Planning Guide

For Independent Living

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**Introduction**

This guide was developed to assist individuals and teams make decisions and set attainable goals regarding independent living options. The guide and the included Skill Building Assessment Tool are designed to be used together.

Independent living promotes self-determination, self-respect and equal opportunities. Independent living does not mean doing everything alone or living in isolation. Independent living means having choices and control of our every-day lives. Independence takes time. It is never too early to start learning about safety and the daily skills needed to live independently.

*It’s never too early to start planning for independence*

Many of the skills needed to live an independent lifestyle may be learned formally or informally. Personal safety, emergency plans, transportation safety, meal preparation, and financial management are important places to start.
Section I Living Independently
The choice to transition to a more independent living environment can be exciting. It is important to develop a plan to help your transition be a successful one.

Choice
Independent living is a way for you to develop your independence and live on your own terms. You may choose to live independently with waiver and natural supports or you may choose to live independently and rely solely on natural supports. When you choose to live independently and receive waiver supports, it is important that your Individualized plan of care reflects your support needs to help you successfully live as independently as you choose.

Person Centered Planning
Person-centered planning puts you in charge of determining the direction of your life. Through the encouragement of your support team, which may include natural and waiver supports, person centered planning leads to greater involvement in the community and a more satisfying quality of life.

Before you begin working toward living independently, there are many things you may want to consider. Is independent living right for you? Do you want a roommate? Where do you want to live? What can you afford?

Person centered planning is a way to help you figure out where you are going in life, and what support is needed to get you there. Person centered planning changes as your needs change. When working with a support team, person centered planning requires your team to get to know you and your goals.

Obstacles
Sometimes people encounter barriers, which limit choices. Some barriers are obvious such as lack of ramped entrances and accessible bathrooms. Other barriers are less obvious such as financial limitations, exploitation, risk of physical harm, and lack of available transportation.
Section II Creating Positive IMPACT Through Greater Independence

Identify
You have a desire to transition to a more independent living situation

Measure
Work with your team to complete a skill assessment
(May use the assessment provided in the Independent Living Guide or other assessment tool as appropriate)

Plan
Create a skill building plan
(Including strengths, needs, and areas that may require additional supports)

Act
Learn and increase independent living skills through education and encouragement

Choice
Select an appropriate living situation and supports to help you be successful

Transition
Develop a timeline for transition
Identify
Driving the process of successful independent living is the motivation to succeed. Support from your team members is essential. In addition to the desire for greater independence, you must be willing to participate to the greatest extent possible.

Measure
Now that you have decided to work toward a goal of independent living, your team may want to work with you to conduct an assessment. The assessment should focus on determining what your skills and abilities are currently. The assessment may take place in your home or in various community locations such as banks, stores, and restaurants. You may be asked to complete some tasks to demonstrate your skill level. During the assessment process, time is spent with you and many questions are asked to gather information to help create your transition plan. Completing the assessment is the first step you need to take before your transition to independent living begins. Your team will meet with you to review the results of the assessment. The information gathered during the assessment will be used by you and your team to develop goals and objectives. Often, there will be several skill areas to work on. The assessment can help to prioritize needs so the most important and critical matters are addressed first.

Plan
With person centered planning, open communication needs to be established early in the process. When independent living is being explored, it is critical that team members develop a clear understanding of your strengths, needs, wants, and desires. Team members cannot do their jobs effectively if they do not have the necessary information from you.

Action
Communication is very important to success. When the team is not communicating well, things can unravel. Communicating information among team members lessens the chance of misunderstandings and difficulties, and promotes success.

Choice
Following completion of an assessment such as the one in Section III, the team will discuss the type of supports you may need based on your assessed needs and strengths. When your needs and strengths are clearly identified, the team will help you decide what services and supports will best meet those needs.

Choosing Services
Consider not only the waiver team, but also other types of supports outside of the waiver. Consider including these natural or non-waiver supports in the team.
Waiver and Non-Waiver Supports and Finding Providers
After the assessment has been completed and the team has decided what services match your assessed needs, the next step is to find suitable providers or supports. When interviewing providers it is important that you participate in the interview process to ensure compatibility.

