



Ohio Individual Service Plan

Communication

Expressing Yourself and Understanding Others

How Does the Person Communicate?	[REDACTED] can communicate verbally, he typically uses single words, short phrases. He may repeat words back that are spoken to him when he is not sure what the question is, or the topic is new to him. He uses gestures, points. He will ask repeatedly, if he wants something, in a very soft voice - usually food items.
What are the ways the person lets others know their likes, dislikes, and/or what is on their mind?	[REDACTED] may choose not to verbally communicate his dislikes or what is on his mind. [REDACTED] may pick his skins or leave the area when he is upset. He should be encouraged to use his words to express his feelings.
How does the person ask for help? Are there important cues?	[REDACTED] doesn't initiate any communication at home or at day program. He never asks for snacks - he "helps" himself. Lately he favors sweets and helps himself more than usual even at night. [REDACTED] is not communicating when he needs help. He is very passive when it comes to avoiding being hurt by somebody. He never asks for help.
How does the person want or need others to communicate with them?	[REDACTED] likes to be engaged in conversations and included in the discussions

Communication Chart

What the person does or says	What it usually means	What we should do/say in response
He will pronounce something about a favorite restaurant or food	He is hungry	Offer him a snack, meal or inform him when next meal will occur.
[REDACTED] will use hand gestures to point at an object	He wants something but is unable to communicate it.	Encourage [REDACTED] to use his words to request the item.

Support Planning Paid Support**Technology Solutions**

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

Has access to personal cellphone

Advocacy & Engagement**Valued Roles and Making Choices**

What are the person's strengths?	██████████ is helpful around the house. █████ has a good relationship with his roommates.
What does the person want to accomplish?	██████████ wants to use his communication skills to express his feelings.
Is the person able to make their own decisions?	Yes
Is there anything important to the person that the team needs to know?	██████████ is able to make day to day decision as it relates to simple matters. █████ relies on his ASPI guardian to make major decision and how they impact his life.
If the person needs help to make a decision how would they get it? Who would they ask?	██████████ would not approach someone if he needed help to make decisions.
Does the person feel others support them and their decisions?	Yes
Does the person wish they could make more decisions by themselves?	██████████ has not expressed that he would like to make more decisions independently.

Responsibility and Leadership

Does the person understand making decisions that may result in a negative or legal consequence?	[REDACTED] has no concept of negative or legal consequences.
Does the person understand their rights? If so, do they understand what to do when their rights are violated?	[REDACTED] doesn't understand his rights and would be unable to respond if those rights were violated.
Does the person ever feel forced to do something they do not want to do? If so, how do they respond?	[REDACTED] is not forced to do anything he doesn't want to.
Does the person have interest in being actively involved in voting, government activism, etc.?	No

Support Planning

Paid Support

Technology Solutions

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

no viable options

Safety & Security

Safety and Emergency Skills

Does the person know what to do in an emergency?	[REDACTED] is not able to recognize emergencies within his home or in the community. He doesn't know how to contact someone if he needs assistance in an emergency due to his communication being limited. [REDACTED] needs to be supervised at all times to ensure he is safe.
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What safety skills does the person possess?	[REDACTED] doesn't possess any safety skill , he needs assistance to ensure his home is secure. At home, [REDACTED] requires Home Intermittent Visual Supervision . While at day program [REDACTED] requires intermittent visual supervision , In the community [REDACTED] requires Constant Visual Supervision while in the community
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Behavioral Well-being

Does the person exhibit any behaviors that are a risk of harm to themselves or others?	Yes
Explain further	[REDACTED] can many pick his skins.
Does the person exhibit any behaviors that would present a likelihood of legal sanction?	No
Does the person exhibit any behaviors that require a specifically structured environment or cause them to live in a more restrictive setting?	No

