

What Do I Want in a New Place?

This is the time to think about all the things that you want in a new place: the location, the physical space, how close you want to be to other people, services and shops.

Most people do not live in a place that is “perfect” – that is, meets their every hope or desire. We make trade-offs and try to get those things that are MOST important to us.

Think about each of these items and how important they are to you. Ask yourself, Is this something that is “non-negotiable” -- an absolute necessity? Or, is this something that is “negotiable” – something you’d like to have, but would trade off if necessary to get something more important?

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not important at this time
Living Arrangement				
Would you like to live in a house? Apartment building with a few units? Apartment complex with many units?				
Would you prefer to live very close to other people or away from other people?				
Is a building with private bedrooms and shared kitchens acceptable?				
Is a shared bathroom in the hall acceptable?				
Would a bathroom shared by 1 or 2 other people acceptable?				
Would you prefer living around only women? Men? Mixed men and women?				
Would you prefer living around only people about your age?				
Would you prefer living around people without disabilities? With disabilities?				
OTHER:				

Appendix B

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
Alone or with Housemates?				
Would you prefer living by yourself or with other people?				
Have you ever lived in a place where you had a housemate and shared expenses such as rent/utilities? What did you like/dislike about it?				
Is there any specific person you'd like to live with— a girlfriend/boyfriend, family member, or a friend?				
Would you share an apartment if you had your own room?				
Would you like a housemate to share expenses? Be a friend? Be available in case of emergency?				
Would you like a housemate who is also a personal care attendant?				
OTHER:				
Features				
What features in a home are important to you—air conditioning, dishwasher, onsite laundry, etc.?				
Do you want a first-floor unit or something not on the first floor?				
Is walking up a flight or two of stairs acceptable?				
Do you need any special accommodations for a physical or sensory disability: ramps, elevators, doorbell signalers				
Do you have or expect to have a car? Do you need parking?				

Appendix B

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
Do you prefer a place with lots of windows and light or a place with fewer windows and more privacy?				
What else is important: A place to garden? People who speak the same language nearby?				
OTHER:				
Safety and Visitors				
Do you like having company? Do you want to have overnight guests? How often?				
Would you prefer to live in a place with a guarded entry? Intercom?				
Would you prefer to have visitors "screened"? Would you like your neighbor's visitors "screened"?				
OTHER:				
Neighborhood				
Do you want to live in a specific neighborhood? If so which one? Why?				
What features of the neighborhood are important to you? Examples: parks and recreation, well-lit streets, shopping, libraries, or public transportation.				
Do you need easy access to a specific place - a job, treatment facility, place of worship, family home?				
Do you like a neighborhood with lots of activity and interesting things going on or something quieter?				
OTHER:				

Appendix B

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not important at this time
Personal Support Needs				
Do you need daily personal attendant care basis?				
Would you like to have personal attendant care available on-site any time of the day or night?				
Do you often need quick-response medical emergency assistance?				
Do you need help with keeping your living space clean? Doing laundry?				
Do you like to cook? How often? Do you mind cleaning up after cooking? Do you need help planning and preparing meals?				
What other type of supports do you need? For example, managing money, paying rent on time, shopping, or remembering medication.				
Do you have/need personal adaptive equipment that needs to be installed in a new place?				
Are there special accommodations or modifications you need in a new place?				
OTHER:				
Pets and Service Animals				
Do you have a pet? What kind?				
Do you want to have a pet? What kind?				
Do you have or expect to have a service animal? What kind?				
OTHER:				
Alcohol and Other Drugs				
Is a community that strongly supports sobriety important to you?				

Appendix B

Item	Comment/Notes	Absolutely critical, non-negotiable	Desired, but negotiable	Not Important at this time
How do you feel about being in a setting where some people may be using drugs or alcohol?				
OTHER:				
Activities				
Would you like to have access to nearby groups and social activities?				
Do you like the idea of having sponsored activities like trips and movies?				
OTHER:				

APPENDIX B

Making the Move!

This Appendix focuses on practical tools for both the housing specialist and individual consumers as they navigate a move. Appendix B includes checklists, “how-to” fact sheets for the new tenant, and tips on keeping records. Each tool is meant to be hands on, please remove them from the Appendix, make as many copies as you need, and modify them for every unique situation.

Tools in this Appendix are ordered as follows:

1. Tools referenced in Chapter 2:
 - Accessibility Considerations Checklist
 - What Will it Cost to Move In? Costs and Assistance Worksheet
 - Planning Ahead: What to Think About and Do in the Months Before You Move to a New Place
 - Monthly Personal Spending Plan
 - Getting Along with Your Landlord: How to Be a Good Tenant
 - Getting Along with Others: How to Be a Good Neighbor
2. Tools referenced in Chapter 3:
 - What Do I Want in a New Place? Self-Assessment Worksheet
 - Do You Want or Need a Housemate?
3. Other useful tools:
 - Wear and Tear – What Does This Mean?
 - Move In/Move Out Checklist
 - Moving Timelines:
 - Weeks before the move
 - One week before the move
 - One week before and one week after the move
 - What to do after you move