Natural Supports (family, friends, church, and community)
It is important that you also consider natural support systems when building a plan for independent living. Combined supports can build a team that provides relevant supports to enhance your quality of life and promote success.

Transition
It is important to develop a detailed timeline for your transition. Measurable goals and a realistic time frame allow you to track your own progress and know exactly where you are in the process of achieving your desired independence. Work with your team to develop a transition plan that addresses needs and risks.
Define what services match your needs and identify suitable providers and supports.
This is a time when you and your waiver team may need to expand to include natural and non-waiver supports

The time between the completion of the assessment and an actual move into the community also involves obtaining the necessary items for a successful transition. There is a lot involved in the planning and transition process. Some items to consider are:
• Saving money for an apartment
• Finding a roommate if desired
• Exploring transportation options
• Finding an apartment
• Planning for the move, including making arrangements with friends, family, and movers
• Gathering needed household items and furniture
• Establishing relationships
• Setting up safety plans

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No one can do it all alone
You are the center of your team
Every team member must understand his or her role in the team and do his or her part
Section III Assessment and Skill Building

Needs and Risks Assessment
This assessment may be used by you and your team to heighten planning, address potential risks, encourage independence, develop skills, determine available supports, and enhance quality of life. Your needs may vary depending upon your abilities, supports, and environment. If you have visual or hearing impairments you may need additional support to assist with safety in the community and at home, such as flashing light smoke detectors. This tool encourages teams to look at the following areas:
1. Community safety
2. Health/medical
3. Relationships
4. Abuse
5. Financial exploitation
6. Behaviors
7. Home environment
8. Home accessibility
9. Fire safety
10. Daily living
11. Police involvement

1. Community Safety
This area is intended to assess your capacity to be safe in various locations within the community. Areas for consideration include the following:
- Possession of personal identification and understanding of this information
- Knowledge of emergency telephone numbers and contact people
- Ability to use telephone for emergencies
- Need for direct staff supervision or supervision for specific locations and times
- Neighborhood and street safety
- Knowledge of traffic lights, use of cross walks
- Ability to be alone in the community
- Appropriate interaction with strangers
- Ability to protect self in unsafe situations
- Safe use of public transportation
- Ability to access police, hospital, fire, etc. when needed

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2. Health/Medical Care and Needs

This area is intended to assess your medical and health care needs. Areas include the following:

- Mealtime needs and understanding of appropriate diet
- Aspiration, risk of choking, ability to eat/chew
- Allergies
- History of falls, or balance problems
- Personal hygiene and dental care
- Medically fragile condition
- Specific mobility needs
- Agreement/follow through to take medications
- How medications will be delivered to residence
- Seeking medical advice, keeping medical appointments, consent for medical treatment
- Responding to emergency medical care
- Safe use of medical equipment

Skill: Health/medical care needs

Describe areas of strength, areas that may need additional skills and areas which will always require supports

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Strengths:
Additional skill needed:

Will always require supports:

3. **Relationships**
   This area is intended to assess your understanding of relationship issues and various boundary issues relating to sexual behavior and contacts. Areas for consideration include the following:
   - Ability to develop appropriate friendships
   - Understanding of healthy sexual choices and lifestyles
   - Understanding of social behavior
   - Understanding of privacy
   - Ability to communicate appropriate words that relate to boundaries, appropriate touch, and space
   - Capacity for developing healthy relationships
   - Demonstration of sexually risky behavior, inappropriate sexual behavior in public
   - Knowledge of birth control/safe sex (avoiding STD’s)
   - Understanding when to say “no” and recognizing other person has right to say “no”
   - Understanding of how to stop unwanted sexual advances
   - General understanding of internet safety and potential dangers of the internet
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4. **Vulnerability**

This area is intended to assess your vulnerability to possible abuse, neglect, mistreatment, or other serious incidents that may cause harm. This area reviews any prior history of abuse, current areas of concern, and the likely potential for risk of abuse in your future. Areas for consideration include the following:

- History of victimization
- Vulnerability due to limited communication skills, etc.
- Prior traumatic events
- Potential for domestic violence
- Proximity/contact with potential abusers
- Caregiver/family concerns
- Dependence on others for personal care
- Inappropriate behaviors and relationships
- Potential for or history of abusing others
- Use of internet and potentially risky websites, etc.

