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| Text  Description automatically generated | Developmental Disabilities Administration (DDA)  **DDA Specialty Adult Family Home (AFH) Pilot:**  **Strengths Abilities Interests Learn (SAIL)** | | | |
| Client Name | | | | Date |
| Adult Family Home | | County | AFH Staff Name | |
| What are your greatest strengths? | | | | |
| What can you do independently and want to continue to do, both at home and in the community? | | | | |
| What skills do you want to learn? | | | | |
| How can staff best support you to learn or maintain skills? | | | | |
| What do you NOT like? | | | | |
| Dream BIG – Life Goals: If you could do anything in the world? | | | | |