Supports Checklist

Check each box when item is confirmed and person who will provide the support is identified.

Natural Supports

☐ Planned respite care
   Person:

☐ Emergency respite care
   Person:

☐ Mentor for child
   Person:

☐ Transportation to
   School:   Person:
   Doctor/dentist:  Person:
   Therapist:  Person:

☐ Backup adoption/guardianship plan
   Person:
   Person:
   Person:

☐ Parental emotional support
   Person:
   Person:
   Person:

☐ Summer/non-school hour safety/supervision plan
   Person/activity:
   Person/activity:
   Person/activity:

Formal supports

Check the box for each serviced discussed with the family.

☐ Subsidy
☐ Respite care
☐ Department of Mental Health
☐ Supplemental Security Income (SSI)

☐ Intensive in home services
☐ Daycare
☐ Other:

Community supports

Check the box for each serviced discussed with the family.

☐ YWCA (www.ywca.org)
☐ Big Brothers, Big Sisters (www.bbbsa.org)
☐ Learning Disabilities Association (www.ldatl.org)
☐ National Alliance of Mental Illness (www.nami.org)
☐ Vocational Rehabilitation (Check individual state government website)
☐ Other: ____________________________________________
☐ Other: ____________________________________________