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**Strengths:**
Additional skill needed:

Will always require supports:

5. **Financial Exploitation**

This area is intended to assess the likelihood that you may be taken advantage of financially. Areas for consideration include the following:

- Understanding the value money
- Having access to own funds for personal use
- Ability to manage finances and conduct banking
- Ability to safely carry money
- Capacity to pay bills
- Ability to keep records/receipts on money spent
- Use of credit cards
- Potential to be manipulated/taken advantage of in the area of finances
- Safe/reasonable use of Debit/ATM card
- Knowingly giving money away inappropriately
- Paying unreasonable share of costs
- Knowing what to do if robbed/assaulted
- History of credit card debt
- Vulnerable to representative payee
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6. **Risky Behaviors**

This area is intended to assess your likelihood of displaying behaviors that may be harmful to you or to others. Areas for consideration include the following:

- Self-injurious behaviors
- Aggressive and/or destructive actions
- Setting fires
- Drug or alcohol use/abuse
- Symptoms of mental health condition/illness and refusal of medical and/or psychiatric services
- Elopement
- Unsafe sex
- Hoarding
- Poor treatment of animals
- Other possible criminal behavior
- Suicidal gestures/actions

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Will always require supports:

7. **Home Environment**
   
   This area is intended to assess your ability to be safe within your own home, and your understanding of what to do if there were an emergency. Areas for consideration include the following:
   
   - Ability to stay alone
   - Capacity to protect self in unsafe situations
   - Ability to call for help or use 911
   - Knowledge of how to access contact person(s) for emergencies
   - Understanding safe kitchen practices, safe cooking skills
   - Ability to maintain sanitary conditions
   - Awareness of security and safety devices
   - Knowledge of using safe water temperatures
   - Knowledge of and use of telephone or cell phone to call for help or emergencies
   - Knowledge of basic first aid
   - Identifying and notifying the appropriate person of any potential building hazards
   - General understanding of proper response for any phone solicitation,
   - Smoking safety
   - Ability to use keys or key pad to home/apartment
   - Knowledge of what to do in the event of power outage
   - Appropriate response for interaction with strangers
   - Appropriate response to people coming into the home
   - Appropriate relationships with neighbors, general skills for living safely in neighborhood
   - Problems with social isolation
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8. Home Accessibility

This area is intended to assess your ability to access and move throughout your home safely. Areas for consideration include the following:

- Are you able to access the dwelling without problems, or is a ramp or handrails needed?
- Are you able to turn light switches on/off? Is the lighting adequate?
- If you use a wheelchair, are you able to get the chair through doorways?
- Are you able to open/close doors? Windows?
- Is the bathroom sink accessible?
- Are you able to get on/off the toilet? Is the toilet paper roll easy to use and within one outstretched arm distance from the toilet?
- Is a grab bar needed in the shower/tub?
- Are you able to easily enter/exit the tub/shower? Are you able to reach the faucet and controls? Can you adjust the water temperature? Are there non-skid safety treads or a mat on the bottom of the tub?
- Can you reach the medicine cabinet?
- Do you have access to the kitchen sink and food preparation areas? Can you access all of the kitchen appliances? Pots and pans?
- Can you easily open/close door, open/close deadbolt and other locks, enter/exit dwelling, view visitors?