Appendix B

Accommodation	Critical	Desired	Landlord Supplied	Tenant Supplied
ACCESSIBILITY WITHIN UNIT				
Single story or one floor lay-out in unit				
Easy access to kitchen, living room, bathroom, bedroom				
Wide doorways				
Carpet free				
Accessible design in kitchen:				
Adequate open space for wheel chair turn radius				
Lowered counter height				
Easy reach to sink				
Stoves with front (not top) controls				
Adequate reachable storage				
Accessible design in bathroom:				
Adequate open space for wheel chair turn radius				
Bathroom safety rails by toilet				
Roll in shower				
17-18" toilet height				
Lowered closet bars				
SAFETY				
Door peepholes at eyeball height				
Security locks on doors and windows				
Guarded entry				
Intercom				
Touchpad or keyless entry lock				
Flashing lights doorbell				
Accessible emergency evacuation exits				
Smoke detector for persons with hearing impairments				
PERSONAL SUPPORT NEEDS				
Service animal care				
Personal adaptive equipment				
Attendant care resources				
Other				

**What Will It Cost to MOVE IN?
Costs and Assistance Worksheet**

THE "PLACE"	LIVING OPTION 1	LIVING OPTION 2	LIVING OPTION 3	FINANCIAL ASSISTANCE AVAILABLE	NOTE
Application fee					
Application deposit					
Credit report fee					
First month rent					
Last month rent					
Security deposit					
Condo-related fees					
Estimated cost of modifications needed					
TOTAL "Place" Costs					
UTILITIES SET UP					
Electricity					
Gas					
Oil					
Water/Sewer					
TV/Cable/Internet					
TOTAL Utility Set-Up Costs					
HOUSEHOLD SET UP					
First week groceries					
Basic cleaning supplies					

Appendix B

THE "PLACE"	LIVING OPTION 1	LIVING OPTION 2	LIVING OPTION 3	FINANCIAL ASSISTANCE AVAILABLE	NOTE
Basic kitchen					
Basic bedroom					
Basic living room					
TOTAL Household Set-Up Costs					
MOVING COSTS					
Truck/transport					
Helpers					
Storage if needed					
TOTAL Moving Costs					
TOTAL COST					
Set-up and Rental Assistance Available					
DIFFERENCE Needed					

Planning Ahead: What to Think About and Do in the MONTHS Before You Move to a New Place

Name: _____ Date: _____
 Helpers: 1) _____ 2) _____ 3) _____

4 months	3 months	2 months	1 month	Moving Day
<p>To do this month: Thinking!</p> <p>Do I want to move? WHY do I want to move? What kind of place do I want? What kind of features or accommodations are needed and desired – my preferences? What has “worked” well for me in the past? What I need to be successful? What didn’t work before?</p>	<p>To do this month: Researching & Learning!</p> <p>What are my options? What does it cost? What are my resources? What money help do I need? Do I want a house-mate? Who? Do I need and can I afford cleaning services? If I need attendant care, am I eligible for a waiver to help pay for it? How do I apply for a waiver?</p>	<p>To do this month: Exploring!</p> <p>What’s my budget? Begin looking at places What trade-offs must I make? What modifications am I responsible for? What household “stuff” do I need? What adaptive equipment will I need? Is the waiver in place? Begin organizing attendant care, if needed. Research cleaning services, if needed</p>	<p>To do this month: Acting</p> <p>Sign a lease Setting up utilities Change of address Getting the household “stuff” I need Getting adaptive equipment I need Finalizing attendant care schedule Contract for cleaning services, if needed Organizing moving day</p>	<p>Moving Day!!! Doing it!</p>
<p>What I will do::</p>	<p>What I will do::</p>	<p>What I will do::</p>	<p>What I will do::</p>	
<p>Helper:</p>	<p>Helper:</p>	<p>Helper:</p>	<p>Helper:</p>	
<p>Helper:</p>	<p>Helper:</p>	<p>Helper:</p>	<p>Helper:</p>	
<p>Helper:</p>	<p>Helper:</p>	<p>Helper:</p>	<p>Helper:</p>	

Monthly Personal Spending Plan

(example – individualize to your circumstances)

Name:						
INCOME	Monthly	Week 1	Week 2	Week 3	Week 4	Month/Year: Week 5 TOTAL
Employment						
Disability						
Other						
Other						
TOTAL Income						
HAVE TO's	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5 TOTAL
Rent						
Groceries						
Utilities						
Debts/Obligations						
Transportation						
Medical Co-Pay						
Attendant care						
Adaptive equip. maintenance						
Service animal expenses						
Total HAVE TO's						
What's Left?						
WANT TO's	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5 TOTAL
Telephone						
Cable/Internet						
Cigarettes						
Clothes						
Household						
Savings/Cushion Special						
Total WANT TO's						
What's Left?						
PERSONAL Spending	Monthly	Week 1	Week 2	Week 3	Week 4	Week 5 TOTAL