INDIVIDUAL AND COMMUNITY SUPPORTS - Plan

1. Individual's Information

Version: **11/27/2012**

Individual's Name:		Date of Birth:		Sex	
Street Address:					
City/State/Zip:		County:			
Individual's Phone Number:		Individual's E-mail:			
Medicaid ID Number:		TABS ID Number:			
Is the individual HCBS Waiver eligible/enrolled?		Have all other benefits been applied for, i.e., Food Stamps, HEAP, HUD, etc?			
What type of plan is described in this document?					
DDP Adaptive:		DDP Health:		DDP Behavior:	
Is the individual: 1) less than 22 years old and 2) residing with parents or legal guardian and 3) eligible to receive or receiving services through the school district? Select "**Yes**" **ONLY if all three criteria are met**.					
PRA Residential:	$ -	PRA OTR:	$ -	Both PRA:	$ -
Is this a first time plan submission, or is it an amendment of an already approved plan?					
This individual is requesting a housing subsidy:		This individual is interested in employment or employment supports:			

Family/Circle Contact (optional):			
Contact Phone:		Contact E-mail:	
DDSO:		Regional Office:	
DDSO Contact:		DDSO Contact Phone:	
DDSO Contact E-mail:			
Service Coordinator's Name:			
Street Address:		City/State/Zip:	
Service Coordinator's Phone:		Service Coordinator's E-mail:	
Agency Affiliation:			

If accessing **only a Housing Subsidy**, stop here, **go to the "Housing"** tab below and complete the "Housing Subsidy" page.

If **only purchasing services from an OPWDD provider**, stop here and **go to the "Service Budget"** tab to enter the agency purchased services.

If accessing **a Housing Subsidy and purchasing services from an OPWDD provider**, stop here and:
1) **go to the "Service Budget"** tab to enter the agency purchased services, then
2) **go to the "Housing"** tab below and complete the "Housing Subsidy" page.

If using a Financial Management Services agency (FMS), complete sections 2 - 8 below - required when self-directing staff or when using "Consultants/Community Vendor Supports," "Transportation Stipend" or "Other Than Personal Services Costs" ICS Budget categories

2. Financial Management Services Agency (FMS) - required when self-directing staff or when using "Consultants/Community Vendor Supports," "Transportation Stipend" or "Other Than Personal Services Costs" ICS Budget categories

3. Broker's Name:		Broker's Signature:	
Street Address:		Signature Date:	
City/State/Zip:		Broker Phone:	
Agency Affiliation		Broker E-mail:	

4. Individual's Signature (indicates content approval)**:** Signature Date:

5. Designations

Documents	Designee(s)
CSS Monthly Summary Note	
Employee Time Sheets/Daily Service Records	
Invoices/Service Records for Contracted/Vendor Services	
Individualized Services Plan & Budget Reviews & Amendments	
Mileage Logs	
Other	

6. Individual Profile - In the spaces provided, please briefly describe:	
Describe the individual's family situation, natural supports and Circle of Support. Is the individual living with family or living independently?	
Describe the individual's transportation capability, resources, and needs.	
Is the individual now successfully employed, in need of employment supports or interested in working toward employment?	
Describe relevant information about the individual's disability and health.	
Describe the services the individual is currently receiving from any source.	
Other?	

7. Valued Outcomes	
1. Valued Outcome:	
Supports/Services:	
2. Valued Outcome:	
Supports/Services:	
3. Valued Outcome:	
Supports/Services:	
4. Valued Outcome:	
Supports/Services:	
5. Valued Outcome:	
Supports/Services:	
6. Valued Outcome:	
Supports/Services:	
7. Valued Outcome:	
Supports/Services:	
8. Valued Outcome:	
Supports/Services:	

8. Safeguards - Areas	Expected result:	Supports and services to address this Safeguard:	Who is responsible for training staff on this Safeguard?
Guardianship - (responsible party)			
Fire Safety - (evacuation capability, assistance supports needed)			
Emergency Planning – (responsible party to assist individual to develop and carry out emergency plans (sheltering in place, identifying a plan and location if the individual needs to relocate)			
Medication Administration - (self-administrating or supports needed)			
Informed Consent for General Non-Emergency Medical Procedures - (responsible party who may give consent)			
Informed Consent for Psychotropic Medication - (responsible party who may give consent)			
Budgeting - (money management)			
Medical/Health Concerns/Reactions - (asthma, allergies, conditions, aspiration, medication sensitivities, e.g., dairy, peanuts, ingestion difficulties, etc.)			
Nutritional Concerns - (precautions regarding intake)			
Protective Oversight/Level of Supervision - (level of supervision or verbal direction required; special circumstances, if any)			
Transportation - (self traveler or supports needed)			
Communication Connections - (include emergency strategies needed, cell phone need, etc.)			
Other - (behavioral concerns, inappropriate social conduct, etc.)			