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#### 9. Fire Safety

This area is intended to assess your fire safety skills and understanding of what to do in the event of a fire. Areas for consideration include the following:

- Capacity for understanding of and checking for possible safety hazards
- Knowledge of what to do in case of fire
- Ability to independently exit a building
- Understanding proper response for smoke alarms
- Safe use of electrical circuits
- Ability to call 911 in an emergency
- Using safe smoking habits
- Skills for cooking safety
- Knowledge of escape route exits to evacuate
- Proper use of space heaters,
- Proper use of extension cords and electrical outlets
- Storage and use of flammable items, candles, etc.
- Safe use of medical equipment (oxygen tanks)
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## 10. Daily Living

This area is intended to assess your vulnerability in terms of personal care and daily living skills. Areas for consideration include the following:

- Identifying self
- Identifying telephone number, address, etc.
- Communicating needs
- Daily living skills
- Hygiene
- Capacity to follow directions from health/medical providers
- Use of adaptive equipment,
- Mobility/accessibility issues
- Dependence on staff for eating/drinking
- Need for staff supervision or personal assistance
- Making good choices for personal care
- Maintaining safety functioning adaptive equipment

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### 11. Potential for Police Involvement

This area is intended to assess your criminal history or any police involvement. Areas for consideration include the following:

- Illegal acts
- Inappropriate calls to police or 911
- Vandalism
- Poor judgment regarding continued relationships with problem individuals
- Making false accusations
- Court ordered services or supervision

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Skill Building Planning Worksheet

This worksheet is provided as a tool to assist you and your team to develop a plan to determine areas in which skills can be developed and areas which will likely always require waiver and/or natural supports as identified through the Assessment and Skill Building and Planning Tool.

Date of Initial Assessment_____________   Review Date _______________
Person(s) Completing Assessment_______________________________________________

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<thead>
<tr>
<th>Skill Area</th>
<th>Specific Skill</th>
<th>Who Will Assist</th>
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<tbody>
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<td>1. Community safety</td>
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Section IV Planning for Success

Things to Consider

✓ Budget
✓ Location
✓ Roommates
✓ Household Needs

A successful transition may take several months. Learning independent living skills may take several years.

Things to Remember When Starting Your Search for a Place to Live

Know what you really want and don’t want. Be flexible with the rest of your criteria. Be prepared to decide on the spot to leave a deposit and/or credit check fee.

- If you leave a message on an answering machine, be sure to speak clearly and slowly, and repeat your name and phone number.
- Keep your credit in good standing. Obtain a free copy of your credit report, and correct any errors.
- Be prepared with all the information you need to complete a rental application, which may include prior addresses and a list of references. Landlords may not respond to incomplete applications.
- Contact your references ahead of time to be sure your information is current and they are aware that you have used them as a reference.
- Consider preparing a renter’s resume. You may have to repeat the information on the application, but you will stand out as well-organized and prepared.

Budget

How much can you afford?
One of the primary factors determining how anybody lives is affordability. Review your budget before beginning the search for a new place to live.

Roommates

When living independently in the community, some people like to have roommates or housemates to share costs and provide companionship. Living alone may offer more privacy, but it can also lead to financial difficulties and isolation. Sharing living space and costs with a friend or peer can often be beneficial, but can also present issues that need to be addressed.
If you choose to have a roommate, that choice is very important. Everyone is an individual with his or her own personality and preferences. Some people like to keep an organized house; others are more relaxed with housekeeping. Some people are early risers and others prefer to stay up late. Some people like to cook their own meals, while others prefer to eat food prepared by a restaurant. If you choose to have a roommate, think about personality preferences and what you are looking for in a roommate. Appendix 2 lists some questions that might be helpful when interviewing prospective roommates.

**Location**

When moving into a new home it is important to consider the location of your residence. Is it close to work? Bus stops? The grocery store? Are your favorite activities accessible? Is it close to family and friends? You may need to look at several different locations before finding the home that is perfect for you. For a list of things to consider while apartment or house hunting, see Appendix 1.

**Setting up a Household**

When living in an apartment or house of your own, you will quickly discover you need many different things. This could include large items such as furniture, and smaller items such as cooking utensils and lamps. It can be difficult to purchase everything you need all at once. Prioritize what is needed and make a list. Ask friends and relatives for donations or visit thrift shops and garage sales. For a checklist of items that are typically needed in a household, see Appendix 3.

