

# Digital Portfolio

### **FOR FAMILIES**

Organizing Health & Educational Documentation



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### Personal Life

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### All About Me

Click to upload files that will become attachments. To view, go to View  $\rightarrow$  Navigation Pane  $\rightarrow$  Attachments

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### **UPLOAD CURRENT PHOTO**

MY NAME IS:	MY AGE IS:	
MY BIRTHDAY IS:	MY HOMETOWN:	
I LIVE WITH: MOTHER FATHER SIE	LINGS GRAND MOTHER GRAND FATHER	OTHER:
I LIKETO:		
	MY FAVORITE THINGS	
SUBJECT:	SPECIAL:	
COLOR:	ANIMAL:	
SNACK:	DRINK:	
ACTIVITY:	SPORT:	
VIDEO GAME:	TV SHOW:	
MY LEAST FAVORITE SUBJECT IS:		
I DO NOT LIKE:		
WHEN I GROW UP, I WANT TO BE A:		
A FUN FACT ABOUT ME IS:		
ONE GOAL FOR THIS YEAR:		





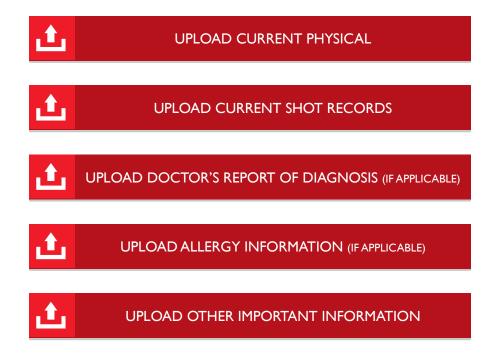
## All About Me

STUDENT SCHOOL INFORMATION				
STUDENT NAME:	ID #:	GRADE:		
SCHOOL NAME:	SCHOOL ADDRESS:			
STATE ID INFORMATION				
NAME:	ID #:	EXPIRATION DATE:		
ADDRESS:				



## Medical History

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## Medical History

Click to upload files that will become attachments. To view, go to View  $\rightarrow$  Navigation Pane  $\rightarrow$  Attachments



**UPLOAD CURRENT MEDICAL INSURANCE CARDS** 

	MEDICAL INSURANCE (PRIMARY)
INSURANCE COMPANY NAME:	
POLICY #:	CERTIFICATE/GROUP #:
MI	EDICAL INSURANCE (SECONDARY)
INSURANCE COMPANY NAME:	
POLICY #:	CERTIFICATE/GROUP #:
ME	DICAL INSURANCE SUPPLEMENTAL
INSURANCE COMPANY NAME:	
POLICY #:	CERTIFICATE/GROUP #:
MEC	DICAL INSURANCE STATE PROVIDED
INSURANCE COMPANY NAME:	
POLICY #:	CERTIFICATE/GROUP #:





PHARMACY NAME:

**MEDICATION:** 

**MEDICATION:** 

# Medical History MEDICATIONS

PHARMACY PHONE:

**FREQUENCY:** 

FREQUENCY:



UPLOAD MEDICATION INFORMATION (IF APPLICABLE)

**PHARMACY INFORMATION** 

ICATION INFO	RMATION	
DOSE:	FREQUENCY:	
	DOSE:  DOSE:	DOSE: FREQUENCY:  DOSE: FREQUENCY:

DOSE:

DOSE:





# Medical History THERAPY OR ADDITIONAL SERVICES

UPLOAD THERAPY OR ADDITIONAL SERVICES INFORMATION (IF APPLICABLE)

SERVICE:			
PROVIDER:		ADDRESS:	
PHONE:	EMAIL:	WEBSITE:	FREQUENCY:
SERVICE:			
PROVIDER:		ADDRESS:	
PHONE:	EMAIL:	WEBSITE:	FREQUENCY:
SERVICE:			
PROVIDER:		ADDRESS:	
PHONE:	EMAIL:	WEBSITE:	FREQUENCY:
SERVICE:			
PROVIDER:		ADDRESS:	
PHONE:	EMAIL:	WEBSITE:	FREQUENCY:





**EQUIPMENT TYPE:** 

# Medical History ADAPTIVE/MEDICAL EQUIPMENT



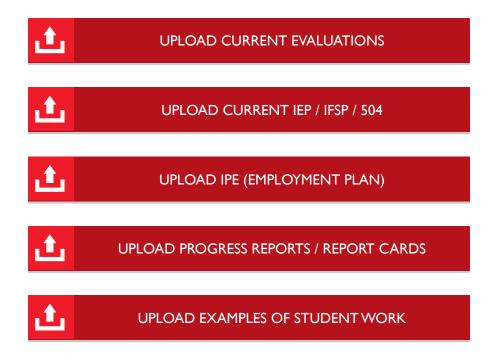
CONTACT/SERVICE INFORMATION:
SERIAL NUMBER:
WARRANTY INFORMATION:
EQUIPMENT TYPE:
CONTACT/SERVICE INFORMATION:
SERIAL NUMBER:
WARRANTY INFORMATION:
EQUIPMENT TYPE:
CONTACT/SERVICE INFORMATION:
SERIAL NUMBER:
WARRANTY INFORMATION:





# Educational Documentation

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## Transition Age/ Age of Majority Plan



LOCATION OF GUARDIANSHIP/POA/DECISION MAKING DOCUMENTS (Where can they be found?)

