

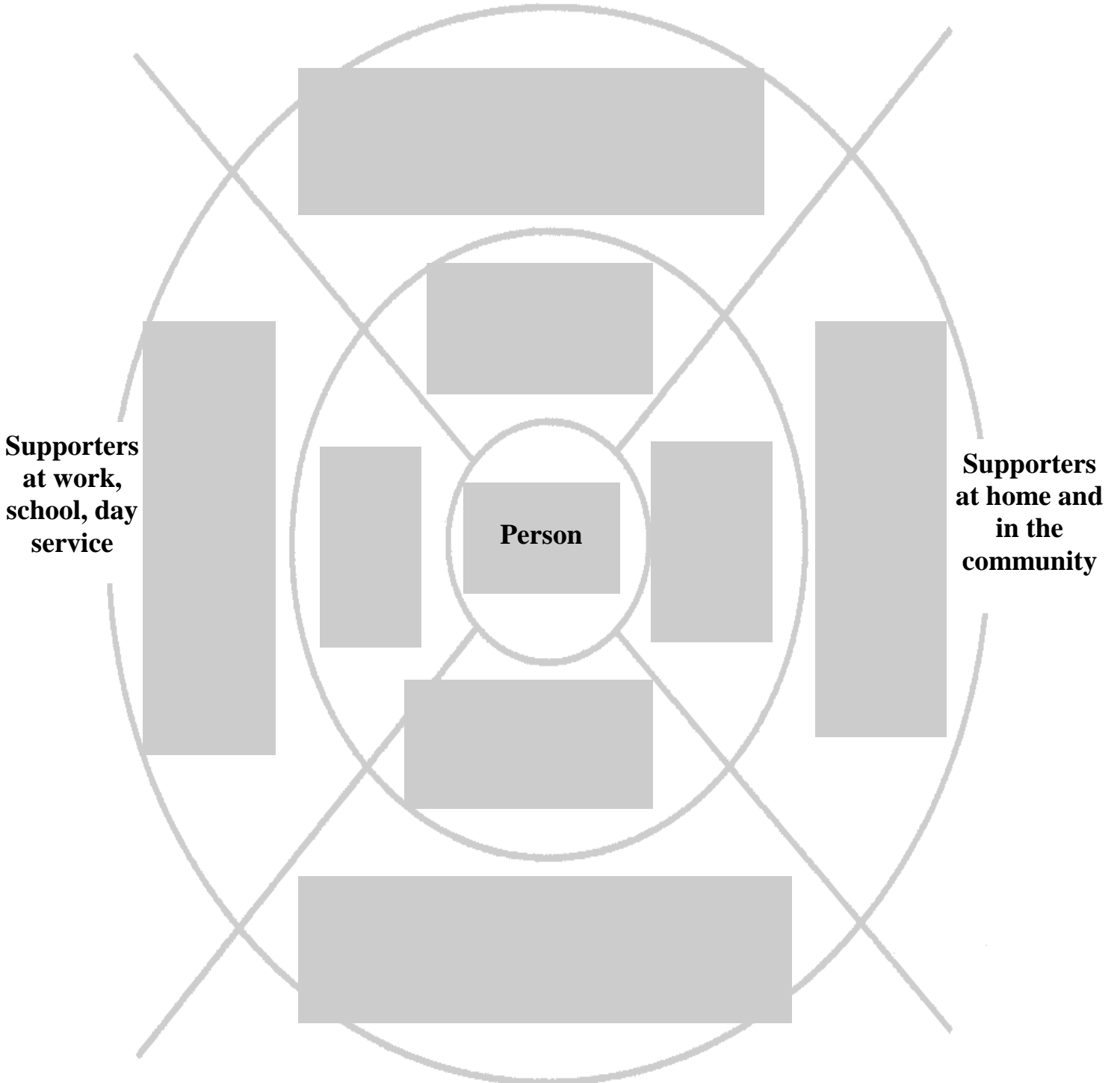
**Person-Centered Planning Tool (PCPT)\***

The Person-Centered Planning Tool (PCPT) is a mandatory discovery tool used to guide the person centered planning process and to assist in the development of an individual's Service Plan.

