon Health Plan (OHP)

OHP is Oregon's Medicaid program; it provides free coverage for people in Oregon who meet eligibility criteria. Coverage includes doctor visits, hospital care, mental health services, long-term care, dental, and some vision care. Enrollment is always open for OHP.

Oregon offers free transportation for OHP members to approved medical appointments. In a metropolitan area, this might be a bus ticket or a taxi if your Person uses brokerage support services. But in much of Oregon, it may require you to coordinate other transportation with brokerage services.

Oregon uses Coordinated Care Organizations to provide care (see below).

To apply for OHP, learn about your benefits or to find a provider see:
https://www.oregon.gov/oha/hsd/ohp/pages/index.aspx

How does Medicaid differ from Medicare?

While they are both government-run health insurance programs, they generally cover two different groups of people: Medicare provides health coverage to those older than 65 and to some individuals under 65 with certain disabilities. Medicaid provides health coverage and long-term care benefits for people with low income and disabilities.

Your Person likely has both Medicare and Medicaid if they are low-income and have a disability. If so, Medicare will be considered the primary insurance and Medicaid/Oregon Health Plan secondary. See https://www.medicare.gov/basics/costs/help/medicaid for additional information.

Coordinated Care in Oregon (CCO)

A coordinated care organization is a network of all types of health care providers (physical health care, addictions and mental health care) who work together in their local communities to serve people who receive health care under the Oregon Health Plan (Medicaid). Most people must be in a CCO to use the Oregon Health Plan benefits.

There are sixteen CCOs in Oregon as of 2025. To find a CCO in your area see: https://www.oregon.gov/oha/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx

Except for extra services and pharmacies, all CCOs offer the same OHP benefits. You choose your CCO when you apply for OHP. In certain areas the CCO may be determined by the Oregon Health Plan based upon location.

MEDICAL / DENTAL / VISION INSURANCE

Last updated_____

If your Person has Medicare and/or Medicaid insurance, the following information can be found on the Medicare Health Insurance card and on the Coordinated Care Organization ID card.

Medicare Number: _____

Coverage (Hospital Part A / Medical Part B): _____

Coordinated Care Organization (CCO): _____

CCO Member ID: _____

Rx BIN/Rx PCN #: _____

Physical Health Plan: _____

Mental Health & Substance Plan: _____

Dental Health: _____

Other Medical Insurance

Insurer: _____

Plan #: _____

Member #: _____

Secondary Insurer: _____

Plan #: _____

Member #: _____

Other Dental Insurance

Insurer: _____

Plan #: _____

Member #: _____

Other Vision Insurance

Insurer: _____

Plan #: _____

Member #: _____

Other Prescription Insurance

Insurer: _____

Plan #: _____

Member #: _____

ADDITIONAL INSURANCE INFORMATION

This page is for the current Advocate to add any information not included in the previous pages regarding medical, dental, and vision insurance.

This page intentionally left blank.

MEDICATIONS

Date information last updated: _____

(This section should be updated on a regular basis)

List all prescription and over-the-counter (OTC) medication the Person takes. Include drug name / dosages / frequency / instructions / what the medication is used for & which physician prescribed the drug:

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

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Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

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Frequency & instructions: _____
Medical condition being treated: _____
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Drug Name: _____
Dosage: _____
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Medical condition being treated: _____
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Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
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Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
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Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

Drug Name: _____
Dosage: _____
Frequency & instructions: _____
Medical condition being treated: _____
Prescribed by: _____

ADDITIONAL MEDICATION INFORMATION

This section is for the current Advocate to add any information not included in the previous pages regarding the Person's medications.

ORDERING PRESCRIPTION MEDICINE & MEDICAL SUPPLIES

Date information last updated: _____

(This section should be updated as needed)

- Who orders prescriptions and medical supplies:
- Where are they ordered from (include phone number, e-mail address, website as applicable):
- Procedure for ordering:
- Any other information you are asked for when ordering prescriptions or supplies (doctor's name, prescription number, etc):
- How long does it take to receive the prescriptions or medical supplies:

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

Name of drug: _____
Prescription number: _____
Frequency ordered: _____
Medical facility or pharmacy name: _____
Phone number: _____
Web site if ordering on-line: _____
User name: _____
Email: _____
Password: _____
Any special instructions for ordering medications & supplies
_____
_____

ADDITIONAL MEDICATION AND MEDICAL SUPPLY INFORMATION

This page is for the current Advocate to add any information not included in the previous pages regarding the Person's medications and medical supplies.

This page intentionally left blank.

MEDICAL RECORDS

Providing information on the following may be extremely helpful to future Advocates and guardians. Attach copies of medical records or list where they can be found.

- Immunization records
- COVID immunization records
- Medical records or where they can be obtained (through current physician, past physicians, hospitals, etc.)
- Where you keep any past medical records
- Names of past physicians if your Person has had ongoing or serious medical issues.
- Medical declarations of disability or any records documenting diagnosis of your Person's disability
- Results of any IQ testing
- Many medical records are available on-line – see website section for user name and passwords
- If your Person has an Advanced Directive, include a copy of the document in this section. See below website if your Person needs a new or updated Advanced Directive form: https://www.oregon.gov/oha/PH/ABOUT/Pages/ADAC-Forms.aspx

Medical records are kept in the following location(s):

ADDITIONAL MEDICAL RECORD INFORMATION

Use this section to share additional information not included in the above section regarding your Person's medical records.

FAMILY MEDICAL HISTORY

The following information can be useful to medical providers especially when there are hereditary conditions involved.

Name: _____
Person biological or adopted: _____
Date of birth: _____
Birth weight & length: _____
Pregnancy/Birth History (parents):
- Smoker: _____
- Alcohol during pregnancy: _____
- Drugs used during pregnancy: _____
- Complications during pregnancy: _____

If adopted:
- Names of biological parents if known: _____
- Location of adoption records: _____
- Court where adoption filed: _____
  - (Note if adopted: The Advocate may obtain medical genetic information from the court where adoption was filed):

Biological family medical history:

- Father's name: _____
  - Age when Person was born: _____
  - Living or deceased (cause of death) _____
  - Medical conditions of father: _____

- Mother's Name: _____
  - Age when Person was born _____
  - Living or deceased (cause of death) _____
  - Medical conditions of mother _____

- Paternal Grandfather Name _____
  - Living or deceased (cause of death) _____
  - Medical conditions of grandfather _____

- Paternal Grandmother Name _____
  - Living or deceased (cause of death) _____
  - Medical conditions of grandmother _____

- Maternal Grandfather Name _____
  - Living or deceased (cause of death) _____
  - Medical conditions of grandfather _____

- Maternal Grandmother Name _____
  - Living or deceased (cause of death) _____
  - Medical conditions of grandmother _____

- Sibling(s) Names _____
    - Living or deceased (cause of death) _____
    - Medical conditions _____

- Sibling(s) Names _____
    - Living or deceased (cause of death) _____
    - Medical conditions _____

- Sibling(s) Names _____
    - Living or deceased (cause of death) _____
    - Medical conditions _____

- Sibling(s) Names _____
    - Living or deceased (cause of death) _____
    - Medical conditions _____

- Sibling(s) Names _____
    - Living or deceased (cause of death) _____
    - Medical conditions _____

ADDITIONAL FAMILY MEDICAL HISTORY INFORMATION

This section is for the current Advocate to add any information not included in the previous pages regarding the Person's family medical history.

This page intentionally left blank.

HIGH MEDICAL AND MENTAL HEALTH NEEDS

This section is intended to give the current Advocate a place to detail their Person's high medical, physical, or mental health needs. It is designed as a free-form section to accommodate the individualized needs of those with more complex issues.

Examples of what you may want to include:

- Care routines (medical / physical / mental health) that are important to the well-being of your Person.
- Triggers for your Person, such as confusion, anger, seizures, or hunger that might cause a change in behavior or compliance with usual routine.
- Can your Person identify pain, or is a change in routine or behavior indicative of unidentified pain?
- Does your Person willingly take prescribed medications?
- Does your Person know if devices or medical equipment is operating correctly and what to do if there is a problem with equipment?
- Does your Person know what to do in an emergency, e.g. loss of power?
- Can your Person express if there is a change in their condition, such as hearing voices or having nightmares?
- Are there any observable changes in your Person's appearance or behavior, such as tremors, fidgeting, skin color, change in ability to do routine things such as laundry, clean, or shop? Are those triggers that need monitoring?
- Are specific supplies required; do those supplies have special parameters, e.g. only certain brands, ultra soft or have to be fragrance and dye free?
- What type of communication, including non-verbal, is used to convey needs or wants?
- Is there a support network you use to provide for your Person?
- Are you a member of an organization that supports your Person's specific disability?
- What equipment is needed, e.g. wheelchairs, transfer assistance and adjustable examination tables?
- What is required to keep their environment accessible?
- Do changes in routine cause disturbances?
- How does your Person express frustration, anger or fear?
- Are there ways to help your Person calm down during highly emotional periods?

The needs of people with high medical or mental health issues typically will require a vast amount of data be transferred to the new Advocate. The more information you can convey to the new Advocate, the easier the transition and ongoing care will be. To help you think about what the new Advocate will need to know, you might want to keep a list for a period of time, noting any special considerations your Person requires. Ask others in your Person's network for their input on what they would want to know if they were new to working with your Person. Gathering the information and conveying it to the new Advocate will not be a quick process but necessary to ensure a positive outcome for your Person.

-

ANNUAL AGING AND CHANGE ASSESSMENT

Updated: _____

Watching your Person for deterioration in skills can potentially help catch a change in medical or mental health early. Many times people with cognitive disabilities or mental health issues don't recognize changes in themselves or are unable to communicate that information to their Advocate. There are also many disabilities that make a person more likely to develop chronic health conditions, e.g. people with Down Syndrome are more prone to early onset Alzheimer's than the general population.

An assessment tool can be used to help identify changes in behavior that should be monitored and potentially brought to the attention of your Person's physician. Updating the assessment annually is an excellent way to identify changing abilities; getting input from providers on what they see is also helpful in identifying changes.

