

Life Skills Coaching Schedule and Payment Plan



Name:		Date:	
Gender:		Ethnicity:	
DOB:	Age:	Height:	Weight:
SSN:		Eye Color:	
Address:		Hair Color:	
City/State/Zip:		Email:	
Birthplace:		Phone Number:	
Do you have a Vocational Rehabilitation Counselor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Name:		Phone Number:	

Have you applied for supports from the Division of Services for People with Disabilities (DSPD)? YES NO

Are you on the DSPD waitlist? YES NO

What type of life skills do you need help with? (Please check all that apply)

- | | |
|---|------------------------------------|
| Cooking | Medical appointments |
| Cleaning | Managing my schedule |
| Grocery shopping | Managing my benefit annual reviews |
| Money management/ paying bills | Managing my own apartment |
| Using public transportation | Mediate issues with roommates |
| Going out in public—recreation and meeting people | Other |

You MUST inform your coach about any of the following conditions:

- | | |
|--------------|---------------------|
| Epilepsy | Anxiety |
| Brain injury | Tendency to isolate |
| OCD | Physical injury |
| PTSD | Chronic illness |

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This is a private pay service. Our current rate is _____

How often will you need services?

# hours	Per time period
	Day
	Week
	Every other week
	Month

These services will start on this date _____

I agree that I will only ask my coach to help with the above stated life skills. If I need additional help, I can mention my needs to my coach, but I may require additional arrangements. NextWork staff are not trained to administer medication or provide regular medical support or perform regular procedures such as administering shots for diabetes or other chronic illness. NextWork staff are not trained as personal assistants to help individuals prepare for bed, shower, get out of bed, or to assist with any toileting.

Clients and staff will create goals each quarter, and will work toward those goals. Their progress will be recorded in a spreadsheet. These reports will only be shared if the client gives permission to NextWork staff.

I have read and understand this document. I have also read and signed a Columbus Community Center Rights Document. I agree to work with my coach to increase and/or maintain my independence. I will treat my coach with respect and will follow the rules outlined in this plan.

Client Signature _____
Date

I agree to pay the fees associated with the Life Skills Coaching Schedule and plan outlined in this document.

Client Signature (or financially responsible party) _____
Date