<b>Role</b>	<b>Name</b>	<b>Phone/email</b>	<b>Agency/Region</b>
Individual			
Guardian			
Co-Guardian			
Family/Friends			
Family/Friends			
Support Coordinator			
Waiver Assurance Coordinator (WAC)			
Support Broker (If Applicable)			
Other			

\*The NJISP includes person centered concepts, principles and materials used with permission from:  
The Learning Community for Person Centered Practices  
[www.learningcommunity.us](http://www.learningcommunity.us)

**Family**



**Supporters  
at home and  
in the  
community**

**Supporters  
at work,  
school, day  
service**

**Friends**

**What do you and others like or admire about you?**

This section reflects your positive qualities and includes likes, goals, aspirations, etc.

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**What is important to you?**

This section describes what is important to you, including: routines, relationships, places to go, things to do, etc.

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### **What do others need to do to support you?**

This section describes what others need to know and do to support you at home, work or in the community.

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### **What are the characteristics of the people who support you best?**

This section includes personality characteristics that you would like to see present in the individuals that support you.

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**What do caregivers/providers need to know about how you communicate?**

This sections captures information about how you communicate: What language do you speak? Do you read/write? This section also includes information about how you communicate non-verbally, including how you let others know if you are happy, sad, excited, angry, disagree, understand, or want to go somewhere.

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**What are your long-term hopes and dreams?**

This section captures information about your long-term hopes and dreams.

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## Pathway to Employment

Use the tool below to assist in developing employment-related outcomes for your Service Plan

<b>Path 1: Already Employed</b>		
<b>Questions</b>	<b>Yes</b>	<b>No</b>
1) Are you making enough money to meet your living expenses?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you working the amount of hours you want to work during the week?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you happy / satisfied with the job you have?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you want to stay where you are working now?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you get the opportunity to try all the different jobs/tasks you'd like at work?	<input type="checkbox"/>	<input type="checkbox"/>
6) Are you happy with the employment services you are currently receiving/SE provider?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are you happy with your job coach?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are all of the answers "YES"?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If all answers are "YES" –</b>		
<ul style="list-style-type: none"> <li>Determine whether or not employment services are needed to maintain current job.</li> <li>If employment services are provided identify areas in which the employee needs support, must improve due to supervisor feedback, wants to improve, etc. and indicate on the Intervention Plan &amp; Service Log. Include these outcomes and any services that are needed to accomplish these outcomes in "Section B: Personally Defined Outcomes" of the Service Plan.</li> </ul>		
<p><b>If any answers are "NO" (i.e. you may be underemployed or unsatisfied with your job) --</b></p> <p>Identify outcomes related to getting an increase in salary, additional hours, another position/job that will increase the employee's satisfaction level, etc. and indicate on the Intervention Plan &amp; Service Log if the individual is receiving employment services. Include these outcomes and any services that are needed to accomplish these outcomes in "Section B: Personally Defined Outcomes" of the Service Plan.</p> <p>Activities you may consider to increase job satisfaction include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Speak with your employer about increasing your hours/salary or about trying other job duties within the company - supported employment services can provide assistance if needed</li> <li>Seek alternative employment (part-time or full-time) - supported employment services can provide assistance if needed</li> <li>Consider exploring employment options through Career Planning services</li> <li>Utilize suggested activities listed under "Path 2."</li> </ul>		
<b>Additional Notes</b>		

**Path 2: Unemployed & Has Paid/Unpaid Experiences/Training**  
 (i.e., internships, volunteering, prevocational training, career planning, job try-outs/sampling, etc.)