An excellent resource for getting ideas of what to put on your Person's worksheet is the National Task Group on Intellectual Disabilities and Dementia Practices tool:

https://www.the-ntg.org/_files/ugd/8c1d0a_bdafccaecadd412cb47a7f3f1cfde20e.pdf

If you have had a physician evaluate your Person for a baseline, list that information below:

Has your Person been evaluated for baseline: _____

If so, date of evaluation: and by whom: _____

Doctor's Name: _____

Follow-up schedule: _____

Were there concerns at that time: _____

This page intentionally left blank.

LEGAL GUARDIAN RESPONSIBILITIES

Legal Guardian - A legal guardian is someone who is appointed by a court to protect and care for the health and well-being of an incapacitated person, or a minor child.

Upon a guardian's death or their inability to continue performing the duties of a guardian, a new guardian will need to be appointed. The process for having a successor guardian appointed is similar to the process for appointing the initial guardian.

A petition must be filed with the appropriate court, and notice given to all interested persons. Additionally, a court visitor will do a home interview and give their recommendations to the court. The process may be complicated, so you are strongly advised to consult with an attorney. Note, the guardian may manage up to $10,000 in total assets, otherwise a conservator may need to be appointed.

Anyone who is interested in the welfare of your Person may be appointed as guardian. You will be asked to disclose to the court whether or not you have been convicted of a crime, have filed for or received protection under the bankruptcy laws, or have had a license revoked or canceled that was required by the laws of any state for the practice of a profession or occupation. You may also be asked to sign a consent stating that you are willing to serve in the capacity as guardian.

The court will order a guardianship that is no more restrictive upon the Person than is reasonably necessary to protect the Person.

Upon appointment, you will receive a notice that will include a description of the authority awarded and any limitations placed on the guardian. Keep the letters of appointment in a secure place as you may be required to show it if asked, along with the Order Appointing Guardian.

It is advisable to consult with an attorney regarding your specific duties as a guardian. Below are the rules regarding guardianship under the Oregon Revised Statues (ORS) as of July 2025 and are subject to change by legislation or administrative rule. (Source: https://oregon.public.law/statutes/ors_125.315)

General Powers and Duties of Guardian per ORS 125.315 (June 2025)

(1) A guardian has the following powers and duties:

> (a) Except to the extent of any limitation under the order of appointment, the guardian has custody of the protected person and may establish the protected person's place of abode within or without this state.
>
> (b) The guardian shall provide for the care, comfort and maintenance of the protected person and, whenever appropriate, shall arrange for training and education of the protected person. Without regard to custodial rights of the protected person,

the guardian shall take reasonable care of the person's clothing, furniture and other personal effects unless a conservator has been appointed for the protected person.

(c) Subject to the provisions of ORS 127.505 (Definitions for ORS 127.505 to 127.660) to 127.660 (Short title) and subsection (3) of this section, the guardian may consent, refuse consent or withhold or withdraw consent to health care, as defined in ORS 127.505 (Definitions for ORS 127.505 to 127.660), for the protected person. A guardian is not liable solely by reason of consent under this paragraph for any injury to the protected person resulting from the negligence or acts of third persons.

(d) The guardian may:

(A) Make advance funeral and burial arrangements;

(B) Subject to the provisions of ORS 97.130 (Right to control disposition of remains), control the disposition of the remains of the protected person; and

(C) Subject to the provisions of ORS 97.965 (Persons authorized to make anatomical gift of body or body part of decedent), make an anatomical gift of all or any part of the body of the protected person.

(e) The guardian of a minor has the powers and responsibilities of a parent who has legal custody of a child, except that the guardian has no obligation to support the minor beyond the support that can be provided from the estate of the minor, and the guardian is not liable for the torts of the minor. The guardian may consent to the marriage or adoption of a protected person who is a minor.

(f) Subject to the provisions of ORS 125.320 (Limitations on guardian) (2), the guardian may receive money and personal property deliverable to the protected person and apply the money and property for support, care and education of the protected person. The guardian shall exercise care to conserve any excess for the protected person's needs.

(g) The guardian shall promote the self-determination of the protected person and, to the extent practicable, encourage the protected person to participate in decisions, act on the protected person's own behalf and develop or regain the capacity to manage the protected person's personal affairs. To accomplish the duties under this paragraph, the guardian shall:

(A) Become or remain personally acquainted with the protected person and maintain sufficient contact with the protected person, including through regular visitation, to know the protected person's abilities, limitations, needs, opportunities and physical and mental health;

(B) To the extent practicable, identify the values and preferences of the protected person and involve the protected person in decisions affecting the protected person, including decisions about the protected person's care, dwelling, activities or social interactions; and

(C) Make reasonable efforts to identify and facilitate supportive relationships and services for the protected person.

(h) In making decisions for the protected person, the guardian shall make the decisions the guardian reasonably believes the protected person would make if the protected person were able, unless doing so would unreasonably harm or endanger the welfare or personal or financial interests of the protected person. To determine the decision the protected person would make if able, the guardian shall consider the protected person's previous or current instructions, preferences, opinions, values and actions, to the extent actually known or reasonably ascertainable by the guardian.

(i) If the guardian cannot make a decision under paragraph (h) of this subsection because the guardian does not know and cannot reasonably determine the decision the protected person would make if able, or the guardian reasonably believes the decision the protected person would make would unreasonably harm or endanger the welfare or personal or financial interests of the protected person, the guardian shall act in accordance with the best interest of the protected person. In determining the best interest of the protected person, the guardian shall consider:

(A) Information received from professionals and persons that demonstrate sufficient interest in the welfare of the protected person;

(B) Other information the guardian believes the protected person would consider if the protected person were able; and

(C) Other factors a reasonable person in the circumstances of the protected person would consider, including consequences for others.

(2) If a conservator has been appointed for the protected person, the guardian may file a motion with the court seeking an order of the court on the duties of the conservator relating to payment of support for the protected person.

(3) A guardian may consent to the withholding or withdrawing of artificially administered nutrition and hydration for a protected person only under the circumstances described in ORS 127.580 (Presumption of consent to artificially administered nutrition and hydration) (1)(a), (b), (d), (e) or (f) and, if the protected person has a medical condition specified in ORS 127.580 (Presumption of consent to artificially administered nutrition and hydration) (1)(b), (d), (e) or (f), the condition has been medically confirmed. [1995 c.664 §30; 1997 c.472 §12; 2007 c.230 §1; 2007 c.681 §27; 2019 c.198 §5]

Source: Section 125.315 — General powers and duties of guardian, https://www.oregonlegislature.gov/bills_laws/ors/ors125.html (accessed May 26, 2025).

Limitations on Guardian ORS 125.320

(1) A guardian may not authorize the sterilization of the protected person.

(2) A guardian may not use funds from the protected person's estate for room and board that the guardian or guardian's spouse, parent or child have furnished the protected person unless the charge for the service is approved by order of the court before the payment is made.

(3) Intentionally left blank —Ed.

(a) Before a guardian may change the abode of an adult protected person or place an adult protected person in a mental health treatment facility, a nursing home or other residential facility, the guardian must file with the court and serve a statement declaring that the guardian intends to make the change of abode or placement in the manner set forth in paragraph (b) of this subsection.

(b) Intentionally left blank —Ed.

(A) The statement must be filed and served in the manner provided for serving a motion under ORS 125.065 (Manner of giving notice) to the persons specified in ORS 125.060 (Who must be given notice) (3) and (8) at least 15 days prior to each change of abode or placement of the protected person.

(B) When the guardian determines that the change of abode or placement must occur in less than 15 days to protect the immediate health, welfare or safety of the protected person or others, the statement shall declare that the change of abode or placement must occur in less than 15 days to protect the immediate health, welfare or safety of the protected person or others. The statement must be filed and served with as much advance notice as possible, in no event later than two judicial days after the change of abode or placement occurs. The guardian may make the change of abode or placement prior to a hearing on any objection.

(c) In addition to the requirements of ORS 125.070 (Contents of notice) (1), the notice given to the protected person must clearly indicate the manner in which the protected person may object to the proposed placement.

(d) The court shall schedule a hearing on any objection to a statement filed under this subsection made in the manner provided by ORS 125.075 (Presentation of

objections) for presenting objections to a petition or motion in a protective proceeding. If no objection is made, the guardian may change the abode of the adult protected person or place the adult protected person in a mental health treatment facility, a nursing home or other residential facility without further court order.

(e) The requirement that notice be served on an attorney for a protected person under ORS 125.060 (Who must be given notice) (8) does not impose any responsibility on the attorney receiving the notice to represent the protected person in the protective proceeding.

(4) A guardian for a protected person who is a vulnerable youth may not possess or control the vulnerable youth's identity documents. [1995 c.664 §31; 2001 c.473 §1; 2005 c.498 §3; 2017 c.391 §5; 2021 c.399 §12]

Source: Section 125.320 — Limitations on guardian, https://www.oregonlegislature.gov/bills_laws/ors/ors125.html (accessed May 26, 2025).

Limits on Association ORS 125.323

(1) As used in this section:

(a) "Association" means communication, visitation or other social interaction with third parties; and

(b) "Interested person" means a protected person, a person with whom association is being limited, any fiduciary for the protected person or any person who has filed a request for notice in the proceedings.

(2) A guardian may not limit a protected person's preferred associations, except:

(a) As specifically allowed by the court; or

(b) To the extent the guardian determines necessary to avoid unreasonable harm to the protected person's health, safety or well-being.

(3) If a protected person is unable to communicate, the protected person's preferred association shall be presumed based on the prior relationship between the protected person and the person with whom the association is contemplated.

(4) Intentionally left blank —Ed.

(a) If a guardian limits a protected person's association as provided in subsection (2)(b) of this section, an interested person may move the court to modify the guardian's powers with respect to limiting the association.

(b) Motions under this subsection must be in writing, except that a protected person may move the court orally in person or by other means that are intended to convey the protected person's motion to the court. The court shall designate the manner in which an oral motion may be made that ensures that a protected person will have the protected person's motion presented to the court. The clerk of the court shall provide a means of reducing the oral motion to a signed writing for the purpose of filing the motion.

