

Discovery Tool

(Please refer to the *Discovery Process Guidelines* prior to completing this form)

Individual's Identifying Information

Name: [Click here to enter text.](#)

Preferred name: [Click here to enter text.](#)

Phone number: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

Birthdate: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Current Service Providers (if this is an annual review of the Plan): [Click here to enter text.](#)

General Information

Check the applicable status:

- Initial Assessment - Meeting the individual for the first time.
- Annual Review – Preparing for the annual Personal Plan meeting.
- Revision – A change in the individual's preferences, desires, abilities or support needs.

Date(s) of the discovery process with the individual/guardian: [Click here to enter text.](#)

Describe the individual's participation in the discovery process: [Click here to enter text.](#)

Who did the individual invite to participate in the Discovery process? What other sources/documents did ISC use to complete the Tool? (Use chart below.)

Name of Person or Source	Relationship to Individual/Title If document reviewed, mark N/A	Did the individual invite the person? (Yes, No) If document reviewed, mark N/A
	Self	

***Attach additional pages if necessary**

The questions in each section below are provided to guide the discussion with the person receiving Waiver services, their guardian, family and others who know and support them. The ISC must address each section below. Although it is not necessary to ask every question in each section, it is important to gather enough information to determine the person’s preferences, abilities, support needs, barriers and risk. The ISC must address barriers and risk, when applicable. *Barriers* are factors that may prevent a desired outcome or makes it difficult for something to be achieved. *Risks* are factors that could be exposing someone to harm or danger; it is also the possibility that something bad or unpleasant is likely to happen.

1. Self-Description

<p>What do you think you do well?</p> <p>What do you think others like about you?</p> <p>What is most important to you?</p> <p>Do you identify yourself to be a part of a particular cultural group?</p> <p>What are the cultural customs you like to practice as part of that?</p> <p>Do you have any spiritual connections or interests that you want to develop or maintain?</p> <p>When do you feel happy?</p> <p>What makes you feel happy?</p> <p>When do you feel down?</p> <p>What helps you to feel better?</p> <p>What have others done to help you feel better when down?</p> <p>What do others need to know about you?</p> <p>How do you spend your day?</p>	
--	--

2. Home

<p>What are some things you like about where you live or What preferences do you have for where you want to live?</p> <p>Describe some things about the people you'll live with that are important to you?</p> <p>Describe the kind of lifestyle and routine you prefer in your home.</p> <p>Do you need help to get ready in the morning? Do you need help to get ready for bed?</p> <p>Do you need help moving around your home?</p> <p>What household chores do you know how to do? What household chores do you still need to learn about?</p> <p>Is there anything in or near your home that you think isn't safe for you to do? Why?</p> <p>Are you comfortable being alone at home or do you prefer someone to be with you? Why?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Risks that need to be identified in this area (any support needed to adjust water temperature, to evacuate, to transfer, environmental hazards, personal safety, emergency evacuation safety, others in the home, emergency situation response, cooking, chemicals, cleaning products, and other similar issues):</p>	

3. Important Relationships

<p>Who are the people that are most important to you?</p> <p>What makes them important to you?</p> <p>What is the type of people you like to spend time with?</p> <p>What are the types of people you prefer to not spend time with?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area (consider presence, loss and involvement of natural supports; inability to receive/understand information communicated, the ability to understand personal relationships, potential vulnerabilities in relationships. Is there anyone that could be dangerous to you)?</p>	

4. Career and Income

<p>Is earning your own money important to you?</p> <p>How do you handle your money?</p> <p>Where do you get your money from?</p> <p>What have you done for work in the past?</p> <p>What are you currently doing for work?</p> <p>What would you like to do for work?</p>	
---	--

<p>What would you need to learn to that type of work?</p> <p>What assistance would you need when in a work situation?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area (financial exploitation, loaning money to others, income or job loss, insurance/benefit loss; conflict resolution with others, use of tools and equipment on the job, avoidance of dangers associated with tasks, dangers posed by other persons at the school or worksite)?</p>	

5. Health and Wellbeing

<p>Tell us about your health.</p> <p>Do you have a doctor(s) that you go to?</p> <p>What health area do they assist you with?</p> <p>Are you taking any medications? If yes, do you know what medications you are taking and why?</p> <p>Is there anything you would want others to know about how you hear, your vision, your dental, or your health?</p> <p>Do you have a special diet that you follow for your health?</p> <p>What assistance do you need to maintain your health?</p> <p>Do you have any food, medication, or environmental allergies?</p> <p>Do you need any help at mealtime?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	

<p>Are there any risks that need to be identified in this area (chronic medical conditions, medical recommendations that are not being followed, dietary needs, inability to tolerate medical procedures/exams, inability to communicate pain, constipation, swallowing difficulties, history of choking, aspiration, PICA, medication side effects, mobility concerns, skin breakdown, sensory impairments, frequent falls, seizures; psychiatric concerns, suicidal threats or attempts, history of escaping or attempts to escape undesirable situations; risky sexual behavior, injuring self and other similar issues)?</p>	
---	--

