



# Independent Hearts Welcome Package

## QUESTIONS?

Please email: [independenthearts@communityofhearts.ca](mailto:independenthearts@communityofhearts.ca)

Or call: (519) – 826 – 9056



## Package Contents & Instructions

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### Package Instructions

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Using this package, please complete the following before you move on to the next steps for Independent Hearts:

- Sign the Program Participant Expectations and Criteria Form
- Fill out the Upcoming Dates/Spots Form
- Fill out the Personal Information Form
- Fill out the Home Skills Worksheet
- Fill out the Home Safety Worksheet
- Drop-off your completed Independent Hearts Welcome Package to:  
Community of Hearts Lifelong Learning Centre  
Old Quebec St. Mall, 55 Wyndham St. N., Unit T28  
Guelph, ON N1H 7T8

### Next Steps

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Once you have completed and dropped-off this package, your Life Skills Educator will email you and your parent/guardian to set up a meeting to discuss the following:

- A review of the Independent Hearts program and payment schedule
- Goal setting based on your completed Home Skills and Home Safety Worksheets



## Program Overview

### What is Independent Hearts?

- A five-month program where you participate in short-term stays at a house every four weeks to experience living independently (for a total of five stays)
- A safe space to build independent living skills, where you work with a Life Skills Educator for six hours each day and have access to support staff throughout the night
- A program that evaluates your readiness for independent living and aims to identify areas where you may need support

### How does Independent Hearts work?

Independent Hearts takes 5 months to complete, and has 5 easy steps!

#### Step 1 (Month 1) – Setting goals

- 1 visit at Community of Hearts Lifelong Learning Centre with your parent/guardian and Life Skills Educator to review the program and payment schedule and set your independent living goals

#### Step 2 (Month 1) – House stays begin\*

- *Stay #1* → 2 days and 1 night in the house (Monday – Tuesday)
- A Life Skills Educator works with you on goals for 6 hours each day
- Overnight support staff on-site

#### Step 3 (Months 2 – 3) – Stays get longer\*

- *Stays #2 & 3* → each for 3 days and 2 nights (Monday – Wednesday)
- A Life Skills Educator works with you on goals for 6 hours each day
- Overnight support staff on-site

#### Step 4 (Months 4 – 5) – Stays get even longer\*

- *Stays #4 & 5* → each for 4 days and 3 nights (Monday – Thursday)
- A Life Skills Educator works with you on goals for 6 hours each day
- Overnight support staff on-site

#### Step 5 (Month 5) – Wrap-up visit

- 1 wrap-up visit with your parent/guardian and Life Skills Educator to review your progress and recommendations for moving forward

#### \*A more detailed look at the house stays:

- Stays gradually become longer as the program progresses, but always begin on a Monday at 1 pm
- On the Monday of each stay, you will work with a Life Skills Educator from 1 – 7 pm, during which time you will plan your meals, go grocery shopping, cook dinner, and begin working on your goals
- On Tuesday, Wednesday, and Thursday, you will attend your regularly scheduled work/activities throughout the day (9 am – 3 pm). A Life Skills Educator will work with you on your goals during your morning (7 – 9 am) and evening (3 – 7 pm) routines
- Please see the next page for a visual house stay schedule

## Visual House Stay Schedule

STAY #1			
	MONDAY	TUESDAY	
7 AM		Work on goals with Life Skills Educator	
8 AM			
9 AM		At Community of Hearts/ Torchlight/ARC/school etc.	
10 AM			
11 AM			
12 PM			
1 PM		Arrive at house (1 PM)	
2 PM	Work on goals with Life Skills Educator		
3 PM			
4 PM		Work on goals with Life Skills Educator	
5 PM			
6 PM			
7 PM	Practice living independently; Staff on-site for support	Depart house (7 PM)	
Overnight			