(c) Any limits on a protected person's associations in effect on the date a motion is filed under this subsection remain in effect pending the court's action under paragraph (e) of this subsection.

(d) The court shall schedule the hearing required under ORS 125.080 (Hearing) (3) on a motion under this subsection no later than 60 days following the date the motion is filed with the court. The person making the motion shall give notice to all persons entitled to notice under ORS 125.060 (Who must be given notice) (3) of the date, time and place of the scheduled hearing at least 15 days before the date set for the hearing. Notice shall be given in the manner prescribed by ORS 125.065 (Manner of giving notice). The court for good cause shown may provide for a different method or time of giving notice under this subsection.

(e) If the court determines that the guardian unreasonably limited association under this section, the court may:

(A) Permit the association, with or without limitations;

(B) Modify the guardian's powers to limit the protected person's associations;

(C) Remove the guardian; or

(D) Award reasonable attorney fees and court costs associated with the motion. [2019 c.198 §2]

Source: Section 125.323 — Limits on association, https://www.oregonlegislature.gov/bills_laws/ors/ors125.html (accessed May 26, 2025).

Again, it is advisable to consult with an attorney regarding limitations on your guardianship.

Reporting Responsibilities:

As Legal Guardian you must file an annual report with the court; these reports must be fully completed and submitted within a timely manner. An attorney may submit it on your behalf. Failure to file on time may result in a citation by the court, or subsequent removal as guardian.

To complete the report, you will need:

- A copy of the last guardian report submitted to obtain the amount of money held on behalf of your Person at that time
- How much money was received on behalf of your Person since the last report
- How much money was spent on behalf of your Person since the last report
- How much money you now hold on behalf of your Person

(You should include a copy of a current Guardian's Report in this section to be used by the new Advocate as a sample.)

Previous reports are located: _____

Financial records located: _____

Blank report can be obtained: _____

Date report is due: _____

Where to submit report: _____

_____

_____

Information needed when completing the guardian's report:

Financial records can be found in the following location:

_____

Previous reports can be found in the following location:

_____

Income & expense receipts can be found in the following location:

_____

How income and expenses are currently accounted for:

- ☐ Checkbook register
- ☐ Accounting program
- ☐ Spreadsheet program on computer
- ☐ Manual spreadsheet
- ☐ Other

Location of:

Checkbook register: _____

Accounting program: _____

Spreadsheet program on computer: _____

Manual spreadsheet: _____

It is advisable to include a copy of a current report in this notebook.

Note to current guardian:

- It will be critical to the new guardian that you leave instructions on how you account for income and expenses. Do you extract the total income and expenses from a checkbook register, do you have an accounting program, do you keep a running list (either electronic or manual)? That information will be needed for the annual report.
- Once the annual report is submitted to the court, a Guardian Annual Report may be signed and approved by the court. The Person may also receive a "waiver of objections to annual account." An order approving the accounting may be signed by the judge. For many Advocates consulting with an attorney for the annual report is beneficial.

CONSERVATOR RESPONSIBILITIES

Conservator – Conservators have a fiduciary duty to the Person being represented and must have that Person's best interests in mind at all times. The process of being appointed as conservator is similar to that of guardian, and generally requires an attorney to obtain court approval.

A conservator, appointed by the court, is responsible for all assets and personal financial affairs of the person with special needs. This would include payments to credit cards, rent or room and board, medical expenses not covered by insurance and managing investments. In addition, the conservator is also responsible for reporting assets each year to the Probate Court, and filing income taxes for that individual as needed. All expenses and purchases must have receipts retained by the Conservator.

Accounting Responsibilities:

As Conservator you must file an annual accounting which is usually prepared by an attorney. You will need to account for all transactions.

Date report is due: _____

Where to submit report: _____

Additional Information for Conservator:

Financial records can be found in the following location:

_____

Previous reports can be found in the following location:

_____

Income & expense receipts can be found in the following location:

_____

How income and expenses are currently accounted for:

- ☐ Checkbook register
- ☐ Accounting program
- ☐ Spreadsheet program on computer
- ☐ Manual spreadsheet
- ☐ Other

Location of:

Checkbook register: _____

Accounting program: _____

Spreadsheet program on computer: _____

Manual spreadsheet: _____

It is advisable to include a copy of the previous conservator accounting and tax return in this notebook.

REPRESENTATIVE PAYEE

Representative Payee is a position appointed by Social Security to handleSocial Security funds only. It may be the guardian, the conservator, a separate organization or a trusted individual who is responsible for payments from Social Security that are used for the food, clothing, housing, medical and personal needs of the person. The funds handled by the Representative Payee are not reported in any conservatorship filings. It is the duty of the Rep Payee to provide an annual accounting of those expenses to Social Security. It may be done by form SSA-623-OCR-5M.

ADDITIONAL LEGAL GUARDIAN / CONSERVATOR/REP PAYEE INFORMATION

This section is for the current Advocate to add any information not included in the previous pages regarding the Person's legal guardian/rep payee / conservator duties, reporting, etc.

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SAMPLE GUARDIAN REPORT

It is advisable to include a copy of your Person's current Guardian Report in this section tohelp the new Advocate with future reports.

You may also want to add specific directions or advice for the new Advocate to use when preparing Guardian reports.

SAMPLE CONSERVATOR REPORT

It is advisable to include a copy of your Person's current Conservator Report in this sectionto help the new Advocate with future reports.

You may also want to add specific directions or advice for the new Advocate to use when preparing Conservator reports.

SUPPORT SERVICE BROKERGES

If your Person has a development disability and lives in a private home, condo or apartment alone or with family or friends, he/she is likely served by one of the support service brokerages in Oregon. The services a brokerage client receives are different than those living in group homes and foster homes, which provide 24 hour supports.

Your Person _____ (does / does not) currently receive services through a brokerage:

Brokerage name: _____

Brokerage Personal Agent name: _____

Personal Agent phone #: _____

Person Agent email: _____

Brokerage website: _____

What Support Service Brokerages do:
Support Service Brokerages, commonly referred to as brokerages, provide case management and in-home and community-based services to adult Oregonians with intellectual / developmental disabilities

In Oregon, there are currently 14 brokerages that provide in-home and community-based services to adults with developmental disabilities. Access is through the county's Department of Human Services, Developmental Disabilities Division.
See for more information. https://www.oregon.gov/odhs/idd/pages/brokerage.aspx

How it works:
Your Person's Personal Agent (PA) will help create an individualized support plan that will identify the supports your Person needs. Once those needs are identified, the PA will work with your Person and their Advocate to determine how those needs can be met in the living environment they have chosen.

Supports can be obtained through agencies or by hiring individual Personal Service Workers (PSWs), who are workers that assist an individual with their daily needs. Your Person's PA can help find PSWs or agencies to fill those roles.

Resource:
Your Person's Personal Agent is an invaluable resource. Their knowledge of social services coupled with their experience in dealing with the myriad of issues you will face as an Advocate is unequaled.

As an advocate you will face issues that require coming up with accommodations to help your Person navigate daily life. You may run into social service bureaucracy that will challenge you and you may face issues that are totally new to you. Remember your Person's PA has the knowledge and experience to help you navigate most situations. Use this invaluable resource.

Providers:
While the brokerage can help you and your Person identify providers and/or agencies, the brokerage does not provide direct supports. You and your Person are the ones that will make the final determination of who is hired. You and your Person will also be responsible for firing a support worker or agency that is not working out. Your PA can help, but ultimately the decision of who your Person works with is up to the Person and their guardian.

What type of services will the brokerage pay for:
All services paid for by a brokerage must meet Medicaid rules and must fall within the scope of the identified needs your Person has. Activities of daily living including shopping, cooking, laundry, nutrition, hygiene, medication assistance, medical appointments, bus passes and community inclusion may be included in an individual's support plan. Your Person's PA will work with you to determine what services can be provided.

Individual Support Plan (ISP):
An individualized support plan is written for your Person each year. Working in tandem with your Person and their Advocate, the Personal Agent will review the current plan and make any modifications that are agreed upon.
Annual review date: _____.

Negotiating With Your Person:
If you are the legal guardian of your Person, you will have the ultimate decision-making responsibility. However, as guardian, you are mandated under guardianship statues that you must promote the self-determination of the person whenever possible. This can create a challenging issue if you don't agree with their desires. You as guardian must do what you believe is in the best interest of your Person while still respecting that your Person is an adult with their own wants and desires. Balancing those differences can be challenging.

Approaching negotiation of these types of issues with the attitude of granting as much independence to your Person as possible while keeping the person safe and healthy can usually lead to a mutual compromise. Unfortunately, there are times as a guardian when you will have to make choices your Person may not agree with.

ADDITIONAL SUPPORT SERVICES BROKERAGE INFORMATION

This section is for the current Advocate to add any information not included in the previous pages regarding the Person's Support Services Brokerage:

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WHAT IS A PROVIDER AND WHAT DO THEY DO?

A provider assists with the services identified in your Person's individual support plan; they can support your Person in their home, in the community or at their job.

Your Person, along with their Advocate, chooses their own provider(s); however, each provider must meet the qualifications and standards required by state and federal agencies. Your Person's personal agent can help in the process of finding and hiring providers; they can also help you understand what services a provider can do and can not do for your Person.

While the supports a provider can offer are directed by your Person's individual support plan, typical supports often include:

- Assistance with daily living skills (cooking, laundry, cleaning, shopping)
- Personal care (bathing, grooming, dressing)
- Communication skills (expressing yourself, using technology, reading skills)
- Budgeting
- Transportation
- Community inclusion
- Employment supports
- Behavioral support
- Respite care for family members who provide support

Providers can be individuals who offer services directly to their clients or they may work through an agency; a family member can also be a provider. Your Person's provider may work for only one person or for many.

The provider(s) are considered your Person's employee and are paid through a payroll service; they contract directly with your Person; they are not an employee of the brokerage. Funding to pay for providers comes from a combination of dollars from the State of Oregon and federal Medicaid dollars.

