

# ALL ABOUT ME

Complete this form for the networking time from 3:15-4:30 at the Housing Now! Conference.

My name is:

My Contact Info:

My gender is

\_\_\_\_\_

These people are helping me create a housing plan:

I am

\_\_\_\_\_

years old.

My Hobbies are:

These activities are part of my regular routine: (e.g. work, school, social or recreational activities, volunteering, etc.)

I wake up at

\_\_\_\_\_

I go to bed at

\_\_\_\_\_

I really like:

I really don't like:

Things I can do on my own:

Things I need help with:

My ideal living situation is:  
(with whom, in what neighborhood,  
with what care, etc.)

More on Back

## Other Considerations

Fill out the sections that feel important to you

**Food**—Do you have a special diet, are you allergic to anything, etc.?

**Religion**—Do you practice a certain religion? Is it important to you that the people you live with practice your same religion?

**Pets**—Do you hope to have pets? If so, what kind of pet? Are you allergic to pets? Afraid of pets? Etc.?

**Noise**—Are you sensitive to certain noises, if so what? Do you like or dislike loud music, movies, etc.? Do you make a lot of noise?'

**Family**—Are your parents or other family members hoping to be involved with your life when you move out? How much or how little do they want to be involved?

**Finances**—What sources of income do you have? How will you pay for your housing (e.g. SSI, Section 8, paid employment, Special Needs Trusts, etc.)? Does someone help you manage your money?

**Care**—Are you currently receiving personal care hours? If so, how many per month? Will you need one-on-one care when you move into your own place, or do you think you will be okay sharing one caregiver with a few other people? Do you need round the clock care or supervision? Etc.?

**Anything else that feels important to share?**