STAYS #2 and 3				
	MONDAY	TUESDAY	WEDNESDAY	
7 AM		Work on goals with Life Skills Educator	Work on goals with Life Skills Educator	
8 AM				
9 AM		At Community of Hearts/ Torchlight/ARC/school etc.		
10 AM				
11 AM				
12 PM				
1 PM		Arrive at house (1 PM)		
2 PM	Work on goals with Life Skills Educator			
3 PM				
4 PM		Work on goals with Life Skills Educator	Work on goals with Life Skills Educator	
5 PM				
6 PM				
7 PM	Practice living independently; Staff on-site for support	Practice living independently; Staff on-site for support	Depart house (7 PM)	
Overnight				



STAYS #4 and 5				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
7 AM		Work on goals with Life Skills Educator	Work on goals with Life Skills Educator	Work on goals with Life Skills Educator
8 AM		At Community of Hearts/ Torchlight/ARC/school etc.	At Community of Hearts/ Torchlight/ARC/school etc.	At Community of Hearts/ Torchlight/ARC/school etc.
9 AM				
10 AM				
11 AM				
12 PM				
1 PM	Arrive at house (1 PM)	Work on goals with Life Skills Educator	Work on goals with Life Skills Educator	Work on goals with Life Skills Educator
2 PM				
3 PM				
4 PM	Work on goals with Life Skills Educator	Work on goals with Life Skills Educator	Work on goals with Life Skills Educator	Work on goals with Life Skills Educator
5 PM	Practice living independently; Staff on-site for support	Practice living independently; Staff on-site for support	Practice living independently; Staff on-site for support	Depart house (7 PM)
6 PM				
7 PM	Practice living independently; Staff on-site for support	Practice living independently; Staff on-site for support	Practice living independently; Staff on-site for support	Depart house (7 PM)
Overnight				



## Independent Hearts

### **How will Independent Hearts build my confidence in living independently?**

- Working one-on-one with a Life Skills Educator, you will practice independent living skills based on goals set by you and your parents/guardians. These skills include:
  - Confidence and self-reliance
  - Personal hygiene
  - Menu planning, grocery shopping, and food prep
  - Household cleaning
  - Accessing community supports/resources
  - Budgeting
- Throughout the day, you will continue to attend your regularly scheduled work/activities using Independent Hearts as a home base, so you will truly experience what it is like to have a place of your own
- In the evening, you will practice living independently with the comfort of having a support worker on-site

### **What happens if I do not have an activity to attend during the day (ex. ARC Industries; Community of Hearts)?**

- If you do not have an activity scheduled during the day, you have multiple options:
  - Your natural support network could provide support for you during this time
  - You could spend the day at the Independent Hearts house on your own. This would be a decision made by you, your support network, and your Life Skills Educator
  - You could consider signing-up for the Community of Hearts Learning Day Program! (\$61/day)

### **How much does Independent Hearts cost?**

- Independent Hearts costs \$500 each month, for 5 months
  - Payments are due at the beginning of each month, and should be made out to Community of Hearts
  - This cost covers your Life Skills Educator, overnight support staff, and basic household necessities
- Working within your budget, additional costs for the program include groceries, transportation, and community activities

### **Refund Policy**

- Independent Hearts is a five-month commitment, with five house stays (between 2 to 4 days in length, overnights included)
- Refunds for missed house stays are not available. However, in the event of illness or unforeseen circumstances, our staff will work with you to reschedule your stay
- You will know the dates of all five house stays at the start of the program, so please ensure you pick dates that work for you

### **Where is Independent Hearts located?**

- Independent Hearts is located near the Paisley St. and Edinburgh Rd. intersection, along the #11 bus route



## Program Participant Expectations and Criteria

- ✓ I am 18+ years of age: I have completed available education system programs and demonstrate maturity
- ✓ I desire to learn/perform practical and social activities of daily living
- ✓ I possess communication skills that permit relationship building
- ✓ I independently:
  - Walk, eat, and toilet
  - Participate fully without intense levels of supervision
  - Participate in physical activity without support
- ✓ I have support for success:
  - My parents/guardians are prepared to be involved in my individual plan for success
  - My parents/guardians recognize the benefits of me building independent living skills; and are capable of being flexible and accepting uncertainties along my learning journey
  - My parents/guardians are willing to partner with staff and volunteers in my best interest

I, the participant, have read and understood the information above outlining the expectations for my participation in Independent Hearts.