Hiring a new provider:
If you need to hire a new provider, your Person's personal agent (PA) can help you find candidates. Keep in mind if your Person is not happy with their current provider they can be fired and a new one hired. You and your Person will be interviewing applicants for the position; your Person's PA may be able to help.

When interviewing new providers consider:

- Does their personality match with your Person? If your Person likes to joke and the applicant is very serious, it may not be a good match.
- What are their strengths and weaknesses? If your Person is looking for help with physical exercise and the applicant loves walking and working out, it could be an excellent match.
- Can they accommodate your Person's schedule (work, social, volunteer)?
- What experience does the provider have?

- Have they worked with someone who has disabilities similar to your Person's?
- How long have they worked with previous clients and why did they stop working with those clients? Did they quit or were they fired?
- Ask for references from their other clients (current and past). Get contact information for the past three clients they worked for rather than just getting references from their favorite clients. Call those references; ask about reliability, do they follow through on what they are asked to do, are they organized, are they good with accommodations, do they get easily frustrated? Ask about anything that is important in your Person's life. This is the time to eliminate anyone who will likely not meet job expectations.

A good provider is a true asset; a provider that doesn't fulfill your Person's needs will be a source of constant frustration. Take your time when hiring providers.

Working with a provider:
Once a provider is hired it becomes a partnership between the provider, your Person and you. Honest and open communication is the key to success in getting the job done and that communication needs to go both ways. All involved need to feel comfortable talking about the hard stuff. Sometimes a provider will tell you things you may be reluctant to hear. Try to be as open as possible to such input as it is most likely with your Person's best interest in mind. And remember, they likely spend more time with your Person than you do, and may be aware of issues that you don't see. Be open to their input and work together to problem solve.

Job description:
Provide a detailed job description of what you and your Person expect the provider to do; don't expect them to just know what needs to be done. List every task you want them to perform and tell them if there is a specific way a task needs to be done. A detailed job description will give the new provider a road-map to their job and will also be a valuable resource for future providers or for someone who is temporarily filling in for the current provider during vacations, illness, etc.

Your Person's provider can also be a great source of input when coming up with accommodations to help your Person with challenges they are facing; remember they are seeing your Person more often than anyone else. Personal accommodations may simply be creative alternatives for traditional ways of doing things.

Accommodations:
Accommodations are a key element in increasing your Person's independence. When thinking about accommodations, look at the issue you are trying to address, break it down into segments, determine what segment is creating the challenge, and then work to find a way to help your Person with that specific piece of the task. Work with your Person's provider and, if appropriate, talk to their Personal Agent.

A few examples of accommodations are:

- Visual supports and cues (charts, pictures)
- Using colored coding (measuring cups & spoons)
- Daily or weekly schedules (written or pictures)
- Sequencing tasks
- Using pictures instead of words for those who can't read
- Large type for visually impaired
- Technology – smart watches, virtual assistant technology (Alexa), text-to-speech readers, screen magnification software; timers, etc.
- Mobility devices
- Adjust the environment (lighting, noise level, distracting visuals, physical arrangement, materials placed for easy access, play soft music)
- Mobile apps for the visually impaired
- Dressing aids (button hooks, Velcro closures, zipper pulls, elastic shoelaces)

The list of personal accommodations is only limited by the creativity of your Person's team.

ADDITIONAL PROVIDER INFORMATION

This section is for the current Advocate to add any information not included in the previous pages regarding the Person's providers.

PROVIDER CONTACT LIST

Daily Provider Living Skills:

Name: _____

Phone #: _____

Email: _____

Tasks : _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

Daily Provider Living Skills:

Name: _____

Phone #: _____

Email: _____

Tasks : _____

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PROVIDER JOB DESCRIPTION

List each task providers perform. It is important to be detailed so the new Advocate understands what providers are responsible for.

This is also a great tool to use if a new provider is hired. Each provider should have their own job description. Make sure you notate if certain items need to be performed at a specific time.

PROVIDER TASKS

Monday	**Friday**
Tuesday	**Saturday**
Wednesday	**Sunday**
Thursday	**Misc.**

Sample below:	
MONDAY	**FRIDAY**
Tidy kitchen	Help Joe put his meals together for the weekend
Print weekly calendar & highlight special events, review with Joe	Ensure Joe has money for weekend activities
Print out grocery list & put on fridge (weekly)	Go over weekend activities and schedules
Check cupboard & fridge for needed supplies & add to grocery list	Order groceries for pick-up on Monday
Take Joe grocery shopping or pick up pre-ordered groceries	Schedule lift bus for weekend activities
Help Joe check expiration dates and leftovers / throw out old food	Have a health talk with Joe
Help Joe put away groceries properly	Practice emergency procedures with Joe
Help Joe put his meals together	
	SATURDAY
TUESDAY	Community inclusion activities
Help Joe with his laundry / make sure he folds his clothes neatly	
Start Joe on his household chores	**SUNDAY**
Help Joe set-up his food board	Joe to take out trash
Help Joe put his meals together	Joe to tidy kitchen & do his dishes
WEDNESDAY	**MISC. NOTES**
Help Joe put his meals together	Take Joe for haircut once a month
Have Joe clean bathroom / he needs help with this	Ensure Joe's fingernails are clipped every two weeks
Do miscellaneous errands	Set out medications daily
	After laundry days, make sure Joe puts his clothes away neatly
THURSDAY	Take Joe to doctor to get toenails trimmed (every 60 days)
Help Joe put his meals together	Make appointment & take Joe to dentist for teeth cleaning every 6 months
Help Joe vacuum and dust	Go over "no work" days with Joe when applicable
Check Joe's email & help him deal with anything that needs responses	Take Joe to get flu shot annually
Have Joe check his mail & help him pay his bills	Order prescription refills as needed
	Order CPAP supplies as needed

GIFT & CARD LIST

Gifting may be problematic from a benefits' standpoint. You should always consult with an attorney or Social Security Administration about whether your Person giving gifts could pose a problem for their benefit eligibility.

Whether you are having a provider help purchase gift items or having the new Advocate help, you will need to give them direction, see sample below:

Who	Date of Birthday	B-day card only	B-day gift & card	Christmas Gift	Address	Budget & ideas for gift

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SAFETY RULES

The need to review safety rules on a regular basis in this population is often necessary. It is good practice for everyone reviewing the rules to tell your Person the same thing.
If you have a provider reviewing the safety rules, ensure you are in agreement with what they are teaching and establish a schedule for reviewing the rules.

Below is a sample of safety procedures on which your Person may need to receive training. Your specific procedures may differ from those listed here.

Fire:

Note – some apartment units have occasional fire drills determined by management. Be certain to follow directions provided.

If the fire alarm goes off

1. Feel your door
2. If it is hot stay in your room
    a. Stuff clothes or blankets under the door
    b. Call 911
    c. Go to the window and yell "Help – Fire"
3. If the door is cold, get out of the apartment – use stairs – do not use elevator
4. Do not come back into the apartment until firefighter says it is okay

If your clothes catch on fire or someone else's clothes catch on fire

1. Stop Drop & Roll
2. If it is someone else, tackle them and roll them
3. Call 911
4. Yell for help

If you are cooking and something catches on fire:

1. Leave your apartment immediately
2. Do not try to put the fire out yourself
3. Call 911 from your cell phone or have your neighbor call 911
4. Do not go back into your apartment until the firefighter says it's okay

Help prevent fires by:

1. Keep things away from stove burners / don't set anything on stove burner
2. Don't put electrical cords under rug or blankets
3. Don't put things on top of electrical cords
4. Never light a match or candle
5. Don't put anything over a lamp

Earthquake

If you are at your apartment

1. If in your apartment – get under a table and cover your head
2. Stay there until the building stops shaking
3. Grab your emergency backpack and cell phone
4. Leave the building / do not go back in until you are told it is safe
5. Go to the emergency meeting spot
6. Watch for downed power lines, do not go near them

If you are at work

1. Get under a table and cover your head
2. Do what your supervisor tells everyone to do
3. Meet at the emergency meeting spot
4. Tell your supervisor that you need help

If you are on the bus

1. If on a bus or MAX, stay where you are, hold on and protect your head and neck.
2. If at a transit station or bus stop drop to ground, cover your head with your arms.
3. Get under something for protection and hold on until the shaking stops.
4. Listen for directions from the driver or over the public address system.
5. Ask an adult for help – show them your emergency card if you have one.

First Aid

Cuts

1. Put a clean cloth or paper towel on the cut
2. Press hard on the cut
3. When bleeding stops put on a bandage
4. If it keeps bleeding call for help

Burns

1. Put the burn under cold water
2. Keep it there until it doesn't hurt anymore
3. Call someone for help

Falls

1. If someone falls ask them if they are hurt
2. If they are hurt call for help
3. Do not move them

Seizures

1. Protect the head
2. Move furniture away from the person
3. Put a pillow or jacket under their head if you can
4. Call for help

Miscellaneous

Stranger Danger

1. A stranger is someone you, your parents or helpers don't know
2. Do not open the door to someone you don't know
3. Do not let them use your phone
4. Do not give them money
5. Do not tell them your name or where you live
6. Do not talk to them, just say I'm not supposed to talk to strangers
7. If you feel uncomfortable, walk away or move to another seat on the bus near the driver
8. Never get in a car with a stranger
9. If using a computer, do not share any personal information
10. Do not share passwords

Power Outage

1. Always know where your flashlight is and have extra batteries available
2. If it's cold, put on warm clothes and cover up with a blanket
3. Call your parents or helpers to let them know the power is out
4. Only use your cell phone for emergency calls to parents or helpers
5. Do not use the elevator – use the stairs

Self Boundaries

1. Never let someone touch the area covered by your swimsuit
2. If someone tries to touch you, tell your parents or providers, even if it is a friend or relative who has made you feel uncomfortable

Traveling in Community

1. If you are lost, call for help – call parents or providers
2. If you miss your bus stop, tell the driver and ask for help
3. If someone bothers you on the bus, move to a different seat that is close to the driver or tell another adult that someone is bothering you
4. If you need help, talk to the bus driver, policeman, clerk in store., etc
5. If your bus doesn't come, call provider or parents for help
6. If your bus doesn't stop at your regular stop, (stop closed for construction) ask the driver what to do / call parents or providers for help
7. If someone asks to come home with you, tell them no and call for help
8. If you are scared and nobody is there to help you, call 911

Household

1. What to do if toilet overflows – how to shut off water & use plunger
2. What to do if sink or bathtub overflow – shut off water and mop it up with towels / put wet towels in tub. Call building manager, parents, or provider for help
3. What to do if washing machine overflows - mop up the water with towels / put towels in sink and tell building manager

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CASE MANAGEMENT

CASE MANAGEMENT
Case management can be defined best as the tool used by professionals (social workers, developmental disabilities dept. services coordinators, mental health providers, etc.) to provide support for an individual with disabilities. Generally, the case manager works in conjunction with parents, legal guardians, group home managers, and most importantly, the person with a disability to determine and implement the supports needed for that Person to get all the services he may be entitled to receive.