Emotional Well-being

Is the person happy/satisfied with their life?	[REDACTED] is satisfied with the services he is receiving from [REDACTED] Ohio and Adaptive Advantage day program.
What makes the person happy? Is the person able to do what makes them happy and/or what they enjoy?	[REDACTED] is happy when he is eating a good home cooked meal.
What is the best thing that ever happened to the person?	The thing that has happened to [REDACTED] is attending Adaptive Advantage where he the opportunity to participate in community outings.
What does the person believe would make their life better?	[REDACTED] is currently happy with his life.
Does the person exhibit a pattern of withdrawal, apathy, or lack of energy which is not attributed to injury or illness?	No

Does the person have people in their life that they can communicate with when feeling upset or worried? If so, who?	[REDACTED] has residential staff and support staff at the day program that he can communicate with when he is feeling upset or worried, [REDACTED] doesn't vocalize when he is upset or worried.
What self-help skills does the person use when upset or worried?	[REDACTED] doesn't express his feelings, when [REDACTED] is upset he may chose to leave the area to withdraw from the group.
Does the person feel safe and secure?	[REDACTED] feels safe and secure both at his day program and at his home.
What causes the person to feel isolated, afraid, or powerless?	Due to his limited communication skills , in addition to the inability to defend himself may cause [REDACTED] to feel isolated or powerless.
What makes the person's typical day better?	[REDACTED]'s day is better when he has the opportunity to attend day program so he can get out into the community. Coming home and having a good meal.
What makes the person's typical day worse?	[REDACTED]'s day is worse when his schedule is changed or he is not aware of the daily routine.

Supervision Considerations

SSA/QIDP Only: What are the results of applicable pre-assessments?	remote supports suitable
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Support Planning

Paid Support

Technology Solutions

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

no viable options.

Social & Spirituality

Personal Networks, Activities, and Faith

Does the person belong to any clubs, groups, or organizations? Where do they hang out/meet people?	no
What cultural considerations are important to the person?	[REDACTED] likes to celebrate Christmas and his birthday.
Does the person know how to find new and interesting activities?	[REDACTED] relies on his residential provider and provider at that day program to find interesting activities that he might enjoy.

Friends and Relationships

Who is important in the person's life?	[REDACTED] has a strong relationship with his two roommates and peers at day program.
Have there been significant changes in any relationships with people important to the person?	No
How does the person stay in touch with people in their life?	If [REDACTED] would want to communicate with the important people in his life he would need assistance from staff to contact them via phone.
Does the person visit with family and friends?	[REDACTED] has family but doesn't visit with them.
What activities does the person do with friends/family? How often?	[REDACTED] spends time with his roommates going out to eat and participating in other community outings.
Are there things that get in the way of the person having relationships or making friends?	[REDACTED] doesn't communicate his feelings.
Does the person understand the differences in relationships?	No
Explain further	[REDACTED] doesn't have an understanding of the differences in relationships.

Support Planning

Paid Support

Technology Solutions

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

no viable options.

Daily Life & Employment**School and Education**

Is the person currently in school?	No
What might the person want to learn how to do and how do they want to learn it?	█████ wants to improve his communication skills to express his emotions.
What are the strategies that help the person learn?	█████ learns best with hands on instruction.

Employment

Does the person have a job?	No
Does the person want a job? If yes, please explain.	No, █████ attends Adaptive Advantage day program Monday- Friday. Activities provided by Adaptive Advantage are delivered in the community.
How does the person learn/work best?	█████ learns best when instructions are given using gestural prompts.
Does the person have any challenges at work?	No

