



## LIFE DOMAIN VISION TOOL | FAMILY PERSPECTIVE











**Community  
Mental Health**  
FOR CENTRAL MICHIGAN

Name of Person Completing: \_\_\_\_\_

Date: \_\_\_\_\_

On Behalf of: \_\_\_\_\_

| LIFE DOMAIN  | DESCRIPTION  | MY VISION FOR MY FAMILY MEMBER'S FUTURE | PRIORITY |
|--|--|---|----------|
|    | <b>Daily Life &amp; Employment:</b><br>What do I think my family member will do during the day in their adult life? What kind of job or career might they want?          |   |          |
|    | <b>Community Living:</b><br>Where and with whom do I think my family member will live in their adult life?   |   |          |
|    | <b>Social &amp; Spirituality:</b><br>How will they connect with spiritual and leisure activities, and have friendship, and relationships in their adult life?            |   |          |
|  | <b>Healthy Living:</b><br>How will they live a healthy lifestyle and manage health care supports in their adult life?  |   |          |
|  | <b>Safety &amp; Security:</b><br>How will my family member be safe from financial, emotional, physical or sexual harm in their adult life?                               |   |          |
|  | <b>Advocacy &amp; Engagement:</b><br>How do I think they will have valued roles, responsibilities, and control of how their own life is lived as an adult?               |   |          |
|  | <b>Supports for Family:</b><br>What supports does our family unit need now or will need in the future?   |   |          |
|  | <b>Supports &amp; Services:</b><br>What supports and services might my family member need in the future to lead the kind of life they want as independently as possible? |   |          |



## LIFE DOMAIN VISION TOOL | INDIVIDUAL





**Community  
Mental Health**  
FOR CENTRAL MICHIGAN

Name of Person Completing: \_\_\_\_\_

Date: \_\_\_\_\_

On Behalf of: \_\_\_\_\_

| LIFE DOMAIN  | DESCRIPTION  | MY VISION FOR MY FUTURE | PRIORITY |
|--|--|-------------------------|----------|
|    | <b>Daily Life &amp; Employment:</b><br>What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?         |                         |          |
|    | <b>Community Living:</b><br>Where would I like to live in my adult life? Will I live alone or with someone else?   |                         |          |
|    | <b>Social &amp; Spirituality:</b><br>How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?          |                         |          |
|  | <b>Healthy Living:</b><br>How will I live a healthy lifestyle and manage health care supports in my adult life?  |                         |          |
|  | <b>Safety &amp; Security:</b><br>How will I stay safe from financial, emotional, physical or sexual harm in my adult life?                                       |                         |          |
|  | <b>Advocacy &amp; Engagement:</b><br>What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own life is lived? |                         |          |
|  | <b>Supports for Family:</b><br>How do I want my family to still be involved and engaged in my adult life?  |                         |          |
|  | <b>Supports &amp; Services:</b><br>What support will I need to live as independently as possible in my adult life, and where will my supports come from?         |                         |          |