Participant Signature: \_\_\_\_\_

I, the parent/guardian, have read and understood the expectations outlined for myself, as part of the support team for my participant.

Parent/Guardian Signature: \_\_\_\_\_



## Upcoming Dates/Spots for Independent Hearts

Please rank your preferences for our upcoming spots in Independent Hearts or check the box that applies:

### Ranking (1 – 4)

\_\_\_\_\_ **Spot #1**

Stay 1: Mon, Jul 9 – Tues, July 10

Stay 2: Mon, Aug 6 – Wed, Aug 8

Stay 3: Tues, Sept 4 – Thurs, Sept 6 (shifted for Labour Day)

Stay 4: Mon, Oct 1 – Thurs, Oct 4

Stay 5: Mon, Oct 29 – Thurs, Nov 1

Initial goal-setting meeting and final wrap-up meeting are scheduled based on your availability

\_\_\_\_\_ **Spot #2**

Stay 1: Mon, Jul 16 – Tues, Jul 17

Stay 2: Mon, Aug 13 – Wed, Aug 15

Stay 3: Mon, Sept 10 – Wed, Sept 12

Stay 4: Tues, Oct 9 – Fri, Oct 12 (shifted for Thanksgiving Day)

Stay 5: Mon, Nov 5 – Thurs, Nov 8

Initial goal-setting meeting and final wrap-up meeting are scheduled based on your availability

\_\_\_\_\_ **Spot #3**

Stay 1: Mon, Jul 23 – Tues, Jul 24

Stay 2: Mon, Aug 20 – Wed, Aug 22

Stay 3: Mon, Sept 17 – Wed, Sept 19

Stay 4: Mon, Oct 15 – Thurs, Oct 18

Stay 5: Mon, Nov 12 – Thurs, Nov 15

Initial goal-setting meeting and final wrap-up meeting are scheduled based on your availability

\_\_\_\_\_ **Spot #4**

Stay 1: Mon, Jul 30 – Tues, Jul 31

Stay 2: Mon, Aug 27 – Wed, Aug 29

Stay 3: Mon, Sept 24 – Wed, Sept 26

Stay 4: Mon, Oct 22 – Thurs, Oct 25

Stay 5: Mon, Nov 19 – Thurs, Nov 22

Initial goal-setting meeting and final wrap-up meeting are scheduled based on your availability

No preference/unsure. Please note spots fill up on a first-come-first-serve basis.

None of these dates work for me. I would like to be contacted when more spots become available.  
*(please note this will take a minimum of 6 months)*





### Personal Information Profile

Participant Name:	Date of Birth:
Address:	Preferred Pronoun:
City:	Postal Code:
Home Phone:	Cell Phone:
Email:	

<b>Primary Contact</b>	
Name:	Relationship:
Home Phone:	Cell Phone:
Work Phone:	Email:
Home Address:	

<b>Secondary Contact</b>	
Name:	Relationship:
Home Phone:	Cell Phone:
Work Phone:	Email:
Home Address:	

<b>Medical</b>	
Doctor Name:	Pharmacy:
Doctor Phone Number:	Pharmacy Phone Number:
Health Card:	
Medical Diagnosis/Concerns:	

<b>Allergies:</b>		
Type:	Reaction:	Treatment:



**Medications**

Medication Self Administration: YES or NO

Any medication administration instructions:

Name:	Purpose:	Times Taken	Dosage per Tablet	# Tablets per Dose	Total Daily Dose

**Characteristics**

Please explain if there are any concerns (vulnerabilities) with things like safety or trust in the following areas:

In the home:	In the community:	Other:

Please describe which pace of life suits you best:

Busy and active:	Calm and leisurely:	Combination:

Please list things or activities that you...

