

Important Contacts

My Personal / Professional Supports <i>(Who do I trust? Who helps me and with what? Who can I contact in an emergency?)</i>		
Name:	Relationship / I trust them with...:	Contact Information:

My Legal & Financial Supports <i>(use n/a if it not applicable)</i>		
Type of Support:	Name of Person/Provider:	Contact Information:
Employer		
Power of Attorney		
Guardian		
Representative Payee		
Bank		
Other:		

Important Contacts

My Housing / Utility Supports

(use n/a if it not applicable)

Type of Support:	Name of Person/Provider:	Contact Information:
Housing Program		
Landlord		
Electric		
Heat		
Water /Sewer		
T.V. / Internet		
Phone		
Transportation		
Insurance (auto or rental)		
Other:		

My Community Contacts

Name:	Location:	Phone:



Important Contacts

My Benefits			
<i>***contact when any changes occur (income, address, etc.)***</i>			
Type of Support:	Provider:	Contact Information: (Case worker & phone number)	Date to Renew Paperwork
Medical Assistance/Insurance			
SSI / SSDI			
Vision Insurance			
Dental Insurance			
Life Insurance / Retirement			
Other:			

My Health Supports		
<i>(use n/a if it not applicable)</i>		
Type of Support:	Name of Person / Provider / Specialty:	Contact Information:
Pharmacy		
Primary Care Physician		
Dentist		
Vision Care		
Medical Specialist Provider		
Medical Specialist Provider		
Mental Health Provider		
Transportation for Medical Appointments		
Other:		