Questions	Yes	No
1) Do you know what kind of job you want?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you applied for any jobs?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you have a resume?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are most of the answers “YES”?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If most answers are “YES” –	Yes	No
1) Do you have the necessary skills to perform the job you want?	<input type="checkbox"/>	<input type="checkbox"/>

**If the individual has the skills to perform the job -**

Activities you may consider to pursue employment include but are not limited to the following:

- Network with friends, family, neighbors, and other contacts to seek out job opportunities in the field of interest
- Utilize the One-Stop Career Center to assist in finding a job
- Pre-placement services through the Division of Vocational Rehabilitation Services (DVRS)
- If DVRS pre-placement services are not available, use DDD Supported Employment services, as needed, to assist the individual in finding a job

**If the individual does not have the skills to perform the job –**

Activities you may consider to build skills related to employment include but are not limited to the following:

- Explore the opportunity to receive financial assistance from DVRS for college courses, training, education in the field of interest
- Take classes to gain skills, education, training in the field of interest
- Utilize Prevocational Training services

Please provide a short list of the skills that are needed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Path 2: Unemployed & Has Paid/Unpaid Experiences/Training**  
(continued)

If any answers are “NO” –	Yes	No
1) Have you gone to the Division of Vocational Rehabilitation Services (DVRS) to see if you are eligible for their services and if they can help you get a job?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, what was the most recent date of contact: _____</p> <p>What was the result of contacting DVRS: _____</p> <p>_____</p>		
2) Have you gone to the One-Stop Career Center to see how they can help you write a resume, build skills, network and meet with other unemployed people, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, what was the most recent date of contact: _____</p> <p>What was the result of contacting the One-Stop: _____</p> <p>_____</p>		
3) Have you had a situational (community-based vocational) assessment or job sampling?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, when was the most recent situational assessment conducted: _____</p> <p>What was the result of this assessment: _____</p> <p>_____</p>		
<p><b>If most answers are “Yes” (to the 3 questions above) -</b>            Activities you may consider to assist you in exploring employment options include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Situational assessments (or vocational evaluations) and/or pre-placement services through DVRS</li> <li>• If DVRS services are not available, use DDD Career Planning, Supported Employment, or Prevocational Training services, as needed</li> <li>• Utilize the One-Stop Career Center to access assistance in identifying a career path</li> </ul>		
<p><b>If any answers are “No” (to the 3 questions above) –</b></p> <ul style="list-style-type: none"> <li>• Contact your local DVRS office and set up a meeting to determine eligibility for services</li> <li>• Visit your One-Stop Career Center to learn about the services they have to offer and access those services that apply</li> <li>• Discuss getting a situational assessment through DVRS or (if unavailable from DVRS) through DDD Supported Employment services</li> </ul>		
<p><b>Additional Notes -</b></p>		



### Path 3: Unemployed & Has No Exposure to Paid/Unpaid Experiences/Training

Questions	Yes	No
1) Do you want to learn a new skill?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you thought about something you are really good at and how that could become a job or business for you?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you thought about what information you need in order to help you consider employment?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you thought of how your life might change if you had money to spend on things you want?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you thought of how your life might change if you were more involved in the community?	<input type="checkbox"/>	<input type="checkbox"/>
6) Would you like to get paid to do work in the community?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you ever taken work-related training, education or classes?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you had any job experiences in school or as an adult?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are most of the answers “YES”?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**If most answers are “YES”**

- What needs to change in order for you to consider finding a job in your future?
- Why do you feel that work is not an option at this time?
- What is your greatest fear when you think about working?
- Are you aware of the services and supports that are available to help you find and keep a job?
- Are you aware of ways that you can maintain benefits while working?
- Are you aware that you may be able to have someone with you at work to help coach and support you, called a Job Coach?

**If most answers are “NO”**

- Continue thinking about the possibility of going to DVRS for employment services and supports
- Consider exploring employment options through Career Planning services
- Consider building skills or gaining work-related experiences through volunteer work by using Prevocational Training services
- Consider spending time learning more about employment/work through job touring, job shadowing, job clubs, and/or job sampling
- Consider watching videos, reading books, exploring the Internet for information about various jobs/career

**Additional activities you may consider to assist you in exploring employment options include but are not limited to the following:**

- Seek benefits counseling/planning through providers of this service, Supported Employment providers that offer benefits counseling services, the Social Security Administration, or other entities with expertise in this area.
- Use [www.njdb101.org](http://www.njdb101.org) to assist in calculating your benefits
- Determine whether WorkAbility (NJ’s Medicaid buy-in program) is an option for you by DDS at 888-285-3036 or visiting [www.state.nj.us/humanservices/dds/projects/discoverability](http://www.state.nj.us/humanservices/dds/projects/discoverability)

**Additional Notes -**

## Voting

These questions are to be used to guide a discussion with the individual, family, and his/her caregivers about their right to vote.