Like:	Dislike:



## Independent Hearts

Please check off current methods of transportation used:

Walking   Car Rides   City Bus   Other (please describe): \_\_\_\_\_

Please indicate all communication abilities and preferences for receiving instructions:

Verbal   Printed   Written   Pictures   Other

Explain further if necessary:

Please indicate any known fears or sensitivities that we need to know of to help with your transition to the Independent Hearts house:

How do you express frustration, anger, or fear?

Are you comfortable being alone: YES NO

Have you ever stayed home alone... During the day... Overnight

Are you comfortable staying home alone (during the day) in the Independent Hearts house? YES NO  
(please note checking "yes" is NOT required to participate in the program)

If yes, how many hours at a time are you comfortable staying home alone at the Independent Hearts house? \_\_\_\_\_

### ***Assistive Devices:***

Please describe any devices you are bringing that are for health and/or ability (glasses/hearing aids/cane etc.):



<b>Work Schedule</b>				
Place of Employment	Date/Times	Address	Supervisor/Contact	Mode of Transportation

<b>Activity Schedule</b>				
Name	Date/Times	Address	Supervisor/Contact	Mode of Transportation

**Other Important Weekly Routines:**

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## Home Skills Worksheet

Name: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

### **This worksheet is for you.**

It has statements about different activities people deal with as they live their lives.

Here is where you can let staff know what you can already do, and what you need help with.

Read each statement carefully, and check which one of the provided answers indicates what (if any) supports you need.

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### **Explanation of Answers:**

**On my own** – means you are independent in that activity or function

**Need some help** – means you can do most of it yourself, but need some support

**Need lots of help** – means you can do part of it, but have lots of support to complete it

**Haven't tried it** – means someone else does it for you

**Unsure** – means you are unsure of how to answer

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Staff use the answers you give to assist you in building new skills, and strengthening the ones you already have.

### **Sections:**

- 1** My Personal Care
- 2** My Menus and Groceries
- 3** My Meals
- 4** My Household Cleaning and Maintenance
- 5** My Community
- 6** My Personal and Financial Management


*This form was adapted, with permission, from Elmira District Community Living's Trying It On For Size program.*




Section 1 - My Personal Care					
<b>Medication:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know what medications are					
I know when to take medications					
I take medications at the right time					
I have taken prescriptions to a pharmacist					
<b>Medical:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know when I need to book a medical appointment					
I can book my own medical appointment					
I can go to a medical appointment on my own					
I let the medical practitioner know why I am there					
I understand what the medical practitioner tells me					
<b>Hygiene:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know what 'hygiene' means					
I brush my teeth each day					
I have a bath or shower at least twice a week					
I brush my hair each day					



# Independent Hearts




<b>Appearance:</b>		On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I wear the right clothing when it's cold or hot						
I put clean clothes on each day						
I care about how I look when I go out						
I can take care of my assistive devices (glasses/hearing aids etc.)						

## Section 2 - My Menus and Groceries

<b>Menu Planning:</b>		On my own	Need some help	Need lots of help	Haven't tried it	Unsure
Each day I plan what to eat						
I make out a menu for the week/or longer						
I know what healthy foods are						
I choose to eat healthy foods						
I make a grocery list before shopping						




<b>Grocery Shopping:</b>		On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I choose a store to buy food from						
I know how to get a shopping cart or basket						
I push the cart through the store/or carry basket						
I can find the food items in the store						
I pay the cashier						
I put my groceries in a bag						
I can carry the groceries						
I know what goes in the fridge and freezer						