In the Developmental Disability program, case managers are called both Service Coordinators and Personal Agents. The term Service Coordinators is used by Community Developmental Disabilities Programs (CDDPs) often, but not always in county government, while the term Personal Agent is used by the Brokerage system.

A person would have a service coordinator when they are under 18, reside in a group home, or an adult foster home. However, people with in-home services who are over 18 can be served by either a CDDP or a Brokerage.

A person could have a case manager in other settings – for example one who works for the Office of Aging and People with Disabilities that determines eligibility for programs like Medicaid and Supplemental Nutritional Assistance Program (SNAP, sometimes known as food stamps).

A case manager might be described as a social services assistant. The objective is to coordinate the supports needed by an individual, including physical and mental health care. Generally, the case manager, also known as service coordinator, will conduct an annual review of the Individual Service Plan (ISP) and note any changes in the Person's progress or changes, and make recommendations as to other supports that could be accessed. The case manager might have access to housing, daily living supports needed, and other resources to help the Person succeed. In terms of Developmental / Intellectual Disabilities, the case manager/ services coordinator is your contact person at the county's Dept. of Human Services, Developmental Disabilities Division.

A special note regarding case management for individuals living in adult foster homes, group homes, or other institutional settings: The role of case management may be coordinated by the owner or house manager of such residential placements. However, as the Advocate for your Person, your commitment and involvement is of critical importance. You should request, even demand, that you are included in every Individual Service Plan (ISP) meeting, as well as given access to daily logs, behavioral interventions, and any incident reporting that may occur. You are an integral part of your Person's success, and your input in all aspects of care matter greatly.

Your Person _____ (does / does not) have a case manager/service coordinator:

Case Manager Name: _____

Case Manager Phone #: _____

Case Manager Email: _____

CONTACT LIST

Updated: _____

Daily Provider:

Name: _____
Home: _____
Cell #: _____
Email: _____

Daily Provider:

Name: _____
Home: _____
Cell #: _____
Email: _____

Emergency Backup Provider:

Name: _____
Home: _____
Cell #: _____
Email: _____

Emergency Contact:

Name: _____
Home: _____
Cell #: _____
Email: _____

Case Manager/Personal Agent

Name: _____
Home: _____
Cell #: _____
Email: _____

Employer

Name: _____
Contact: _____
Cell #: _____
Email: _____

Accountant:

Firm _____

Name _____

Phone # _____

Email _____

Financial Advisor:

Firm _____

Name _____

Phone # _____

Email _____

Attorney:

Name _____

Phone # _____

Email _____

Social Worker / Case Manager / Personal Agent

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

Social Security (local office)

Name _____

Phone # _____

Email _____

Dept. of Human Services

Name _____

Phone # _____

Email _____

Housing Manager

Name _____

Phone # _____

Email _____

Financial Institutions

Representative Payee Checking Account

Bank Name _____

Phone # _____

Account # _____

Savings Account

Bank Name _____

Phone # _____

Account # _____

Personal Checking Account

Bank Name _____

Phone # _____

Account # _____

Safe Deposit Box

Bank Name _____

Phone # _____

Box # _____

ABLE Account #: _____

Oregon ABLE Phone #: 1-844-999-2253.

ABLE Account web address: https://www.oregonablesavings.com/

Special Needs Trust:

Attorney Name _____

Phone # _____

Where document is kept _____

Trustee Name _____

Trustee Address _____

Trustee Phone # _____

If funded, financial institution _____

Financial institution contact _____

Other Financial Institution

Bank Name _____

Phone # _____

Account # _____

Friends and Social Contacts

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

Family:

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

Name _____

Phone # _____

Email _____

FINANCIAL

This section will cover your Person's current financial information including their checking, savings, ABLE, safe deposit box, investment brokerage, life insurance and any other types of accounts they may have. It will also provide you with information regarding what the accounts are used for and the institutions where accounts are maintained.

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ACCOUNT STRUCTURE

Updated _____

List all accounts and life insurance policies related to your Person.

Under purpose of account include:

- Type of deposits (social security, paychecks, etc)
- Expenses paid from account (utility bills, personal spending, rent, etc)
- Automated payments (streaming services, rent, utilities, etc)
- Indicate which account is the Representative Payee account

BANK ACCOUNT:

Bank Name: _____
Branch Address: _____
Name(s) on account: _____
Account #: _____
Type of account (checking/savings/ABLE, etc): _____
Social Security # on account: _____
Debit card # if one exists: _____
Location of debit card: _____
Location of checks: _____

Purpose of account:

_____

_____

_____

BANK ACCOUNT:

Bank Name: _____
Branch Address: _____
Account #: _____
Type of account (checking/savings/ABLE, etc): _____
Social Security # on account: _____
Debit card # if one exists: _____
Location of debit card: _____
Location of checks: _____

Purpose of account:

_____

_____

SAFE DEPOSIT BOX:

Bank Name: _____
Branch Address: _____
Safe Deposit Box #: _____
Signers on box: _____
Keys held by: _____
Keys located: _____

Documents and contents in box:

_____

_____

_____

ABLE ACCOUNT:

Account #: _____
Institution holding account: _____
Debit card # if one exists: _____
Location of debit card: _____
Location of receipts for past purchases: _____
Website for info & to initiate transfers: _____
Password & user name are located: _____

- The ABLE account is designed to hold excess funds that accumulate in your Person's checking account (over $2K)
- Funds can be moved between an ABLE account & your Peron's checking at _____ Bank account # _____.
- Refer to the section on ABLE accounts before using this account
    - There are strict rules governing annual amounts that can be deposited to this account, as well as balance limitations.
    - There are strict rules about what expenses can be paid from this account
    - There are record keeping requirements

SPECIAL NEEDS TRUST:

Account #: _____
Institution holding account: _____
Social Security # on account: _____
Attorney name: _____
Attorney phone: _____
Attorney address: _____

LIFE INSURANCE

- Life insurance company name:
    - Agent phone #: _____
    - Agent address: _____
    - Agent email: _____
    - Website: _____
    - Password & user name located: _____
    - Policy #: _____
    - Policy is in the name of:_____
    - Beneficiary: _____
- Type of policy (term / whole life / etc.): _____
- Amount of policy: _____
- Agent: _____
    - Name: _____
    - Phone: _____
    - Address: _____
- Where policy is kept: _____

FINANCIAL BROKERAGE ACCOUNT:

Brokerage Firm: _____
Address: _____
Account: _____
Type of investments: _____
Social Security # on account: _____
Debit card # if one exists: _____
Location of debit card: _____
Location of checks: _____

Purpose of account:

_____
_____
_____

FINANCIAL BROKERAGE ACCOUNT:

Brokerage Firm: _____
Address: _____
Account: _____
Type of investments: _____
Social Security # on account: _____
Debit card # if one exists: _____
Location of debit card: _____
Location of checks: _____

Purpose of account:

_____
_____
_____

OTHER:

Firm: _____
Address: _____
Account: _____
Type of investments: _____
Social Security # on account: _____

Purpose of account:

_____
_____

ADDITIONAL FINANCIAL INFORMATION

This section is for the current Advocate to add any information not included in the previous pages regarding the Person's finances, including Special Needs Trust.

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ABLE ACCOUNT

Your Person currently _____ (does /or does not) have an ABLE account.
Account number is _____.

ABLE ACCOUNT

The ABLE account is the common term referring to the "Stephen Beck Jr. Achieving a Better Life Experience Act of 2014," a federal law that allows each state to create its own savings accounts for individuals with SSI. This is for anyone with a diagnosed disability as long as the disability occurred prior to age 46.

ABLE Accounts are savings or investment accounts for individuals with disabilities; these accounts have very specific rules and must be set up and managed accordingly. Note, there are limits on ABLE account balances. See https://www.oregonablesavings.com/faqs/are-there-any-contribution-limits for limits on Oregon ABLE accounts.

An ABLE account allows monies that might otherwise cause an individual's assets to exceed the $2,000 SSI limit to be placed in a savings account administered by the state. **If you let an individual receiving SSI accumulate more than $2,000 outside the ownership of an ABLE account or Special Needs Trust (all assets combined), the benefits of SSI may end abruptly and services will end.** To reiterate, that would mean the loss of SSI income, food stamp benefits, Medicaid coverage, and access to subsidized housing.

Although the requirement to keep your Person's assets (other than those assets held in an ABLE account or Special Needs Trust) under $2000 is a commonly-known rule, the financial and medical requirements for SSI eligibility are beyond the scope of this workbook. See https://www.ssa.gov/ssi/text-resources-ussi.htm for a list of what are and are not considered assets for SSI purposes.

The Oregon Treasury Savings Network administers and oversees the Oregon ABLE Savings Plan. Vestwell State Savings, LLC, is the plan manager for the Oregon ABLE Savings Plan and provides the online platform for the ABLE account.

In Oregon, ABLE accounts are established exclusively through an on-line platform; your local bank cannot set up an ABLE account. The same on-line platform is used to facilitate all transfers to and from the Person's general bank account and to obtain ABLE statements. Fees for an ABLE account will be charged by the state.

See https://www.oregonablesavings.com/ to set-up an ABLE account or learn more about Oregon's ABLE accounts.

