	IDIVIDUAL A	ND COMMUNITY	SUPPORIS - Pla	n		
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 b	enefits been applied for, i.e	e., Food Stamps, I	HEAP, HUD, etc	o?
What type of plan is described in this document?						
DDP Adaptive:		DDP Health	1		DDP Behavio	or:
Is the individual: 1) less than 22 years old <u>and</u> 2) di		s or legal guardian <u>and</u> 3) s" <u>ONLY</u> if <u>all three</u> criter		ing services throu	gh the school	
PRA Residential:	\$ -	PRA OTF	: \$	Both PRA:	\$	-
Is this a first time plan submission, or is it an amendr	nent of an already a					
This individual is requesting a housing subsidy:		This in	dividual is interested in em	ployment or empl	oyment support	S:
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	a do to the "Hou	sing" tab below and con	nplete the "Housing Sub	sidy" page.		
If only purchasing services from an OPWDD	provider step ho	and as to the "Service	Budget" teh te enter	the agonov pure	hacod convince	
in <u>only</u> parentasing services non-an er mbb		e and go to the ocritic	C Dudget tab to enter	ine agency pare		
Kanada in a University Cubaido and surphysic			ten henre en di			
If accessing a Housing Subsidy and purchasing			top here and:			
1) go to the "Service Budget" tab to enter the						
2) go to the "Housing" tab below and comple	te the "Housing S	ubsidy" page.				
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If using a Financial Management Servi	ces agency (F	MS) complete secti	ons 2 - 8 below - reg	uired when self-		
"Consultants/Community Vendor Supports," "Tra					directing staff o	or when using
consultants/community vendor supports, Tra	insportation Supe	in of Other Hall Perso		Budget estegeri		or when using
			onal Services Costs" ICS	Budget categori		or when using
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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	\$
7. Valued Outcomes 1. Valued Outcome:	
Supports/Services:	
2. Valued Outcome:	
Supports/Services:	
3. Valued Outcome:	
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Supports/Services:	
4. Valued Outcome:	
Supports/Services:	
5. Valued Outcome:	
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Supports/Services:	
7. Valued Outcome:	
Supports/Services:	
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.)			