**(SAMPLE BIOGRAPHY)**

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| **Photo** |

**NAME:**

**DOB/AGE:**

**IMMEDIATE NEEDS:**

Could include: Passport funding, In-home Support,

Out-of-home Respite, Day Programs, Residential care.

**DIAGNOSIS/ HEALTH ISSUES:**

Medical Diagnoses, health issues, surgeries, medications

**ACTIVITIES OF DAILY LIVING/ SUPPORT NEEDS:**

Bathing, dressing, feeding, toileting, mobility/transfers and level of support required for each

**INTERESTS/ACTIVITIES/CURRENT PROGRAMS:**

Describe what your child does on a regular basis; school, recreational, and social involvement in community

**FUTURE PLANS:**

Describe what you want for your child in order to provide opportunities to live to their full potential in the community, and ensure a happy & secure future.

**FAMILY CHALLENGES/HEALTH ISSUES:**

Describe challenges for you as a caregiver or other family members; employment, care for other children/family members, caregiver/family health issues that impact on family stress.

**CONTACT INFO:**

Name

Address

Phone

Email

(\*\*Note to Writers: Keep it concise and one page in length)