The 2025 annual limit on standard contributions to an ABLE account is $19,000. For Supplemental Security Income (SSI) benefits, you can have up to $100,000 in the account before the funds start to count against the $2,000 asset limit.

See https://www.oregonablesavings.com/faqs/are-there-any-contribution-limits for limits on Oregon ABLE accounts.

Qualified Disability Expenses (QDE)

Below is from Oregon's ABLE Savings website (2025):
https://www.oregonablesavings.com/faqs/what-is-considered-a-qualified-expense

Most expenses related to the costs associated with living with a disability qualify as an eligible expense. The expense must simply help maintain or improve the health, independence, or quality of life of the person living with a disability. Some of the most common qualified expenses as defined by the IRS include:

- Living expenses
- Education
- Housing
- Transportation
- Employment, training, and support
- Assistive technology
- Personal support services
- Health, prevention, and wellness
- Financial management
- Administrative services
- Legal fees
- Oversight and monitoring
- Funeral and burial costs, and more

If the IRS determines that you've used your ABLE funds for a non-qualified expense, you will have to pay taxes on the withdrawal's earnings plus a 10% penalty on the earnings. A withdrawal used for a non-eligible expense could affect your eligibility for benefits such as Supplemental Security Income (SSI) and Medicaid.

Record Keeping: A record of Qualified Disability Expenses (QDE) should be maintained along with associated receipts. Care must be taken to only use ABLE funds for QDEs to avoid penalties.

Sample Qualified Disability Expenses record:

ABLE Distributions				
Distribution Date	**Expense Date**	**Expense Amount**	**Distribution Amount**	**Distribution Purpose**
4/4/2024			$548.99	
	3/21/2024	104.00		Dental cleaning not covered by Medicaid
	4/3/2024	45.00		Nail trimming by nurse
	4/4/2024	399.99		Computer with adaptive text to speech

Upon Death of Beneficiary

The following excerpt is from the Oregon ABLE Savings Plan website:

> "In the event of the death of a beneficiary, the funds from their ABLE account can be used by their estate to repay any outstanding eligible expenses and funeral and burial costs. Remaining funds will be transferred to the estate of the beneficiary. Due to the passage of Senate Bill 1027 during the 2017 legislative session, Medicaid in Oregon is restricted from filing a claim for a payback on funds that were previously in an ABLE account of a deceased beneficiary. However, please note that Medicaid Payback is governed at the federal level, and out of an abundance of caution, there is always the possibility that funds could be recovered by Medicaid."

Because the funds in an ABLE account may be subject to a Medicaid payback, you may want to be conservative with the amount held in an ABLE account.

See Oregon ABLE Savings Plan website: https://www.oregonablesavings.com/faqs/what-happens-to-my-account-if-i-pass-away-is-there-a-medicaid-payback

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INVESTMENT REAL PROPERTY

This is property owned by your Person or their trust for investment purposes; your Person does not live in or on this property.

- Address of property: _____
- If there is a mortgage, list lender & the loan number:

_____

_____

- How mortgage is paid & due date:_____

_____

- Where mortgage documents are kept:_____
- Name on deed (individual / trust / etc):_____

_____

- If there are current tenants, name & contact information for tenant:

_____

_____

- Amount of rent: _____
- How tenant pays rent/due date/where rent is held (bank account/trust, etc):

_____

_____

- List who pays taxes & homeowners insurance:

_____

_____

- Homeowners insurance company / policy # / website & contact information for insurance company:

_____

- If tenant is responsible for utilities (list utilities) & how are they paid:

_____

_____

_____

_____

- List who does maintenance & their contact information:

_____

_____

- Homeowner Association (HOA) contact information:

_____

_____

- HOA dues amount / who pays the dues (tenant or owner):

_____

- Property Management Company contact information and website:

_____

_____

- List any other information the new Advocate would need:

_____

DAILY SCHEDULE

It is important that the new Advocate know where they can find your Person on a regular basis.

List your Person's normal daily activities including work, social, provider hours, volunteer work, church, if they go for walks, etc. Include how they get to and from the activities (bus routes, lift bus, taxi, etc).

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Other information:

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IMPORTANT DATES

(Many of these are approximate dates)

List dates that are important for the new Advocate to know, these can be approximate. The purpose of this is so your new Advocate can be watching the mail / email for reports due, etc. Many of these have short turn-around times that must be adhered to.

Examples:

- **Dates reports are due (DHS, Guardian, Housing Recertification, Conservator's Annual Accounting, annual Individual Service Plan (ISP), etc)**
- **Rep Payee reports**
- **Annual Support Services Brokerage planning meetings**
- **Medical, dental, vision checkups, vaccinations due**
- **Special Olympic sign-ups, camp sign-ups**
- **Date workbook will be updated (ideally annually, perhaps on your Person's birth date)**

January _____

_____

_____

February _____

_____

_____

March _____

_____

_____

April _____

_____

_____

May _____

_____

_____

June _____

_____

_____

July

August

September

October

November

December

Notes:

SOCIAL

This section covers information regarding your Person's social activities. A few of the common activities are specifically mentioned. You should include all activities your Person participates in; listing sign-up information, important dates, contact information, websites, transportation needs, etc. This will ensure the future Advocate has the information they need to ensure your Person continues to participate in activities that are important to them.

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CAMP SIGN-UP

Many people in Oregon attend Mt. Hood Kiwanis Camp, church camps, etc. You will need to provide sign-up information for the new Advocate. Be detailed; the new Advocate will need that information to ensure your Person gets signed up and has everything they need when they leave for camp.

- Name of camp: _____
- Where camp is located: _____
- Contact & phone # of camp office: _____
- Website: _____
  - Logon: _____
  - Password: _____

- Are there copies of prior years sign-up forms to use as examples and where are they located: _____

- How to sign-up for camp (on-line, paper forms, etc):
  - Sign-up process: _____
  - When is sign-up scheduled: _____
  - How are you notified of sign-up dates:_____
  - If email – what email address is used: _____

- Who provides transportation to/from camp: _____

- Cost of camp:
    - Who pays for camp: _____
        - If agency pays for camp: _____
            - Which agency: _____
            - Contact at agency: _____
            - Phone # of agency: _____

- Is a camp physical examination needed: _____
    - Who arranges for physical: _____
    - When is it due: _____

- Miscellaneous information about camp:

SPECIAL OLYMPICS

Special Olympics is an organization for people with intellectual disabilities that allow all participants, regardless of abilities, to compete in an athletic venue.

Special Olympics Oregon offers a wide range of sports for the athlete to choose from:

- Winter Sports include skiing, basketball, power lifting, snowshoeing and snowboarding.
- Spring/Summer Sports include track and field, bocce, golf and softball.
- Fall Sports include swimming, bowling, soccer and volleyball.

There is no cost to an athlete to participate. The organization operates primarily by volunteers and is always looking for coaches and unified partners. If you are interested in coaching or becoming a partner contact your county's program.

Your Person competes in the following sports in _____ County.

1. _____
2. _____
3. _____

In most counties, sign-up for all sports is done on-line. Visit your county's website to sign-up. You can find county websites at:
https://soor.org/become-an-athlete/

Your Person will need to complete the "Athlete Health History Release Form" annually. This does not require a physician's signature as it has in the past. Check the county's website for current forms.

(2025 form: https://soor.org/wp-content/uploads/2024/11/Washington-Co.pdf)

If you have questions you can contact Special Olympics Oregon at:

Special Olympics Oregon
8313 SW Cirrus Drive
Beaverton, OR 97008

Phone: 503-248-0600
E-mail: hello@soor.org
Fax: 503.296.2201

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COMMUNITY CONNECTIONS

For many individuals, continuing social connections with clubs, religious organizations, gym memberships, cultural organizations, disability support groups, and other organizations is integral to their lives. Providing that information below assures those connections can continue for your Person.

Religious Institution:

Name of facility: _____

Address: _____

Website: _____

Phone: _____

Clergy Contact: _____

Gym or Fitness Club: _____

Membership # : _____

Address: _____

Website: _____

Phone: _____

Contact Person: _____

How is this paid for: _____

Disability Support Group: _____

Address: _____

Website: _____

Phone: _____

Contact Person: _____

Club or Organization: _____

Address: _____

Website: _____

Phone: _____

Contact Person: _____

Club or Organization: _____

Address: _____

Website: _____

Phone: _____

Contact Person: _____

Club or Organization: _____

Address: _____

Website: _____

Phone: _____

Contact Person: _____

Club or Organization: _____

Address: _____

Website: _____

Phone: _____

Contact Person: _____

PUBLIC TRANSPORTATION

If your Person uses public transportation provide the new Advocate details.

Type of public transportation used:

- **Lift bus** ☐
- **Regular bus** ☐
- **Light rail (MAX)** ☐
- **Taxi** ☐
- **Lyft/Uber** ☐
- **Other:** _____

Does your Person have an Honored Citizens pass: _____

Pass is paid for by: _____
If pass is paid for by Advocate, it may be renewed online

Pass # & expiration date: _____

If pass not used, transportation paid for by: _____

Last date of recertification for lift bus: _____
(Required every 3 years)

TRIP TRAINING (BUS & LIGHT RAIL)

Travel training is an intensive, one-on-one process to help someone gain the knowledge and skills they need to ride public transportation independently. Travel training is individualized to meet each person's unique needs.

Your Person's trip training will be dictated by where you live. Contact your case worker / personal agent to learn where you can obtain trip training.

If your person already uses trip training for new public transportation routes, provide the new Advocate details of how they can access that service:

Agency providing training: _____

Phone #: _____

Email: _____

Website: _____

Details on training or other important information the new Advocate should know:

_____

_____

_____

_____

_____

_____

_____

.

LEGAL HISTORY

If your Person has had any interactions in the legal system, it is important to keep track of past incidents or interactions. This can only help should there ever be a situation in the future that requires a better understanding of past behaviors, outcomes, or episodes.