**Community Resources**

Wyoming 211 offers information on a wide variety of community resources and assistance.

By phone: dial 2-1-1
Website: [https://wy211.communityos.org](https://wy211.communityos.org)
Appendices

1. What to consider as you look for your home
2. Roommate Questionnaire
3. Household Items to Consider
Appendix #1 - What to Consider as you Look for Your Home

About the Neighborhood

Available Transportation: ________________________________

Is there shopping nearby? ________________________________

Is your bank close? ________________________________

Is it close enough to your family, friends, and other natural supports? ___________

Is it close enough to places in the community that you like or would like to go, such as your church, a recreation center, your job, the movies? ________________

What is the neighborhood like? ________________________________

About Accessibility

Do doors permit a wheelchair (if necessary) to enter, i.e., are they at least 32" wide? _____

Are there ramps on the complex grounds (including entrance to rental if needed)? _____

If so, what are their locations? ________________________________

Is there adequate parking and accessibility? ________________________________

If there is more than one floor, are there elevators if needed? ________________________________

Is the surrounding neighborhood accessible? ________________________________

Are the electrical controls and outlets accessible? ________________________________

Are there audio and visual smoke detectors for safety? ________________________________

Will the landlord permit modifications to the property? ________________________________

About the Property

Are there any special rules that you would have a problem with? ________________________________

Is there a washer and dryer in the unit or complex? ________________________________

Is there a Laundromat nearby? ________________________________

Is it furnished? ________________________________

Does the refrigerator work? ________________________________

Do the stove and oven work? ________________________________

Is there a counter on which to fix food? ________________________________

Are there cupboards to store dishes, pots, and pans? ________________________________

Is there space to store food? ________________________________

Does the kitchen sink have hot and cold water? ________________________________

Are there any signs of roach or mice infestation? ________________________________

Are there enough bedrooms? ________________________________

Are there enough bathrooms? ________________________________

Is the apartment downstairs/upstairs? ________________________________

Are the rooms large enough? ________________________________
Is there enough closet space? ____________________________________________

Is there a yard? ______________________________________________________

If so, do you have to maintain it? ______________________________________

Are pets allowed? _____________________________________________________

Is the unit clean and well maintained? _________________________________

Are there good locks on all the doors leading outside? ____________________

Are there adequate electrical outlets to meet your needs? __________________

Are there at least two exits in case of emergency? ________________________

Are there good locks on all the windows? ________________________________

Do the windows open easily? __________________________________________

Does the heat work? _________________________________________________

Does the air conditioner work? ________________________________________

Is there a smoke alarm that works? _____________________________________

Do the bathroom sink and bathtub or shower have both hot and cold water? ______

Does the toilet work? ________________________________________________

About Finances

Is there a credit check? _______________________________________________

Who pays for the credit check? _________________________________________

How much is the rent? ________________________________________________

Can you afford it? ____________________________________________________

What is the length of the lease? _________________________________________

How much is the security/cleaning deposit? ______________________________

Is it refundable when you move out? ___________________________________

How many roommates do you want/need? ________________________________

How much will each roommate’s rent be? _________________________________

Who pays for the water? ______________________________________________

How much? $__________ per month

Who pays for the gas and electricity? ___________________________________

How much? $__________ per month

Who pays for the cable/satellite TV? _____________________________________

How much? $__________ per month

Who pays for the internet? ____________________________________________

How much? $__________ per month

Are startup deposits required on any of the utilities? ______________________

How much? $____________
Appendix #2 – Roommate Questionnaire

Name of potential roommate__________________________________________________________
Phone number ________________________________________________________________
1.   Male__________  Female__________  Age(s)__________
2.   Have you ever lived on your own before? _________________________________________
3.   Where would you like to live? _________________________________________________
4.   How much rent can you pay? _________________________________________________
5.   What utilities are you willing to split?
   o   TV
   o   Internet
   o   Telephone
   o   Cell Phone
   o   Gas
   o   Electric
   o   Water/Sewer
6.   Do you have a job? _____________________________________________________________
7.   Where do you work? ___________________________________________________________
8.   Are you in school? _____________________________________________________________
9.   What do you do in your spare time? _____________________________________________
10.  Where does your family live? __________________________________________________
11.  Do you smoke? _______________________________________________________________
12.  Do you drink alcohol? _________________________________________________________
13.  Do you have any pets? _________________________________________________________
14.  Are you willing to live with pets? _____________________________________________
15.  Are you interested in doing things socially together? ______________________________
16.  Do you cook? ________________________________________________________________
17.  What kind of music do you listen to? _____________________________________________
18.  What kind of TV programs do you like? __________________________________________
19.  How many hours a day do you watch TV? _______________________________________
20.  What time do you usually get up in the morning? _______________________________
21.  What time do you usually go to bed? ___________________________________________
22.  Do you have frequent visitors? ________________________________________________
    o   How many at a time? _______________________________________________________
    o   How often? ______________________________________________________________
23.  Will any of your guests be staying overnight? ____________________________________
    o   How often? ______________________________________________________________
24.  Are you gone a lot? __________________________________________________________
25.  Do you have children? _______________________________________________________
    o   How many? ______________________________________________________________
    o   What are their ages? _______________________________________________________

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26. How would you describe yourself? (circle all that apply):
   - Outgoing
   - Reserved
   - Active
   - Homebody
   - Busy
   - Tidy
   - Relaxed
   - Quiet
   - Social
   - Shy
   - Organized
   - Sloppy
   - Private
   - Easygoing
   - Tense
   - Emotional
   - Talkative
   - Introspective
   - Introverted
   - Solitary
   - Fun
   - Loving
   - Responsible

27. What major household items do you have (see Appendix 3 Household Items to Consider)?

28. What household items are you willing to share?

29. Have you ever been evicted from a residence?

30. Do you have references?
Appendix #3 - Household Items to Consider (Checklist)

**Kitchen Utensils**
- silverware
- paring knives
- can opener
- bottle/can opener
- rubber spatula
- metal spatula
- wooden spoons
- slotted spoon
- colander/strainer
- measuring cups and spoons
- potato masher
- sauce pans
- frying pan and lid
- 13” x 9” cake pan
- cookie sheets
- casserole dishes with covers
- plates
- bowls
- coffee cups
- drinking glasses
- mixing bowls
- microwave oven
- garbage bags
- plastic wrap
- plastic food storage bags
- aluminum foil
- napkins
- paper towels
- paper plates
- step stool
- cutting board
- salt and pepper shakers
- kitchen timer
- large wastebasket
- dish drainer and tray
- silverware tray
- food storage dishes
- ice cube trays
- dish towels
- pot holders–mitt-type
- nylon pot scrubbers
- sponges

**Furniture**
- table
- chairs
- bed frame
- mattress and box springs
dresser or chest of drawers
- mirror
- night stand
- lamps
- coffee table
- bookshelves
- TV stand
- couch

**Bedding**
- mattress pad
- sheets (2 sets)
- pillow(s)
- pillowcases
- blankets (2 or 3)
- bedspread/comforter

**Miscellaneous**
- alarm clock
- wastebasket
- hangers
- electric fan
- pictures or wall decorations

**Floor/Window Coverings**
- door mat
- curtains/draperies

**Home Entertainment**
- radio/stereo
- television

**Bathroom Cleaning and Maintenance Needs**
- bath towels
- hand towels
- wash cloths
- bath mat
- shower curtain and rings
- soap
- toilet paper
- facial tissue
- wastebasket
- toilet bowl brush and holder
- plunger
- first aid kit personal grooming supplies

**Tools**
- hammer
- screwdrivers (Phillip’s head and regular)
- scissors
- light bulbs
Clothing Care
laundry detergent
laundry basket

equipment
vacuum cleaner
extra vacuum bags
broom

dust pan
mop
bucket
rubber gloves
sponges
dust cloths

Cleaning Supplies
all-purpose, household cleaner
window cleaner
toilet bowl cleaner
dish soap