<u>Questions</u>	<u>Check, if “Yes”</u>	<u>Check, if “No”</u>
1) Are you registered to vote?	<input type="checkbox"/>	<input type="checkbox"/>
2) If no, do you want to register to vote?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are you planning to vote?	<input type="checkbox"/>	<input type="checkbox"/>
4) If yes, do you need supports when voting?	<input type="checkbox"/>	<input type="checkbox"/>

## Mental Health Pre-Screening

These questions are to be used to guide a discussion with the individual, family, and his/her caregivers about any possible indicators that a mental health evaluation may be necessary. A “yes” response to any of these questions may be an indicator that someone might be experiencing a mental health problem and a further assessment is required.

<u>Questions</u>	<u>Check, if “Yes”</u>	<u>Check, if “No”</u>
5) Does the person hurt himself/herself or others?	<input type="checkbox"/>	<input type="checkbox"/>
6) Has the person been sleeping more or less than usual?	<input type="checkbox"/>	<input type="checkbox"/>
7) Has there been a change in the person’s appetite?	<input type="checkbox"/>	<input type="checkbox"/>
8) Is the person overly fearful?	<input type="checkbox"/>	<input type="checkbox"/>
9) Is the person sad or withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>
10) Is the person extremely confused or disoriented?	<input type="checkbox"/>	<input type="checkbox"/>
11) Does the person hear voices even when no one is there? (This is <b>not</b> the same as talking to oneself for company or to reduce anxiety)	<input type="checkbox"/>	<input type="checkbox"/>
12) Is there a change in the person’s behavior?	<input type="checkbox"/>	<input type="checkbox"/>
13) Has there been any change in the way that the person reacts/interacts with caregivers?	<input type="checkbox"/>	<input type="checkbox"/>
14) Are any of these changes/behaviors impeding the person’s day to day functioning?	<input type="checkbox"/>	<input type="checkbox"/>
15) Have there been any recent medication changes?	<input type="checkbox"/>	<input type="checkbox"/>
16) Has there been any recent change to the person’s environment? (Examples: new roommate, death of someone close to them, new staff, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

## Potential Funding Sources

Use the below to assist in identifying resources for the person

<b>Potential Funding/Resources for Employment Services and Supports</b>			
<u>Source</u>	<u>Receiving?</u>	<u>If Not, Was it Pursued?</u>	<u>Result</u>
Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI)	<input type="checkbox"/>	<input type="checkbox"/>	
Ticket to Work Program	<input type="checkbox"/>	<input type="checkbox"/>	
Workforce Investment Act (WIA)	<input type="checkbox"/>	<input type="checkbox"/>	
General Assistance/WorkFirst NJ	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Work Incentives – PASS, IRWE, other SSA Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Funds	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>What other funding/resources are available for services and supports?</b>			
<u>Source</u>	<u>Receiving?</u>	<u>If Not, Was it Pursued?</u>	<u>Result</u>
New Jersey Medicaid State Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
Private Insurance/Coverage	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care Assistance (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Preference Program	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Assistance Service Program	<input type="checkbox"/>	<input type="checkbox"/>	
Food Stamp Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	
Federal/State Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Advocacy Services	<input type="checkbox"/>	<input type="checkbox"/>	
Special Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	
Senior/Aging Support Services	<input type="checkbox"/>	<input type="checkbox"/>	
Personal, Special Needs Trust	<input type="checkbox"/>	<input type="checkbox"/>	
Home Energy Assistance (HEA & LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>	