Section 3 - My Meals					
<b>Meal Preparation:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I can cut food up					
I know how to measure food					
I can use small appliances: Toaster					
Electric kettle					
Hand mixer					
I can prepare a cold breakfast like cereal					
I can make a sandwich					
I can make something using a recipe					
<b>Safe Food Handling:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I wash hands before touching food					
I make sure the things I use are clean					
I use separate utensils for raw meat					
I do not leave food out for long periods of time					
I know to check expiry dates on food packages					
I wrap or seal foods before putting them away					
<b>Cooking:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know how to turn an oven on and off					
I know how to set the oven temperature					
I know how to turn burners on and off					
I know how to set the temperature on burners					
I can use the microwave					








I know to wear oven mitts					
I can use a timer					
I know what to do when a pot boils over					
I check the food while it cooks					
I know when food is finished cooking					
<b>Section 4 - My Household Cleaning and Maintenance</b>					
<b>Cleaner Chemicals:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know what cleaners are for					
I know how to use them safely					
I know to put cleaners away in a safe place					
<b>Cleaning Tools:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I use a broom to sweep					
I use a vacuum					
I can put cleaner and water in a bucket					
I can wash the floor with a mop					
I can dust furniture with a rag/or duster					
I can clean the toilet with a toilet brush					
I wipe down sinks and counters with a rag					
I know to put cleaning tools away when done					
<b>Bedroom:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I put dirty clothes in hamper/basket					
I keep things tidy					






# Independent Hearts

<b>Laundry:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I take the dirty clothes to the laundry room					
I can: Load clothes into washer					
Put soap in					
Turn washer on					
I know how to put damp clothes in dryer					
I can: Clean lint trap					
Use a dryer sheet					
Turn dryer on					
I can fold laundry					
I can put laundry away					
<b>Garbage and Recycling:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I can empty garbage can					
I know what can get recycled					
I take out the garbage					
I separate the recycling					
<b>General Upkeep:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I replace empty toilet paper roll					
I can change a blown light bulb					
I put things away when not in use (ex. puzzles)					
I open and close windows when necessary					
I can set temperature of heat/air conditioner					





# Independent Hearts

<b>Home Skills:</b>		On my own	Need some help	Need lots of help	Haven't tried it	Unsure
						
I answer the door when someone knocks/rings						
I answer the phone when it rings						
I can look up a number on the internet						
I can make a call to someone						
I know how to work the TV						
I know how to work a radio/stereo						
<b>Section 5 - My Community</b>						
<b>Resources and Services:</b>		On my own	Need some help	Need lots of help	Haven't tried it	Unsure
						
I look for community programs						
I access these programs						
I can fill out an application or form						
I know of services I can use for help						
I contact people from these services						
I use community resources (ex. Library)						
I can arrange my own transportation (family, friends, Taxi etc.)						
I can use the city bus						
I can use a bike to take myself places						
<b>Recreational:</b>		On my own	Need some help	Need lots of help	Haven't tried it	Unsure
						
I know what I like to do for fun						
I get together with friends						




# Independent Hearts

I spend quiet time on my own (ex. Reading, crafts, video games)					
I am interested in meeting new people					
I participate in formal groups (ex. Special Olympics, youth groups, cooking classes etc.)					
<b>Communication:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I can say what I want or need					
I make choices about my life					
I engage in socially appropriate conversations with others in the community					
I ask questions if I don't understand					
I can read					
I am able to understand what I read					
I use pictures to help me understand something					
I can print (or write)					
<b>Section 6 - My personal and Money Management</b>					
<b>Time Management:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I book my own appointments					
I keep track of scheduled events					
I do not miss appointments					
I cancel appointments/scheduled events ahead of time when necessary					
I am ready on time for work/appointments					



# Independent Hearts

<b>Money:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know how to use money					
I know how to use a debit card					
I keep track of how much I spend					
I am careful who I give or lend money too					
I keep receipts					
I can write a cheque					
I can create a budget and follow it					
I do my own banking					
I can pay bills					
I can submit my ODSP package (includes monthly form and pay stubs, and I mail or fax it)					
<b>Comments: Here you may tell us more about your abilities</b>					



## Home Safety Worksheet

Name: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

### **This worksheet is for you.**

It has statements about things to do with your safety.

