

Individual COVID-19 Response Plan

Restarting Non-Residential Services

Participant Name:

UCI #:

Non-Residential Service Provider:

GGRC Social Worker:

The following individuals contributed to and helped me fill out my plan:

I currently live at:

Other:

I want to get support in the following ways:

-
-
-

I worry about the following when my services restart in person:

-
-
-

I would like to get around my community (including to my program) by:

Access Option	Yes	Unsure	No	Questions
Walking/rolling in my neighborhood				
Riding public transit (wearing face coverings, and following physical distancing rules)				
Riding paratransit				
Drive myself				
Driven by my residential provider				
Driven by my family				
Driven by my staff alone				
Driven by my staff with others				
Taking Curb to Curb service				

Family/key supporter comments for planning consideration (*optional*):

When shelter in place ends, I am hoping to receive supports (check all that apply):

- At my original program site
- In the community
- At my job/volunteer situation
- By remote technology
- Where I live (in my home)
- Other (add comments):

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- I understand that my supports will most likely not look the same as they did before the Shelter-in-Place orders went into effect and I will work with my provider to get my needs and desires met in a safe way.

I understand that to receive supports in the community, I may need to allow:

Health and Safety Area	Yes	Unsure	No	Concerns or Questions
Getting my temperature taken				
Getting tested for COVID-19				
Answering questions about my health				
Wearing a face covering				
Using hand sanitizer				
Washing my hands for 20 seconds				
Maintaining physical distance from others				
Receiving services in a group setting				

I have heard that folks are receiving services at home, on their TV, Computer, phone or by having staff come and support them at home. These are called remote services and supports.

- I would consider participating in remote classes/activities:
- I would need help with the following to access remote supports:
 - Internet access
 - Tablet or computer support
 - Phone support
 - Training to use technology
 - Access to technology
- I would need support from staff or a family member to use technology:

Health Status Today: check all that apply

- A very important concern to ensure everyone's health and safety is the need to let us know if you have any COVID-19 symptoms. Have you had any of the following symptoms? Fever, cough, shortness of breath, diarrhea, chills, muscle pain, headache, sore throat or new loss of taste or smell?
- I do have one of the health risk factors (diabetes, lung disease, high blood pressure, over the age of 65+, or other risks identified by my doctor), which increases my risk. You can always check with your primary care physician, if you have any questions or concerns.
- If I catch COVID-19, I understand that it may change where and how I receive services and supports.
- I am not living with or receiving supports from anyone who has been exposed or tested positive for COVID-19.
- I have a plan if I start to feel sick or need to leave the services I am receiving to go home.
- Since I have been sheltering in place, I have continued to use or found some new ways to help me minimize my stress and anxiety:
 - I listen to my favorite music
 - I meditate or practice mindfulness
 - I create lists that I or staff can use to help me feel engaged

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- I relax in a cool, dark space
- I play on my phone or tablet
- I eat balanced meals
- I talk with my friends or family
- I go for a walk or other exercise every day
- Other ways:

Provider and participant have agreed to these services in the noted location(s):

Certifications:

- I have completed this questionnaire to the best of my abilities and have clearly expressed my wants, desires and current health status.
I am willing and able to receive some supports and services remotely, either by phone or video, such as:
 - Service coordination support (organizing services between providers and supports)
 - Individual Program Planning meetings and discussions
 - Remote learning and activity support
 - Other:

I will report any change in my health to my social worker and program support staff immediately, to help protect my health and the health of those around me.

Participant Name:
GGRC Social Worker:
Program Support Staff:

Date:
Date:
Date: