



New Jersey Supporting Community Lives for People with Developmental Disabilities

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Life



Caring



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New Jersey Supporting Community Lives for People with Developmental Disabilities

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Edit

- ▶ Great things about [person's name]:
- ▶ Important people in [person's name]'s life:
- ▶ [Person's name] interests and preferences:
- ▶ Things [person's name] likes to do:
- ▶ Places [person's name] likes to go:
- ▶ Important events in [person's name] life:
- ▶ [Person's name] happiest/proudest moments:
- ▶ On [person's name]'s good days:
- ▶ On [person's name]'s bad days:
- ▶ [Person's name] Support Needs and Preferences:
- ▶ Communicating with [person's name]:
- ▶ [Person's name] communication style and preferences:
- ▶ [Person's name] prefers people communicate with him/her by:
- ▶ New Experiences and Opportunities:
- ▶ [Person's name] would like to participate in these community events or activities:
- ▶ [Person's name] would like to learn about:
- ▶ [Person's name] would enjoy a job doing:
- ▶ [Person's name] would like to have the opportunity to improve his/her:
- ▶ [Person's name] hopes and dreams for the future:

Documents: [Upload file](#) Caring.pdf

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New Jersey Supporting Community Lives for People with Developmental Disabilities



| Profile > Setting

Personal Info

John

Smith

johnsmith@gmail.com

Mobile Phone # (required to receive text notifications)

Choose your category(s)

Person with Disabilities

Family Members

● Support Coordination

Service Provider

Account Info

Username: johnsmith

Password

Confirm Password

 Receive Email Notifications

 Receive Text Notifications (requires cell phone)

Update

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