### **RESIDENTIAL/PLACEMENT INFORMATION** (if outside the home)

LOCATION:

### **WORK/POSTSECONDARY SCHOOL INFORMATION**

LOCATION: SCHEDULE:

SUPERVISOR CONTACT INFORMATION: SALARY:

**ACCOMMODATIONS AND SUPPORTS INFORMATION** 



**UPLOAD IPE (EMPLOYMENT PLAN)** 





## Transition Age/ Age of Majority Plan



UPLOAD DRIVERS LICENSE/STATE ID/MILITARY ID

DRI	VER'S L	LICENS	E/STATE	E ID INFO	RMATION
-----	---------	--------	---------	-----------	---------

STATE: LICENSE/ID #: EXPIRATION:

### TRANSPORTATION INFORMATION

PERSONAL CAR INFORMATION:

MAKE/MODEL:

**REGISTRATION AND INSURANCE INFORMATION:** 

### **OTHER TRANSPORTATION INFORMATION**

DRIVER CONTACT INFORMATION:

PUBLIC TRANSPORTATION ROUTE/SCHEDULE:

### **VOTER INFORMATION**

VOTER STATUS: POLL LOCATION:

**ADDITIONAL INFORMATION:** 





## State Disability Services





## Financial Life

BANK/CHECKING/SAVING ACCOUNT INFORMATION
ABLE ACCOUNT
LIFE INSURANCE
SUPPLEMENTAL SECURITY INCOME (SSI)
SOCIAL SECURITY DISABILITY INCOME (SSDI)
SPECIAL NEEDS TRUST





# Financial Life BANKING INFORMATION

	BANK NAME AND CONTACT INFORMATION
BANK NAME:	WEBSITE:
ACCOUNT TYPE:	
ACCOUNT NUMBER:	
ROUTING NUMBER:	
	BANK NAME AND CONTACT INFORMATION
BANK NAME:	WEBSITE:
ACCOUNT TYPE:	
ACCOUNT NUMBER:	
ROUTING NUMBER:	
	ABLE ACCOUNT INFORMATION
ACCOUNT NAME:	
ACCOUNT NUMBER:	
PHONE NUMBER:	WEBSITE:





### Financial Life

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**UPLOAD LIFE INSURANCE DOCUMENTS** 

### **LIFE INSURANCE COMPANY**

NAME AND CONTACT INFORMATION:

**POLICY NUMBER:** 

**SUPPLEMENTAL SECURITY INCOME (SSI) / SOCIAL SECURITY DISABILITY INCOME (SSDI)** 



**UPLOAD SSI / SSDI DOCUMENTATION** 

LOCAL SOCIAL SECURITY ADMINISTRATION OFFICE ADDRESS:

PHONE NUMBER:

CURRENT SSI BENEFIT AMOUNT: CURRENT SSDI BENEFIT AMOUNT:



UPLOAD SPECIAL NEEDS TRUST DOCUMENTS





## **Emergency Contact Info**

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

**NEXT OF KIN** 

**DOCTOR** 

**DENTIST** 

**ATTORNEY** 

STATE PARENT TRAINING AND INFORMATION CENTER

**CAREGIVER/BABYSITTER** 

**RESPITE PROVIDER** 

SUPPORTED DECISION MAKING CONTACT

**OTHER** 





## Emergency Contact Information

PRIMARY CONTACT INFORMATION	
NAME:	
ADDRESS:	
PHONE NUMBER:	
SECONDARY CONTACT INFORMATION	
NAME:	
ADDRESS:	
PHONE NUMBER:	
NEXT OF KIN	
NAME:	
ADDRESS:	
PHONE NUMBER:	





## Emergency Contact Information

DOCTOR'S INFORMATION		
NAME:		
ADDRESS:	PHONE NUMBER:	
DENTIST'S INFORMATION		
NAME:		
ADDRESS:	PHONE NUMBER:	
ATTORNEY		
NAME:	PHONE NUMBER:	
ADDRESS:		
TYPE OF ATTORNEY:	SERVICES PROVIDED:	
STATE PARENT TRAINING AND INFORMATION CENTER		
NAME:		
ADDRESS:		
PHONE NUMBER:		





## Emergency Contact Information

CAREGIVER/BABYSITTER		
NAME:		
ADDRESS:		
PHONE NUMBER:		
RESPITE PROVIDER		
NAME:		
ADDRESS:		
PHONE NUMBER:		
SUPPORTED DECISION MAKING CONTACT		
NAME:		
ADDRESS:		
PHONE NUMBER:		
OTHER		
NAME:		
ADDRESS:		
PHONE NUMBER:		



## Important Legal Documents

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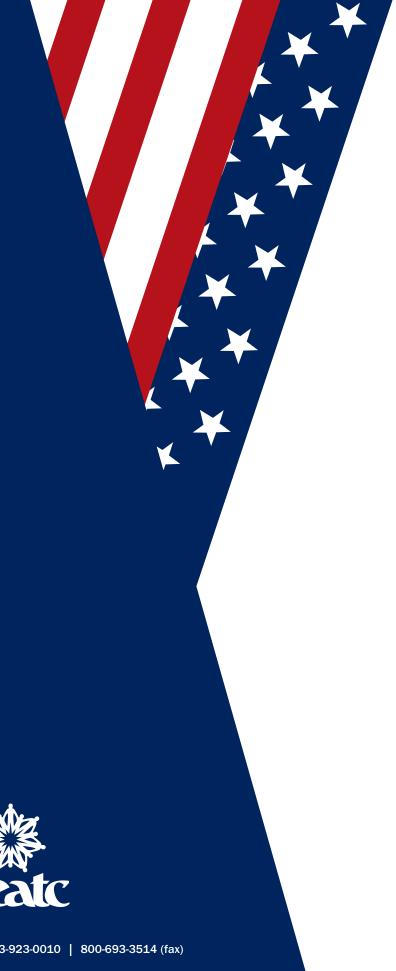


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