Has your Person ever been a victim of a crime? Describe when and the circumstances:

_____

Is your Person currently on probation and under whose supervision? _____

Date of incident: _____

Description of the incident:

_____

_____

_____

In what jurisdiction or location did this occur? _____

County and Case number: _____

Was an arrest made? _____

Was the Person incarcerated and during what dates: _____

Probation / Parole Officer Name: _____

Contact Information: _____

Outcome of legal procedures:

_____

_____

_____

Name and contact information for attorney: _____

_____

Was your Person remorseful or resentful? _____

_____

_____

What is your Person's attitude towards police now?

Additional comments:

Have you registered your Person with the police Crisis Response Plan in your city? (Note that this should be updated annually.) Most city police bureaus have a similar registry, which is for individuals with physical, mental, or developmental disabilities who may have difficulty communicating in an emergency or when stressed.

School & Early Intervention

It is rare that old school records will be needed, however there are instances when historically proving a disability existed prior to a certain age and/or in showing IQ testing results at an early age is required; those old school records may help. If old records exist, share their location with the new Advocate.

Early Intervention:

_____

_____

_____

Kindergarten to Age 21

_____

_____

_____

Transition program work experience:

_____

_____

_____

Old school records kept (location:

_____

_____

_____

This page intentionally left blank

SOCIAL SERVICES HISTORY

Updated _____

Identify the social services your Person uses or has used:

- **Brokerage Services**: Adults living in an apartment, condo, their own home, or in a family home can choose a brokerage for case management. A personal agent provides help in identifying, accessing and coordinating services. The personal agent makes sure that a person gets the services and supports needed.

  Name: _____
  Personal Agent Name: _____
  Phone #: _____
  Email: _____

- **Residential Services**: Residential programs care for people who need support in neighborhood settings. Programs provide room and board. Programs can help with medical and health needs, behavioral management, and taking part in community activities.

  Name: _____
  Contact _____
  Phone #: _____
  Email: _____

- **In Home Services:** In home services help people get the care they need to live in their home or with family. Services can help with medical and health needs, behavioral management, and taking part in the community activities.

  Name: _____
  Contact _____
  Phone #: _____
  Email: _____

- **Day Support Activities:** Day Support Activity programs help people take part in activities in their community. These programs provide support for peoples' needs while out in the community.

  Name: _____
  Contact _____
  Phone #: _____
  Email: _____

- **County Case Worker**: A services coordinator provides help in identifying, accessing and coordinating services. The services coordinator makes sure that a person gets the services and supports the person needs.

  Name: _____
  Contact _____
  Phone #: _____
  Email: _____

- **Vocational Rehabilitation**: Vocational Rehabilitation is available for those with a physical, developmental, or mental disability. They provide a counselor who will help determine what a good job match might be, help the individual get ready for job interviews, help with a job search, training, and transportation.

  Name: _____
  Contact _____
  Phone #: _____
  Email: _____

- **Department of Human Services (DHS)** – DHS manages qualifications for Oregon Health Plan (Medicaid) and SNAP (food stamps).
  Name: _____
  Contact _____
  Phone #: _____
  Email: _____

- **Housing & Urban Development (HUD):** HUD helps provide safe, affordable rental housing for eligible low-income families, the elderly, and persons with disabilities.

- **Section 8 Housing** – The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. Note: waiting lists for Section 8 Housing may be years long.

  Note: The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

HOUSING

This section is designed to cover both current and future housing.

Your Person's current housing is: _____
(Examples: with parents in family home / apartment / condo / home owned by Person/ with other family members in private home / with roommates or living alone)

Address where your Person is currently residing:

_____

Is your Person on any housing wait lists? If so, list contact information for wait list:

_____

_____

Is your Person on a Section 8 or HUD housing wait list? If so, list contact information:

_____

_____

Have you been working with any housing groups to secure future housing for your Person? If so, list name of group and contact information:

_____

_____

_____

If living with parents or other family members in private home:

What is your plan if your Person is unable to live with family:

_____

Who to contact for immediate emergency housing:

_____

Friend or neighbor to contact in emergency (name & contact information):

_____

Is there a keypad, combination lock, or key? If so, what are they used for and where are they located:

_____

_____

Does a friend or neighbor have a spare key should your Person lock themselves out of the home? If so, list contact information for that person:

_____

_____

List any other information the new Advocate would need:

_____

_____

_____

If living in apartment or condo (rental):

Are there roommates, if so name & contact information for roommate:

_____

Who is landlord & contact information for landlord:

_____

_____

How is rent paid & due date:

_____

_____

Is Person responsible for utilities (list utilities) & how are they paid:

_____

_____

_____

Does your Person carry renters insurance, if so what is policy # / insurance company name & contact information / website:

_____

_____

Websites for utilities and apartment / Passwords & User Names:

_____

_____

_____

_____

Who to call for maintenance issues:

_____

_____

Friend or neighbor to contact in emergency (name & contact information):

_____

_____

Are there any keypads or combination lock numbers or keys? If so, what are they and where are they located:

_____

Does a friend or neighbor have a spare key should your Person lock themselves out of the home? If so, contact information for that person:

_____

_____

List any other information the new Advocate would need:

_____

_____

_____

_____

If living in condo or home owned by your Person:

Is there a mortgage, if so who is lender:

_____

Where are mortgage documents kept:

_____

Name on deed (individual/trust/etc):

_____

Are there roommates? If so, name and contact information for roommates:

_____

_____

How does roommate pay rent / due date / where is rent held (bank account, trust, etc):

_____

_____

How is mortgage paid and due date:

_____

_____

Who pays taxes and homeowners insurance:

_____

Homeowner's insurance company / policy # / website and contact information for insurance company:

_____

_____

_____

Is Person responsible for utilities (list utilities) and how are they paid:

_____

_____

Websites for utilities and apartment / Passwords and User Names:

_____

_____

_____

_____

Who does maintenance and their contact information:

_____

_____

Friend or neighbor to contact in emergency (name and contact information):

_____

_____

Does a friend or neighbor have a spare key should your Person lock themselves out of the home? If so, contact information for that person:

_____

_____

List any other information the new Advocate would need:

_____

_____

_____

If living in group home or adult foster care:

Since 24 hour care is provided in this type of facility, your Person cannot also receive brokerage services. The Individual Service Plan (ISP) and annual review to determine services and placement is provided by the county's Health and Human Service's Developmental Disabilities Program.

Name of organization or group home:

_____

Address of home:

_____

_____

Owner's contact information:

_____

_____

House Manager's contact information:

_____

_____

_____

Room and board amount and payment due date:

_____

Staff member's names and contact information:

_____

_____

_____

List any other information the new Advocate would need:

_____

_____

HOUSING HISTORY

Previous Landlord: _____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

Previous address: _____

_____

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WEBSITES & PASSWORDS	
Updated:	
Current Advocate should complete all sections in green	
Passwords & user names should be kept in a secure location (password manager program, safe deposit box, etc.)	
Electronic devices (cell phone, computer, tablet, etc)	
Website	
User Name	
Password	
Misc. Information	
Streaming services	
Website	
User Name	
Password	
Misc. Information	
Medical or monitoring devices	
Website	
User Name	
Password	
Misc. Information	
GPS Tracking	
Website	
User Name	
Password	
Misc. Information	
Medical	
Website	
User Name	
Password	
Misc. Information	
Medical	
Website	
User Name	
Password	
Misc. Information	
Medical	
Website	
User Name	
Password	
Misc. Information	

Reward programs	
Website	
User Name	
Password	
Misc. Information	
Landline phone provider	
Website	
User Name	
Password	
Misc. Information	
Utility provider	
Website	
User Name	
Password	
Misc. Information	
Utility provider	
Website	
User Name	
Password	
Misc. Information	
Utility provider	
Website	
User Name	
Password	
Misc. Information	
Internet router:	
Website	
User Name	
Password	
Misc. Information	
Public transportation	
Website	
User Name	
Password	
Misc. Information	
Bus Pass Number	
Bank account	
Website	
User Name	
Password	
Misc. Information	

ABLE account	
Website	
User Name	
Password	
Misc. Information	
Cell phone provider	
Website	
User Name	
Password	
Misc. Information	
Email	
Website	
User Name	
Password	
Misc. Information	
Rewards program	
Website	
User Name	
Password	
Misc. Information	
Rewards program	
Website	
User Name	
Password	
Misc. Information	
Other	
Website	
User Name	
Password	
Misc. Information	
Other	
Website	
User Name	
Password	
Misc. Information	

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ADDITIONAL INFORMATION

This section should contain any additional information you want to share with the new Advocate. Examples of what you may want to include are:

- Behavioral issues
- Routines that are important to your Person
- What works and doesn't work
- How your Person handles changes in their life
- What upsets your person and how to handle it
- Disability-related issues
- What is challenging for your Person
- What is important to your Person
- Traditions your Person enjoys
- Personality traits
- Hopes and dreams for your Person
- Strengths & weaknesses
- How they interact with others (providers, friends, managers, etc)
- Social – what's important to them, who their friends are, what they enjoy
- Idiosyncrasies
- How to manage difficult behaviors
- Include information regarding any reporting or re-certifications that are not mentioned elsewhere in this notebook.
- Clothing sizes
- Abilities in areas such as finances, household, self-care, etc.

This is a free-flow section, a place you can share anything you want the new Advocate to know. Think about what you would want to know if you were just starting out as Advocate. Add pages as needed.

Additional Information Continued

EQUIPMENT OR ITEMS OWNED OR RENTED BY PERSON

Adaptive Devices (communication / mobile / visual / cognitive or sensory aids / hearing):

Name of device:

_____

Do they rent or own the device:

_____

If rental, who do they rent from, how are rent payments made, due date:

_____

Are there warranties:

_____

Who to call for maintenance or technical help:

_____

Automobile / bicycle / motorcycle:

Name on title / where title is kept:

_____

Warranties:

_____

Insurance (company, contact, policy #):

_____

Who does maintenance work on vehicle & their contact information:

_____

Maintenance records:

_____

Warranties:

_____

Medical devices:

Name of device:

_____

Do they rent or own the device:

_____

If rental, who do they rent from, how are rent payments made, due date:

_____

Are there warranties:

_____

Who to call for maintenance or technical help:

_____

Investment Real Property (condo, house, other)
See Financial section of workbook

UPON DEATH

While this is a topic we prefer to avoid, it is important that plans are in place for your Person's death. There are people and agencies that must be contacted and procedures that must be followed.

