



Digital Portfolio

FOR MILITARY FAMILIES

**Organizing Health &
Educational Documentation**

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Personal Life

ALL ABOUT ME

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All About Me

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UPLOAD CURRENT PHOTO

MY NAME IS:

MY AGE IS:

MY BIRTHDAY IS:

MY HOMETOWN:

I LIVE WITH: MOTHER FATHER SIBLINGS GRAND MOTHER GRAND FATHER OTHER:

I LIKE TO:

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

Fill in the fields below.

STUDENT SCHOOL INFORMATION

STUDENT NAME:

ID #:

GRADE:

SCHOOL NAME:

SCHOOL ADDRESS:

STATE ID INFORMATION

NAME:

ID #:

EXPIRATION DATE:

ADDRESS:

MILITARY ID INFORMATION

NAME:

DOD #:

EXPIRATION DATE:

BENEFICIARY #:

SPONSOR'S NAME:

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Medical History

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UPLOAD CURRENT PHYSICAL



UPLOAD CURRENT SHOT RECORDS



UPLOAD DOCTOR'S REPORT OF DIAGNOSIS (IF APPLICABLE)



UPLOAD ALLERGY INFORMATION (IF APPLICABLE)



UPLOAD OTHER IMPORTANT INFORMATION

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Medical History

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UPLOAD CURRENT MEDICAL INSURANCE CARDS

MEDICAL INSURANCE (PRIMARY)

INSURANCE COMPANY NAME:

POLICY #:

CERTIFICATE/GROUP #:

MEDICAL INSURANCE (SECONDARY)

INSURANCE COMPANY NAME:

POLICY #:

CERTIFICATE/GROUP #:

MEDICAL INSURANCE SUPPLEMENTAL

INSURANCE COMPANY NAME:

POLICY #:

CERTIFICATE/GROUP #:

MEDICAL INSURANCE STATE PROVIDED

INSURANCE COMPANY NAME:

POLICY #:

CERTIFICATE/GROUP #:

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Medical History

MEDICATIONS



UPLOAD MEDICATION INFORMATION (IF APPLICABLE)

PHARMACY INFORMATION

PHARMACY NAME:

PHARMACY PHONE:

PHARMACY ADDRESS:

MEDICATION INFORMATION

MEDICATION:

DOSE:

FREQUENCY:

MEDICATION:

DOSE:

FREQUENCY:

MEDICATION:

DOSE:

FREQUENCY:

MEDICATION:

DOSE:

FREQUENCY:

MEDICATION:

DOSE:

FREQUENCY:

MEDICATION:

DOSE:

FREQUENCY:

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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:

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Medical History

**ADAPTIVE/MEDICAL
EQUIPMENT**



UPLOAD ADAPTIVE/MEDICAL EQUIPMENT INFORMATION (IF APPLICABLE)

EQUIPMENT TYPE:

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:

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Educational Documentation

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UPLOAD CURRENT EVALUATIONS



UPLOAD CURRENT IEP / IFSP / 504



UPLOAD IPE (EMPLOYMENT PLAN)



UPLOAD PROGRESS REPORTS / REPORT CARDS



UPLOAD EXAMPLES OF STUDENT WORK

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Transition Age/Age of Majority Plan



DECISION MAKING DOCUMENTATION

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)

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Transition Age/Age of Majority Plan



UPLOAD DRIVERS LICENSE/STATE ID/MILITARY ID

DRIVER'S LICENSE/STATE ID INFORMATION

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:

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State Disability Services

MEDICAID WAIVERS

AGENCY NAME:

POINT OF CONTACT:

BENEFICIARY ID #:

VOCATIONAL REHABILITATION (VR) AGENCY

AGENCY NAME:

POINT OF CONTACT:

CENTER FOR INDEPENDENT LIVING (CIL)

AGENCY NAME:

POINT OF CONTACT:

HOUSING

AGENCY NAME:

POINT OF CONTACT:



UPLOAD ANY RELATED DOCUMENTS

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Financial Life

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

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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:

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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

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Emergency Contact Info

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

NEXT OF KIN

DOCTOR

DENTIST

ATTORNEY

STATE PARENT TRAINING AND INFORMATION CENTER

CAREGIVER/BABYSITTER

RESPIRE PROVIDER

SUPPORTED DECISION MAKING CONTACT

OTHER

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Emergency Contact Information

Fill in the fields below.

PRIMARY CONTACT INFORMATION

NAME:

ADDRESS:

PHONE NUMBER:

SECONDARY CONTACT INFORMATION

NAME:

ADDRESS:

PHONE NUMBER:

NEXT OF KIN

NAME:

ADDRESS:

PHONE NUMBER:

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Emergency Contact Information

Fill in the fields below.

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

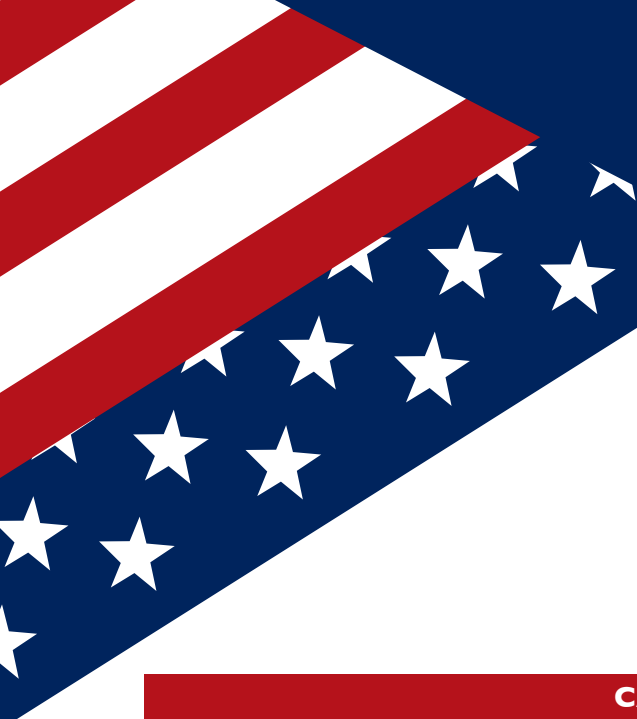
NAME:

ADDRESS:

PHONE NUMBER:

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Emergency Contact Information

Fill in the fields below.

CAREGIVER/BABYSITTER

NAME:

ADDRESS:

PHONE NUMBER:

RESPIRE PROVIDER

NAME:

ADDRESS:

PHONE NUMBER:

SUPPORTED DECISION MAKING CONTACT

NAME:

ADDRESS:

PHONE NUMBER:

OTHER

NAME:

ADDRESS:

PHONE NUMBER:

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Important Legal Documents

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DEED INFORMATION

TRUST INFORMATION

POWERS OF ATTORNEY

HEALTH CARE DIRECTIVES

SUPPORTED DECISION MAKING AGREEMENTS

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Important Legal Documents

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UPLOAD WILL INFORMATION



UPLOAD DEED INFORMATION



UPLOAD TRUST INFORMATION



UPLOAD POWERS OF ATTORNEY



UPLOAD HEALTH CARE DIRECTIVES



UPLOAD SUPPORTED DECISION MAKING AGREEMENTS



MISCELLANEOUS IMPORTANT DOCUMENTS

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