6. Communication

<p>What is the best way for you to communicate with others?</p> <p>How do you interact, connect with, or relate to others?</p> <p>Do you need assistance to talk to others?</p> <p>If so, what assistance do you need (i.e. communication device, sign language)?</p> <p>What is your primary language; primary language of your family?</p> <p>Do you believe that people understand you? If not, how do you feel when you are not understood? What is your reaction to not being understood?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area (the ability to interact with others, have a dialogue with others to communicate needs or concerns, ability to ask for help and other</p>	

similar issues)?	
------------------	--

7. Life in the Community

<p>Are you involved in any group activities?</p> <p>Are you involved in community activities?</p> <p>What community activities sound interesting to learn about?</p> <p>When you're out in the community, who do you like to visit with?</p> <p>Why do you like to spend time with them?</p> <p>Where do you see them?</p> <p>How often do you like to see those people or do these group activities?</p> <p>Is there anything you would like to do to help others?</p> <p>What assistance would you need to be able to spend time in the community?</p> <p>Is there any place in the community where you don't feel safe?</p> <p>Are you comfortable being alone in the community or do you prefer to have others with you? Why?</p> <p>Is there anything you haven't been able to do in the community that you want to? Why?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area (is support needed to remain safe around traffic, while getting in/out of or riding in a vehicle; ability to navigate self, vulnerability of strangers, what do to if lost or</p>	

separated, who to go to for help, and other similar issues)?	
--	--

8. Recreation/Interests/Hobbies

<p>What do you like to spend time doing?</p> <p>Do you have hobbies?</p> <p>What would you like to learn more about?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area?</p>	

9. Choice and Decision-Making

<p>Do you decide how to spend your day?</p> <p>Do you think your decisions keep you safe?</p> <p>Do you need help making decision? If so, who assists you in making decisions?</p> <p>Name of person who has legal responsibility to make decisions for this person, if applicable.</p> <p>If someone other than the person is legally allowed to make decisions for them, how does the person feel about this arrangement?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area?</p>	

10. Future Plans

<p>What do you want your future to look like?</p> <p>What would you need to learn to get there?</p> <p>What are your time frames for achieving these desires?</p> <p>Who do you want to assist you in learning it?</p> <p>What is most important to you to achieve first?</p> <p>How will you know if you've achieved the things that are important to you?</p>	
<p>Identify barriers that need to be addressed in this area.</p>	
<p>Are there any risks that need to be identified in this area?</p>	

ISC Printed Name

ISC Signature

Date

Instructions for Completing the Discovery Tool

Prior to completing this Tool, please refer to the *Discovery Process Guidelines*

Please type all information, excluding signatures

Individual's Identifying Information

- Record the individual's full name. Then record any common or nicknames.
- Record the phone number and e-mail address (as applicable) for the individual, not for the guardian.
- Record the individual's date of birth as MM/DD/YYYY.
- Record the individual's full address, including zip code, of their current residence.
- If the individual is already in DD Waiver services, enter the name of the current service provider(s), including providers who are not Waiver provider agencies.

General Information

- Under ***applicable status***, select the box that best represents the current use of this Tool. Only 1 box should be selected.
 - Select ***Initial Assessment*** if the person has not previously completed a Discovery process and is not enrolled in the DD Waiver.
 - Select ***Annual Review*** if the person is already in the DD Waiver and has previously had an Individual Service Plan or Personal Plan.
 - Select ***Revision*** when the preferences, desires, abilities or needs of the individual have changed in between the annual review.
- ***Date(s) of discovery process*** should reflect the date of the initial date of conversation with the individual/guardian.
- ***Describe the individual's participation in the discovery process.*** This section should briefly describe how the individual chose to participate in the process. If the individual chose not to participate please indicate as well.
- ***Who did the individual invite to participate in the Discovery process and what other sources/documents did ISC use to complete the Tool:*** In the chart provided (see example below) list all sources of information used. Attach additional pages if necessary.
 - Begin by recording the individual's name in the first column under ***Name of Person or Source***. This column should identify the guardian, family, staff or any other person included in the process. It should also include the name of documents that were used, such as medical records or previous assessments.
 - In the second column, ***Relationship to Individual/Title***, briefly describe the relationship the identified person has to the individual or their title. If the source of information is from a document, list the person's name that completed the document and the date the document was completed.
 - In the third column, enter ***YES*** if the ***individual invited the person*** to be a part of the discovery process, indicate with N/A.

Example:

Name of Person or Source	Relationship to Individual/Title If document reviewed, mark N/A	Was this person invited by the individual (Yes, No) If document, mark N/A
John Doe	Plenary guardian/brother	Yes
Inventory for Client Assessment and Planning (ICAP)	Agency QIDP, 3/18/2017	N/A

For Sections 1-10

- The ISC should use the boxes provided to outline the information gathered under each topic.
- Although the ISC will obtain information from various sources, it is not necessary to identify the source of information in these boxes.
- When having a conversation with the individual and others they invited to the process, it's best to begin the conversation with the Self-Description section.
- The sections outlined in the document do not have to be discussed in the order in which they are presented, but each section must be addressed.
- It is not necessary to ask every question in each section, but it is important to gather enough information to determine the person's preferences, abilities, support needs and to identify risk.
- When identifying barriers, consider any factor that makes it difficult or impossible for something to happen or to be achieved.
- When identifying risks, consider what could be exposing someone to danger, harm, or loss; the possibility that something bad or unpleasant is likely to happen.

Signature

At the end of the document, the ISC should type or print their name, sign and date the document.