[ Insert Name]   
Health and Long-Term Care Plan

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# Important Information

* Important Contact Information (parents, future guardians, relatives, neighbors, people who know *Name*)
* Medical Insurance Information (private insurance, Medicaid)

# Medial Contacts/Appointments

* Medical Specialists/Labs/Pharmacies
* Therapists
* Medications
* Medical Records (where to find medical records, reports, lab results, etc.)
* Medical Appointment Schedule
* Routine lab info

# Medical Information

* Medical diagnosis
* Immunization certificate
* *Name’s* Story – *Name’s* medical background, TSC, seizures, etc. updated annually. Great to hand out to teachers, therapists, support people
* Steps to Take in Case of Prolonged Seizure (rescue med protocol)
* Seizure Report (to be filled out when *Name* has a seizure)
* Latest Neuropsychological Evaluation Summary and Report
* Recommendations for Individuals Already Diagnosed with TSC (www.tsalliance.org)
* TSC Treatment Guidelines

# School/Therapy/Recreation

* Personal Care contacts (hair stylist, nail salon, etc.)
* School/Therapeutic/Adaptive Programs (organized programs) (school contacts/school bus info, clinic/therapist info, contact/location of organized adapted recreational and social programs)
* Recreational/Social Activities (places *Name* frequents and enjoys – bowling alleys, parks, playgrounds, hiking trails, stores, libraries, etc.)

# Schedule

* Daily Schedule
* Weekly Schedule

# Transition Academy (School)

* About Transition Academy
* Latest IEP (Individual Education Plan)

# Vocational

* GVRA contact
* Supported Employment Agency/Job Coach

# Guardianship

* Guardianship Information (including where to find petition and report documents, where to file a new petition)
* Letter of Guardianship

# Social Security

* Details about the SSI benefits *Name* currently receives, how she should spend the money she receives, what needs to be done upon the representative payee’sdeath, where to find application, SSI annual benefits letters and representative payee reports.

# Comprehensive Supports (COMP) Waiver

* COMP Waiver description and key contact information
* Latest ISP (Individual Service Plan)
* Participant Direction Handbook (DBHDD)

# Medicaid

* How *Name* is eligible for Medicaid coverage
* Medicaid as the payor of last resort for providers and pharmacies who accept Medicaid

# Health Insurance Premium Payment (HIPP) Program

* Description of the program
* How to qualify for the program each year

# Financial

* *Name’s* financial status (in case anyone asks about her assets, income, etc.) and making sure *Name* won’t lose her SSI benefits
* SSI/Representative Payee account info
* Special Needs Trust

# More About *Name*

* Other Specific Information (her communication ability and understanding of her disability)
* *Name’s* Likes/Dislikes
* Sensory/Perseveration Challenges
* Independence Skills (What *Name* can do and areas she is working on in the areas of Personal Care, Household Chores, Food Prep, Eating, Shopping, Taking Medication, etc.)

# Other

* Legal guardian’s Important Info (where to locate legal documents)
* Legal guardian’s Estate Information (attorney info)

# Resources

* The Young Adult Guide of Life Stages Program (TS Alliance)
* Life Care Guide (Nadler Biernath LLC)