**Who Supports Me?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Business/Program** | **Service Provided** | **Contact Name** | **Contact email/phone** | **How often we meet** |
|  | Advocacy |  |  |  |
|  | Education |  |  |  |
|  | Transportation |  |  |  |
|  | Audiology |  |  |  |
|  | Specialist |  |  |  |
|  | General Medicine |  |  |  |
|  | Dental Care |  |  |  |
|  | Allergy Treatment |  |  |  |
|  | Prescriptions |  |  |  |
|  | OT |  |  |  |
|  | PT |  |  |  |
|  | Speech |  |  |  |
|  | Banking |  |  |  |
|  | Residential Leasing |  |  |  |
|  | Counseling and Psychological Evaluations |  |  |  |
|  | Counseling |  |  |  |
| Department of Social Services | SNAP / EBT |  |  |  |
| Department of Social Services | Medicaid |  |  |  |
|  | Adaptive Equipment |  |  |  |
|  | Lawyer |  |  |  |
|  | Barber/Stylist |  |  |  |

**Personal Contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Address** | **Work Phone** | **Other details** |
|  |  |  |  |  |
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**Utilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Business** | **Address** | **Work#** | **Account #** | **Due** |
| Gas |  |  |  |  |  |
| Water |  |  |  |  |  |
| Waste |  |  |  |  |  |
| Electric |  |  |  |  |  |
| Cable |  |  |  |  |  |
| Phone |  |  |  |  |  |
| Internet |  |  |  |  |  |