Finance

Does the person make money?	No
Does the person receive any benefits?	Yes

Explain further	Food Stamps Medicaid Supplemental Security Income (SSI)
Does the person regularly have to spend down money to keep their Medicaid/SSI benefits?	No
What control does the person have with their money?	Anticipated dollar amount available for personal spending: \$ 100.00 Maximum dollar amount that can safely be managed independently, at one time: \$ 1.00 Maximum dollar amount that can be spent without Individual/Team/Guardian approval: \$200.00 Household utilities, and shared among housemates. Bulk of the food shared and food bought according to personal preferences and diet.
Does the person understand how to use their money?	[REDACTED] has no concept of money he relies on his residential provider to make purchase for him. [REDACTED] has a payee that assist with bill paying, money management and redetermination benefits.
Is the person able to take care of their finances?	No
Does the person have the things they need?	Yes
What is the person's plan for life beyond employment?	[REDACTED] has pre paid burial plan. [REDACTED] has burial information in office. Payee: [REDACTED]

Support Planning Paid Support**Technology Solutions**

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

no viable options

Community Living

Life at Home

Where and with whom does the person live?	████████ lives in a home in Euclid with two roommates.
Does the person want to explore other living arrangements?	No
Does the person feel they have access to all areas of their home?	Yes
Do they require supports, adaptive equipment, technology, modifications, etc.?	No
Does the person have specific items they value and/or have a close attachment?	No
What contributions does the person like to make to their household?	████████ likes to help around the house by completing simple household task. He enjoys taking out the trash, and putting dishes in the sink after he has eaten his food.
Where does the person spend most of their time when they are at home?	████████ enjoys spending time alone in his bedroom. When in his room, support staff is alone in his room with 30 minutes checks.
What does the person like doing around the house?	████████ likes helping around the house with household tasks, he likes to help by taking out the trash, putting his dish in the sink after meals and helping to complete his weekly laundry
Does the person need help with chores around their home?	Yes
What chores do they need help with?	████████ needs total assistance with completed all heavy and light housecleaning. ██████ needs help with grocery shopping for food and personal items.

Getting Around

Does the person safely and reliably get around?	████████ relies on his residential staff to provide reliable transportation to and from medical/ dental appointments and outings in the community. ██████'s day program provides transportation to his day program and community outings while at the center.
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Are there certain areas and/or surfaces that are difficult to navigate? If so, please explain.	[REDACTED] is able to navigate all surfaces.
What type of transportation is needed?	[REDACTED] utilizes non modified transportation.
Does the person feel they are able to access the community when they want and need? Please explain.	[REDACTED] is able to access the community when he desires.
Does the person want to learn more about how to access the community with more independence?	No

Support Planning Paid Support**Technology Solutions**

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

no viable options.

Healthy Living**Medical and Dental Care**

What physical/health conditions/concerns should people know about?	Severe Intellectual Disability, Medical Diagnoses Tinea pedis Mental Health Diagnoses Anxiety disorder, trichotillomania, SIB
Has the person been to the hospital recently?	No
Does the person ever go see a doctor/dentist?	[REDACTED] sees his physician and dentist as recommended.

When the person is not feeling well, what do they do?	When [REDACTED] is not feeling well, he will not verbally notify anyone. It's important to monitor [REDACTED]'s behavior, if he seems withdrawal or is spending large amounts of time in his bedroom he may not be feeling well.
Does the person need help making or attending appointments?	Yes
Explain further	[REDACTED] needs total assistance with scheduling all medical/ dental appointment. He also needs someone to accompany him on appointment to ensure that he's medical/ dental needs are being addressed.
Does the person take medication?	Yes
Explain further	[REDACTED] takes prescribed medication and over the counter medication (as needed)
Does the person need help with medication? If so, please explain.	Yes
Explain Further	A properly licensed or certified and authorized person must administer medication
Select the Self-Admin Assessments to Include in the Discovery Assessment	Self-Administration Assessment - Oral and Topical Medication

Nutrition

Does the person need any special food or follow any kind of diet?	No
What kinds of food does the person typically like to eat?	[REDACTED] loves to eat, especially sweet snacks, Its important to ensure that a snack is always included in [REDACTED]'s daily lunches to the day program. [REDACTED] has a history of throwing his lunch out if he doesn't like it. [REDACTED] likes to make his own food choices while grocery shopping.
Does the person require support before, during, and/or after a mealtime?	No