This form is divided into different sections which are important to the safety issues related to living independently.

Read each statement carefully, and check which one of the provided answers indicates what (if any) supports you need.

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### **Explanation of Answers:**

**On my own** – means you are independent in that activity or function

**Need some help** – means you can do most of it yourself, but need some support

**Need lots of help** – means you can do part of it, but have lots of support to complete it

**Haven't tried it** – means someone else does it for you

**Unsure** – means you are unsure of how to answer

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Staff use the answers you give to assist you in building new skills, and strengthening the ones you already have.

### **Sections:**

- 1**      Emergencies
- 2**      Personal Safety
- 3**      Medical Safety



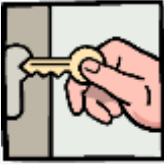
*This form was adapted, with permission, from Elmira District Community Living's Trying It On For Size program.*



Section 1 - Emergencies					
<b>Being Prepared:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know where emergency numbers are posted					
I know what '911' is for					
I know what a carbon monoxide detector is					
<b>Evacuation:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know what evacuation means					
I know when to evacuate					
I know how to evacuate safely					
I can create an evacuation plan					
<b>Fire:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know how to tell when there is a fire					
I know how to respond to a fire					
I know what to do if I can't evacuate safely					
I know where the smoke detectors are in my house					
I know how to evacuate when smoke detector goes off					
I know what a fire extinguisher is					
I know where the fire extinguisher is kept in my house (if there is one)					
I can use a fire extinguisher					




# Independent Hearts

<b>Black Out/Power Outages:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know what a black out/power outage means					
I know what to do during a power outage					
I have working flashlights in my home					
I have bottled water stored for emergencies					
I keep a battery-operated radio for power outages					
<b>Severe Weather:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I know what severe weather is (i.e. Thunderstorms)					
I keep windows and doors closed					
I know how to listen to local radio stations during severe weather					
I know not to use electrical appliances during lightening					
<b>Section 2 - Personal Safety</b>					
<b>At Home:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I remember to take the keys when I go out					
I know to lock the door when I leave					
I lock the door when I am home alone					
I know who to call if I feel unsafe					
I know what I need support with and will wait for someone to do it with me (ex. cooking)					







# Independent Hearts

I do not let unexpected strangers into my home					
I check ID of expected strangers (i.e. TV or computer repair persons)					
I know what to do if getting calls from a phone sales person or obscene caller					
I know what poison is					
I can identify things in my home which are poisonous					
I know to store poisons safely					
I unplug small appliances when not in use					
I check the water temperature of shower/bath before I get in					
I use a bath mat in the tub/shower					
I use rubber backed mat on bathroom floor					
I wipe up spills on floor so I don't slip					
<b>In Community:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure
I can walk through my community					
I take my cell phone, when I go out					
I know not to go with a stranger if he or she asks					
I know who I can give personal info to (i.e. Police officer)					
I know safe places to go in the community (i.e. library, grocery store)					
I let someone know where I am going					



Section 3 - Medical Safety						
<b>First Aid:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure	
I have a first aid kit in my home						
I know what is in the first aid kit						
I know what to do if I have a cut that bleeds only a little						
I know what to do if I have a cut that will not stop bleeding						
I know who to call if I feel sick/hurt						
<b>Medication:</b> 	On my own	Need some help	Need lots of help	Haven't tried it	Unsure	
I know the difference between prescription medications and over the counter medications						
I know different ways medications are used (i.e. by mouth, creams, needles, etc.)						
I know when, and how, to take medication like Tylenol, or Advil						
I know not to take medication that belongs to someone else						
I store medications in a safe place						
I read the label of any medications						
I check for expiry dates						
I can take my own medication						