- **Will**
  A simple will requires probate which can take quite a long time. Simple estate affidavit rules change from time to time, but may be available to certain estates. You should consult with an attorney as each situation differs.

  Is there a will or document identifying an executor of the Person's estate: _____
  - Executor of estate: _____
  - Where is the will: _____

- **Funeral arrangements**
  - Is there a pre-arranged funeral and burial plot: yes / no _____
  - Funeral home name _____
  - Funeral home contact _____
  - Funeral home phone number _____
  - Pre-arranged cemetery name: _____
  - Religious organization _____
  - Clergy name & phone #: _____
  - If there are no pre-arranged funeral and burial plot arrangements, provide instructions you would like followed:

    _____

    _____

- **Order multiple copies of Person's death certificate**. Some agencies require originals and it is easier to get multiple copies to start with, at least six are recommended. These can often be obtained through the funeral home.

- **Contact Personal Agent or case worker**
  Name: _____
  Phone #: _____
  Email address: _____

- **Notify Social Security Administration (SSA)**

  The SSA handles death reports for both Social Security and Medicare recipients. To report a death, you can do one of the following:

  - Provide the deceased person's Social Security number to the funeral director so they can report the death to the SSA.
  - Look up and contact your local Social Security office. or call the SSA's main number at 1-800-772-1213 (TTY 1-800-325-0778) to make the report.

  SSA only accepts reports of death by phone or in person. They do not accept reports by email or online.

  If you report the death to SSA yourself instead of through a funeral director, you may do so without the deceased person's death certificate to begin the process. But you will need it later to complete the report.

  The SSA does not pay benefits for the month of a recipient's death. That means if the person died in July, the check or direct deposit received in August (which is payment for July) must be returned.

  If the payment is by direct deposit, notify the financial institution as soon as possible. Ask them to return the payment for the month the recipient died and any that arrive later.

  Ask Social Security if there are funeral benefits for the deceased Person.

  If your Person is employed, Social Security may ask for proof of the deceased worker's earnings for the previous year (W-2 forms or self-employment tax return).

  You may have to provide Social Security with bank and ABLE account numbers and associated bank information, so have that close by when you talk to Social Security.

  Have the following information when you contact Social Security:

  - Person's Social Security #: _____
  - If drawing under father, his Social Security #: _____
  - If drawing under mother, her Social Security #: _____
  - Date of death (they will likely ask for a death certificate): _____
  - County of death: _____

  More information can be found at:
  https://www.usa.gov/social-security-report-a-death

- **Notify ABLE administrator:**
  - In the event of the death of a beneficiary, the funds from their ABLE account can be used by his or her estate to repay any outstanding eligible expenses or funeral and burial costs. Remaining funds will be transferred to the estate of the beneficiary or repaid to the State.
  - Medicaid Payback is governed by state law and, out of an abundance of caution, it is suggested to assume ABLE funds could be recovered by Medicaid. Also, Estate Recovery is governed by state law.
  - See this website for further details:
  - https://www.oregonablesavings.com/faqs/what-happens-to-my-account-if-i-pass-away-is-there-a-medicaid-payback
  - You must also fill out the Death of Beneficiary form: https://www.oregonablesavings.com/uploads/or-able/attachments/clt39cvdi2stc0jmldrb86oza-oregon-able-death-of-beneficiary-form.pdf
    The form requires a certified copy of a Death Certificate and either a Letter of Testamentary or a Simple Estate Affidavit.

    - Letters testamentary are documents that a probate court delivers to the executor of the deceased's estate to enforce the terms of the deceased person's will. A court can issue letters testamentary only to persons who are chosen as an executor in a will.

    - In the state of Oregon, a Simple Estate Affidavit is a legal document that is used to claim ownership of a piece of property from a deceased person's estate – as long as the estate meets specific criteria.

- **Contact any other agency your Person receives funding or services from**

  - Agency name: _____
  - Phone #: _____
  - Email address: _____
  - Website: _____

  - Agency name: _____
  - Phone #: _____
  - Email address: _____
  - Website: _____

- **Cancel utility providers** - Phone company for modem rental and landline phone, cell phone provider, cable services, electrical provider, natural gas provider, garbage, water, streaming services, and landlord. Double-check current bank statements to see if there are any other companies you need to notify. You will want to shut services off as soon as possible to avoid costs.

- **Contact banks where accounts are held -** funds that are in your Person's banking and ABLE account may be subject to payback claims under the Estate Recovery Program. When a person who got Medicaid services dies, their estate may be required by law to pay back certain benefits they received; this is called the Estate Recovery Program.

    - Bank name: _____
    - Phone number: _____
    - Bank name: _____
    - Phone number: _____

- **Life insurance** - contact life insurance company if there is a life insurance policy on the life of your Person.

    - Company name _____
    - Policy number: _____
    - Phone #: _____
    - Email address: _____
    - Website: _____

- **Special Needs Trust (SNT)**
    - Contact your attorney:
        - Attorney Name: _____
        - Phone #: _____
        - E-mail: _____
    - Upon the beneficiary's death, in most cases the SNT will be terminated.

- The trustee is then responsible for dissolving the trust and complying with the instructions laid out in the trust document. Those instructions may include filing a final tax return and paying any taxes due. You may need the help of an attorney and accountant in doing so.
    - Accountant Name_____
    - Phone #: _____
    - E-mail: _____
- There may be other expenses that can be paid by the trust assets, such as funeral and burial costs.
- The SNT may be subject to payback provisions if the person received Medicaid benefits during their lifetime.
    - Typically, if the SNT is a third-party trust (it is funded by someone other than the individual with a disability, such as a parent or grandparent) the pay-back provision does not apply. Any funds left over will be distributed to the remainder beneficiaries named in the SNT or transferred to the deceased person's estate as specified in the trust document.
    - Typically, if the SNT is a first party trust (the funds used to establish the special needs trust were the beneficiary's own) then a payback provision must be included in the trust instrument. On the death of the beneficiary, the first-party trust may be required to reimburse the state, dollar-for-dollar, for all Medicaid expenses incurred throughout the beneficiary's life.

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GLOSSARY

ABLE Account is a savings account for an individual with disabilities; these accounts allow a person who is eligible for public benefits such as Supplemental Security Income, SNAP (food stamps) or Medicaid to comply with the resource limit of $2,000. Funds in an ABLE account do not affect eligibility for SSI, Medicaid and means-tested programs such as HUD and SNAP (food stamp) benefits.

Brokerage - Brokerages provide case management and in-home and community-based services to adult Oregonians with intellectual / developmental disabilities.

Case Management - Case Management services are accessed through Brokerages or Community Developmental Disabilities Programs. Case Management activities are provided by Service Coordinators or Personal Agents including assessing needs, facilitating the delivery of services to meet those needs, and monitoring the services delivered to individuals.

Community Developmental Disabilities Programs (CDDPs) are agencies in local areas that provide case management services to help people get the services they need.

Conservator is appointed by the Court and is responsible for all assets and fiscal affairs of the Person with special needs.

Coordinated Care Organization A coordinated care organization is a network of all types of health care providers (physical health care, addictions, and mental health care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).

Department of Human Services (DHS) - provides services for people living with disabilities. Typically they will be the agency that qualifies an individual for Medicaid services including Oregon Health Plan (medical insurance) and food stamps.

Housing and Urban Development (HUD) – The HUD 811 Project Rental Assistance (PRA) program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing.

Individual Support Plan (ISP) - An Individual Support Plan (ISP) is a written plan identifying the supports, services, and resources a person will use to achieve their goals. The ISP is created by the person's Personal Agent or Services Coordinator along with the individual and their support team. An ISP is required annually when the person uses any Medicaid-funded services.

Legal Guardian is an individual appointed by the Court who is responsible for the care and promotion of a Person's well-being when that individual does not have the capacity for managing self-care. It is usually obtained by a relative, person, or institution familiar with the individual with cognitive, mental, or physical limitations.

Medicaid is for low-income people and those with disabilities, and includes long-term care and provides Oregon Health Plan (OHP) as described below.

Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions.

Oregon Health Plan (OHP) OHP is Oregon's Medicaid program that provides free medical coverage for people in Oregon who meet eligibility criteria. That coverage includes doctor visits, hospital care, mental health services, dental, some vision care, and long-term care.

Personal Agent - A personal agent (PA) is an employee of a support service brokerage. Their primary role as a service coordinator and case manager is to use person-centered planning to assist individuals in planning, accessing, and monitoring the community-based supports and services that support their needs and goals.

Personal Service Worker / Provider is a person who assists eligible individuals with personal care, household tasks and being active in the community. PSW's are Medicaid providers credentialed with the State of Oregon Department of Human Services.

Representative Payee is a person or an organization who manages Social Security or SSI payments for someone who can't do it themselves, typically a child or an adult deemed legally incompetent to handle money.

Service Coordinators are often referred to as case managers. A Services Coordinator (SC) is an employee of a Community Developmental Disabilities Program (CDDP) who provides case management services. They use person-centered planning to assist people in planning, accessing, and monitoring the community-based supports and services that support their needs and goals. They also share resources and help families navigate service systems. This role is similar to that of a Personal Agent.

Social Security Disability Insurance (SSDI) provides monthly payments to people who have a disability that stops or limits their ability to work.

Special Needs Trust (SNT) is a legal arrangement and fiduciary relationship that allows a physically or mentally disabled person to receive the benefits of having money set aside to pay for expenses in their lifetime while maintaining eligibility for public assistance disability benefits.

Supplemental Security Income (SSI) is a federal program funded by U.S. Treasury general funds. SSI provides monthly payments to adults age 65 and older who have limited income and resources, and to other adults, and children, with a disability or blindness who have limited income and resources.

Vocational Rehabilitation (Voc Rehab) - an agency funded by both state and federal governments. Voc Rehab helps people with disabilities find jobs that match the skills, interests and abilities of the individual.