Wellness

What does a healthy lifestyle mean to the person?	[REDACTED] doesn't have a concept of a healthy lifestyle.
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What are the person's hygiene and/or self-care routines?	[REDACTED] is able to completed his daily hygiene, but needs assistance from support staff to ensure they are completed fully. [REDACTED] has a history of incontinences , he needs to be reminded several times daily to go to the bathroom. An extra set of clothing needs to be send into his day program if accidents occur.
Is the person interested in improving their health care habits in a specific area(s)?	No

Support Planning Paid Support**Technology Solutions**

List technology solutions that have been explored (Detail solutions that may lead to supports that increase the person's independence or note if no viable options):

no viable options

Working / Not Working

What's Working	What's Not Working	Who Said It
[REDACTED] is doing well living at [REDACTED] with the services and supports he is receiving.	[REDACTED] needs additional encouragement to participate in activities at his home , as he may want to spend to much time in his bed.	[REDACTED]
Everything is working at Adaptive Advantage. Enjoys attending and participating in activities.	Everything is working with assistance of services and supports.	Adapted Advantage Inc.

It's All About [REDACTED]

Important To:

It's important to [REDACTED] to be able to spend time in his home. When he can spend time alone.
It's important to [REDACTED] to be able to relax when coming home his day program.
It's important to [REDACTED] to be part of the conversation
It's important to [REDACTED] to stay busy , It's important for him to participate in activities like dancing, especially Sumba, go for walks, take trips.
It's important to [REDACTED] to be able to help prepare meals
It's important to [REDACTED] to be included outings in the community.

Great Things About:

[REDACTED] is very quiet. [REDACTED] is a polite person. He stays out of trouble. He is helpful when asked.
[REDACTED] is a patient man. [REDACTED] never imposes himself on others or makes demands. When he suffers he suffers quietly.

Important For:

[REDACTED] is passionate about food choices, It's important to him that he has a variety of food to chose from.
It's important for [REDACTED] to have a payee to assist him with bill paying and money management
It's important for [REDACTED] to have supervision within his home and in the community
It's important for [REDACTED] to assistance with completing his daily living skills.

Need to Know to Support:

[REDACTED] should pack a snack in this lunch box.
[REDACTED] should be encourage to use the bathroom prior to going out for outings in the community. As he has episodes of incontinences, [REDACTED] should be encouraged throughout the day to use the bathroom.
Sudden changes in routine especially involving staff that [REDACTED] bonded with can be hard on [REDACTED].
[REDACTED] does better when he is aware of his schedule and routine ahead of time. Especially when routines are simple.
[REDACTED] likes to engage in activities, if they are to difficult he may avoid them.
[REDACTED] is happy to help around the house when asked.
If [REDACTED] is upset or experience sudden change he may pick his skin.
. During conversations he might need guiding questions. He will answer by repeating the last heard word, if he doesn't know what the meaning is, or if he is not interested. He needs help with all ADL at different levels. He is not refusing help.
[REDACTED] requires supervision within his home and in the community.
He may be sexually inappropriate toward new young female help. It

[REDACTED]

is important to wear appropriate work clothes and not getting close to him when communicating and avoid looking straight into his eyes when close to him - especially new attractive staff.
Family visits will be supervised.

Discovery Assessment Summary

Important To/ Important For

Assessment Area	Important To	Important For
Communication	It's important to [REDACTED] that his voice is being acknowledged and accepted	It's important for [REDACTED] to have support staff that are familiar with [REDACTED]'s communication style.
Advocacy & Engagement	It's important to [REDACTED] to be able to make basic decision that effect his life	It's important for [REDACTED] to have a legal guardian to advocate on his behalf to ensure his rights are being met.
Safety & Security	<p>It's important to [REDACTED] feel safe and secure both at home and at the day program.</p> <p>It's important to [REDACTED] to spend the day as he would like.</p>	<p>It's important for [REDACTED] to have consent supervision to ensure he is happy</p> <p>It's important for [REDACTED] to be in an environment that he feels safe and secure.</p>
Social & Spirituality	<p>It's important to [REDACTED] that he has a variety of activities to participate in</p> <p>It's important to [REDACTED] that he celebrates Christmas and his birthday.</p>	<p>It's important for [REDACTED] to be able to participate in activities offered in his home and in the community.</p> <p>It's important for [REDACTED] to be encouraged to try new activities</p>
Daily Life & Employment	<p>It's important to [REDACTED] to have money to purchase items he wants to buy</p> <p>It's important to [REDACTED] attend Adaptive Advantage where he can participate in activities</p>	<p>It's important for [REDACTED] to have a payee to manage his funds, bill paying, money management.</p> <p>It's important for [REDACTED] to have benefits</p>
Community Living	<p>It's important to [REDACTED] to contribute to his household.</p> <p>It's important to [REDACTED] have access to his home</p>	<p>It's important for [REDACTED] to have help with household tasks within his home</p> <p>It's important for [REDACTED] to have reliable transportation.</p>
Healthy Living	<p>It's important to [REDACTED] to complete his hygiene needs independently</p> <p>It's important to [REDACTED] to chose the items that he wants to eat.</p>	<p>It's important for [REDACTED] to take prescribed medication as directed by healthcare professional</p> <p>It's important for [REDACTED] to attend medical appointments as directed.</p>

Skills and Abilities

Assessment Area	Skills and Abilities
Communication	██████████ is a social person and likes to engage with conversations with his support staff and roommates.
Advocacy & Engagement	██████████ is an easy going person that can make day to day decisions.
Safety & Security	██████████ is happy both at home and at the day program.
Social & Spirituality	██████████ has a close relationship with his roommates and his residential staff. He enjoys when he is able to spend time with them.
Daily Life & Employment	██████████ has attended Adaptive Advantage for many years, he especially likes when he has the opportunity to go out to eat.
Community Living	██████████ likes living at ██████████ where he can spend time with his roommates and alone in his room.
Healthy Living	██████████ is healthy overall and has not been hospitalized this span period.

Best way to connect with the person:	Email
Place on path to community employment:	4. The individual does not express a desire to work and needs support to learn more about careers and employment opportunities and the economic impact for the individual of the decision not to work.

Known and Likely Risks

Levels of Supervision and Definitions

1. **No Paid Supports:** The person can be alone and does not require any paid/remote support to ensure safety for (time frame).
2. **General:** Staff must be able to hear/contact the person if they called for help, and respond within a few minutes.
3. **Auditory:** Staff must be able to hear the person if they called for help and respond quickly.
4. **Visual:** Staff must be able to see the person and be able to provide support or direction.
5. **Close & Constant:** Staff may never leave the person, and must always be able to respond immediately.
6. **Technology:** Describe technology solutions in conjunction with 1-5.

Provider Back-Up Plan	[REDACTED] resides in a home group that has twenty four hours supports, 7 days a week. [REDACTED] has policy in place to provide back up staff.
Amount of time the person can safely be alone	[REDACTED] has no time alone within his home or in the community

Outcomes / Experiences

Summary of Progress: Share accomplishments and progress as they occur and show how success is to be celebrated

Outcome: What does the person want to accomplish and why?

[REDACTED] is working on his communication so that he can express his needs and wants.

Details to Know

[REDACTED] doesn't communicate when he is not feeling well or initiate any communication at home or at day program. [REDACTED] communicates using single words, short sentences, body language and gestures. At times, he may verbally request a food item. Support staff should encourage [REDACTED] to utilize some form of communication when he wants or needs something.

Experiences: In order to accomplish the outcome, what experiences does the person need to have?

What needs to happen	How it should happen	Who is responsible	When/ How often
[REDACTED] needs to express when he has to use the bathroom.	Support staff should remind [REDACTED] to use the bathroom prior to going on an outing and when returning from an outing.	[REDACTED]	Monday-Friday Other - daily daily Other - throughout the day daily Other - throughout the day
[REDACTED] wants to engage in activities in his community	When presented with a choice of activities [REDACTED] should use his communication skills to chose an activity to participate in.	[REDACTED]	1-5x Weekly 1-5x Weekly 1-2x Monthly
[REDACTED] wants to practice using his communication skills by making purchases in the community.	Support staff should encourage [REDACTED] to chose an item to purchase while on an outing.	[REDACTED]	1-5x Monthly 1-5x Monthly

Outcome/Experiences Reviews:

What will progress look like/How will we know it is happening?	Who	When to check in
SA will follow up via face to face interactions, via phone conversations and via email correspondences	[REDACTED]	Quarterly

Important and Relevant History:

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Services and Supports

Paid Supports:

Who is Responsible		[REDACTED]				
Assessment Area:	Service Name:	Scope of Service/ What support looks like:		How often/ How Much?	Begin Date/ End Date:	Funding Source:
Healthy Living	Homemaker Personal Care	[REDACTED] is unable to self administer his medication .A properly licensed or certified and authorized person must administer medications		Daily as prescribed by medical professional	June 15, 2024 - June 14, 2025	[REDACTED]
Communication	Homemaker Personal Care	Assist [REDACTED] in communicating with his providers any concerns he has regarding services and supports. Encourage [REDACTED] to communicate his feelings with peers and support staff.		Daily as needed	June 15, 2024 - June 14, 2025	[REDACTED]
Daily Life & Employment	Homemaker Personal Care	Provide money management to [REDACTED] for bill-paying and preparing checks, balancing checkbooks, reconciling bank account statements, and maintaining or organizing bank records, preparing and delivering bank account deposits, assisting the person with applying for benefits,		Monthly 10 units	June 15, 2024 - June 14, 2025	[REDACTED]
Community Living	Homemaker Personal Care	Monday- Friday 12:00AM -9:00 AM 2:3 HPC 2:00 PM - 10:00 PM 2:3 HPC 10:00PM- 11:59PM 2:3 HPC Weekend/Closing Days 12:00AM - 10:00AM 2:3 HPC 10:00 AM- 10:00PM 2:3 HPC 10:00 PM - 11:59 PM 2:3 HPC		Daily 365 days/ 24 hours	June 15, 2024 - June 14, 2025	[REDACTED]

Community Living	Homemaker Personal Care (HPC) Transportation	Provide [REDACTED] with home maker personal care transportation. Transport him to and from medical/ dental appointment and outings in the community. [REDACTED] can independently.	Other - per span 2400 miles	June 15, 2024 - June 14, 2025	[REDACTED]
Healthy Living	Homemaker Personal Care	Scheduled medical/ dental appointments for [REDACTED]. Accompany him of appointments to ensure that his medical needs/ concerns are being addressed. Provide transportation to all appointments.	Daily as scheduled	June 15, 2024 - June 14, 2025	[REDACTED]
Safety & Security	Homemaker Personal Care	Provide [REDACTED] will intermittent supervision within his home and constant supervision while in the community.	Daily 365 day/ 24 hours a day	June 15, 2024 - June 14, 2025	[REDACTED]
Community Living	Homemaker Personal Care	Encourage [REDACTED] to participate in activities within his community. [REDACTED] likes to engage in activities. Provide constant supervision while in the community.	Monthly 1-2x	June 15, 2024 - June 14, 2025	[REDACTED]
Community Living	Homemaker Personal Care	Assist [REDACTED] with completing household cleaning, including but not limited to meal preparation, shopping for groceries and personal care items. Completing laundry tasks. [REDACTED] is able to assist with cleaning with verbal prompting.	Weekly 1-2x	June 15, 2024 - June 14, 2025	[REDACTED]
Communication	Homemaker Personal Care	Communication to providers and guardians and concerns or issues that [REDACTED] may have.	Other - when issues occur as needed	June 15, 2024 - June 14, 2025	[REDACTED]

Who is Responsible		Adapted Advantage Inc.			
Assessment Area:	Service Name:	Scope of Service/ What support looks like:	How often/ How Much?	Begin Date/ End Date:	Funding Source:
Daily Life & Employment	Adult Day Support	Provide adult day support community. [REDACTED] will participate in day program , when he has opportunity to participates in community outings while at the center.	Daily 6.25 hours/ Monday-Friday	June 15, 2024 - June 14, 2025	[REDACTED]
Community Living	Non-Medical Transportation (NMT)	Provide [REDACTED] with non modified transportation to and from his residence to day program in non modified vechile. In addition to activities that he attends in the community while attending the day program. [REDACTED] is able to fasten his seatbelt independently. Driver to wait for residential staff to receive him.	Other - Monday-Friday 2 trips daily	June 15, 2024 - June 14, 2025	[REDACTED]

Who is Responsible		[REDACTED]			
Assessment Area:	Service Name:	Scope of Service/ What support looks like:	How often/ How Much?	Begin Date/End Date:	Funding Source:
Daily Life & Employment	Money Management	Provide [REDACTED] with personal spending money to use while on community outings with Adaptive Advantage. Residential staff to maintain ledger, Adaptive Advantage to maintain receipts.	Monthly 25.00	June 15, 2024 - June 14, 2025	[REDACTED]
Does this person meet criteria for any add-ons?					

Team Members - Participation & Informed Consent/Agreement

Person Supported/Family/Guardian:

Restrictive Measures:

Advocacy and Protective Service APSI-Warrensville

I understand that I can change my mind at any time. I just need to let [REDACTED] know.	Yes <input checked="" type="checkbox"/>	
I understand I can contact someone at County if I want to file a complaint. Contact: [REDACTED]	Yes <input checked="" type="checkbox"/>	
I agree this plan contains supports to meet my health and welfare needs.	Yes <input checked="" type="checkbox"/>	
Individual rights have been reviewed with me.	Yes <input checked="" type="checkbox"/>	
I understand the purpose, benefits, and potential risks. I agree and consent to this entire plan.	Yes <input checked="" type="checkbox"/>	
Technology solutions have been explored by my team and me.	Yes <input checked="" type="checkbox"/>	
The Free Choice of Provider has been explained and I have been given the Free Choice of Provider fact sheet.	Yes <input checked="" type="checkbox"/>	
I have been given my due process rights.	Yes <input type="checkbox"/>	
I have been given information on residential options.	Yes <input type="checkbox"/>	

Signatures

All Team Members: By signing below, I agree that this plan reflects actions, services, and supports as requested by the person listed. As a provider, I agree to the services listed in this plan for which I am named a responsible party. I understand that I may revoke my consent at any time verbally or in writing in accordance with DODD Rules.

Name/Relationship:	Participated in planning:	Signature of Approval for supports as outlined in this plan:	Date:
	Yes <input checked="" type="checkbox"/>	Signed by Team Member	05/21/2024
	Yes <input type="checkbox"/>		
	Yes <input type="checkbox"/>		
	Yes <input checked="" type="checkbox"/>	Signed by Team Member	05/21/2024
	Yes <input checked="" type="checkbox"/>	Signed by Team Member	05/21/2024
	Yes <input checked="" type="checkbox"/>	Signed by Team Member	05/20/2024

Contact Information

Name:		Preferred Name:		ISP Span Dates:	
Address:		City, State, Zip:		County:	
Email:		Phone:		Status:	
Sex:		Medicaid #:		Funding Sources:	
Best way to connect:		Additional Information:		DODD #:	

Important People:

Type:	Name/Relationship:	Address:	Phone:
Payee			
Other - Adult Day Support/ NMT	Adaptive Advantage		
Guardian & Type Guardianship of Person			
Home Provider			