

# Life Story for:

Name: Last:	First:	Middle Init.
Medicaid ID: <input type="text"/>	Social: <input type="text"/>	DOB: <input type="text"/>

**Positive Introduction:** *include what people like and admire about the person, closest relationships held by the person, positive social roles held, best possible future as defined by the participant and those who support them*

**Family of Origin:** *include information regarding mother, father, siblings, and any other family members or natural supports that either had significant involvement historically, or have significant involvement now. Summarize current family contact and relevant relationships to the individual. Include information about family members who might like to be further involved with the participants, and projected efforts to assist.*

**Historical Information:** *include developmental milestones, place of birth, town and state of origin, school participation, relevant childhood experiences, and post-school experiences:*

**Previous Supports and Services:** *include any in-home services, previous institutionalizations, and the information related to the duration and intensity of those supports. Clarify any out of home placements prior to receipt of Waiver services.*

**Current Supports and Services Received:** *include all current waiver services, as well supports and services received outside of Waiver funding. Identify current providers and the supports provided by that provider. If residential supports are received, identify level of supervision necessary to remain safe independently.*

**Current General Health Status:** *include any current life stressors or major changes in the past year as well as relevant current ongoing medical issues. Medical diagnoses need only be defined if current treatments for those issues are not well managed by current treatment regimens. Refer the reader to the location of specific medical information on file with Case Management agency.*

## Life Story for:

**Current Community Involvement:** *include any non-segregated activities or groups with which the participant is regularly involved, and the supports needed to maintain involvement.*

**Current Routines and Life Practices:** *include typical routines of daily life, special observances, night life and sleeping patterns. Include preferences, likes & dislikes, and what works/what doesn't work in regular routines. Include communication style, including specifics about language as communication and behavior as communication. This section should detail what life typically looks like as of the date of this Life Story.*

**Best Life Recommendations and Efforts:** *Include the participant's wishes and desires for the future, any barriers to the acquisition of those desires, and current efforts to support active community involvement and increased quality of life.*

Case Manager

Date of Report: