

Consumer Cover Sheet & Demographic Information

In accordance with 55 PA Code Chapter 6100

1. Cover Sheet

Consumer Full Name: _____

Date of Intake: _____

Date of Birth: _____

Diagnosis / ICD-10: _____

Supports Coordinator: _____

Program Specialist: _____

ISP Start Date: _____

ISP End Date: _____

HCSIS/ODP ID: _____

Waiver Type (e.g., Consolidated, P/FDS, Community Living):

2. Demographic & Emergency Contact Form

Address: _____

Phone Number: _____

Social Security Number: _____

Gender: _____

Ethnicity: _____

Primary Language: _____

Emergency Contact #1 - Name & Relationship: _____

Emergency Contact #1 - Phone: _____

Emergency Contact #2 - Name & Relationship: _____

Emergency Contact #2 - Phone: _____

Medical Conditions/Allergies: _____

Primary Care Physician: _____

Physician Contact Number: _____

Preferred Hospital: _____

Assessment & ISP Documentation Policy and Forms

In accordance with 55 PA Code Chapter 6100

Assessment & ISP Documentation Policy

Purpose:

To establish a consistent process for assessing individual needs, preferences, strengths, and risks, and documenting them in the Individual Support Plan (ISP) as required under 55 PA Code Chapter 6100.

Policy:

All individuals receiving services will undergo a comprehensive assessment to identify functional abilities, support needs, risks, preferences, and outcomes. This information will be used to develop and update the Individual Support Plan (ISP) in a person-centered manner that promotes dignity, choice, and quality of life.

Procedures:

1. Assessments will be completed at intake, annually, and as needed due to changes in status.
2. The assessment must include input from the individual, guardian (if applicable), and interdisciplinary team members.
3. The ISP must include:
 - Strengths and needs
 - Measurable outcomes
 - Risks and mitigation strategies
 - Service details (frequency, duration, and location)
 - Support strategies for achieving goals
4. The provider agency must maintain a copy of the most current ISP and documentation of implementation and review.
5. Progress toward ISP outcomes must be reviewed regularly and documented in service notes.
6. The Program Specialist is responsible for reviewing and signing off on ISP implementation documentation.

Assessment & ISP Documentation Forms

1. Initial Functional Assessment

Individual's Name: _____ DOB: _____ Date: _____

Person Completing Assessment: _____ Title: _____

Functional Areas Assessed:

- Communication
- Mobility
- Self-care
- Safety awareness
- Social skills
- Community participation
- Behavioral needs
- Medical support needs

Summary of Needs and Strengths: _____

Identified Risks and Mitigation Strategies: _____

2. Individual Support Plan (ISP) Acknowledgment

I acknowledge that I have received a copy of my current Individual Support Plan (ISP), which includes my personal outcomes, support needs, and provider responsibilities. I understand my plan and was given the opportunity to participate in its development.

Signature of Individual/Guardian: _____ Date: _____

Support Coordinator Signature: _____ Date: _____

Program Specialist Signature: _____ Date: _____

3. ISP Goal Review Log

Individual's Name: _____ Month/Year: _____

Outcome Area: _____ Frequency of Review: _____

Goal Description: _____

Progress Summary:

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Staff Signature: _____ Date: _____ Reviewed By: _____

Behavioral & Safety Documentation Policy and Forms

In accordance with 55 PA Code Chapter 6100

Behavioral & Safety Documentation Policy

Purpose:

To ensure that behavioral needs are addressed with dignity, respect, and safety, and that all behavioral interventions and supports are documented in compliance with 55 PA Code Chapter 6100.

Policy:

The provider agency shall implement behavioral supports through positive practices and least restrictive measures. All behavior support plans, crisis plans, restrictive procedures, and incidents must be documented thoroughly and approved as required.

Procedures:

1. Individuals with behavioral support needs will have a written Behavior Support Plan (BSP) based on a Functional Behavior Assessment (FBA).
2. BSPs must be reviewed regularly and updated as needed. A BSP may only be implemented by trained staff.
3. Restrictive procedures shall only be used if documented in the ISP and approved by the Human Rights Team.
4. Crisis Intervention Plans must include de-escalation techniques, triggers, and emergency contacts.
5. All behavioral incidents must be reported through the incident management system.
6. Staff must sign documentation acknowledging receipt and understanding of the BSP and related plans.

Behavioral & Safety Documentation Forms

1. Behavior Support Plan (BSP) Summary

Individual's Name: _____ Date of BSP: _____

Target Behaviors: _____

Triggers/Antecedents: _____

Proactive Support Strategies: _____

Reactive Interventions: _____

Restrictive Procedures (if any): _____

BSP Developed by: _____ Reviewed By: _____

Signature of Individual/Guardian: _____ Date: _____

Staff Signature (Training Received): _____ Date: _____

2. Crisis Intervention Plan (CIP)

Individual's Name: _____ Plan Date: _____

Known Triggers: _____

Preferred De-escalation Strategies: _____

Emergency Procedures (if needed): _____

Contact Numbers (Emergency/On-Call): _____

Staff Signature (Review): _____ Date: _____

3. Restrictive Procedure Consent Form

- No restrictive procedures are currently in use.
- I give informed consent for the use of the following restrictive procedure(s):

Description of Procedure: _____

Purpose of Procedure: _____

Duration & Monitoring Requirements: _____

Signature of Individual/Guardian: _____ Date: _____

Support Coordinator Signature: _____ Date: _____

Program Specialist Signature: _____ Date: _____

Consent & Authorization Policy and Forms

In accordance with 55 PA Code Chapter 6100

Consent & Authorization Policy

Purpose:

To ensure that individuals receiving services and/or their legal guardians understand, acknowledge, and provide informed consent for services, release of information, and use of personal data in accordance with 55 PA Code Chapter 6100.

Policy:

The provider agency will obtain written, informed consent from the individual or their legal representative prior to initiating services, sharing personal or medical information, or using media for any purpose. Consent shall be voluntary and may be revoked at any time.

Procedures:

1. All consents shall be completed upon intake and reviewed annually or upon any significant change in services.
2. The individual or guardian will receive a copy of all signed consents.
3. Staff shall ensure the individual understands the content before signing.
4. Original consents shall be stored in the individual's record.
5. Refusal to sign consents will not result in denial of basic services, but may limit specific activities.
6. Staff will document any assistance provided in obtaining understanding and consent.

Consent & Authorization Forms

1. Consent to Receive Services

I, _____ (individual/guardian), consent to receive services provided by _____ (agency name). The purpose, nature, and benefits of the services have been explained to me. I understand my rights and may withdraw this consent at any time.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

2. Consent to Release Information

I authorize _____ (agency) to release and obtain relevant information to/from the following for coordination of services:

- Medical Providers
- Support Coordination
- Behavioral Health Providers
- Schools
- Other: _____

This release is valid for one year unless revoked in writing.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

3. HIPAA Acknowledgement

I acknowledge receipt of the Notice of Privacy Practices. I understand how my health information may be used and my rights under HIPAA.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

4. Acknowledgement of Individual Rights

I acknowledge that I have been informed of my rights under 55 PA Code Chapter 6100 and have received a written copy of my rights. These rights have been explained to me in a way that I understand.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

5. Photo/Media Release

Please indicate your preference regarding photographs or video recordings for internal or promotional use:

- I GIVE consent to be photographed or recorded.
- I DO NOT GIVE consent to be photographed or recorded.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

Financial Documentation Policy and Forms

In accordance with 55 PA Code Chapter 6100

Financial Documentation Policy

Purpose:

To ensure the accurate management, safeguarding, and documentation of individual funds and personal property in accordance with 55 PA Code Chapter 6100.

Policy:

The provider agency will protect and account for any individual funds or belongings in its possession. Individuals shall have control over their personal funds to the fullest extent possible, and documentation shall reflect all financial transactions conducted by or on behalf of the individual.

Procedures:

1. Staff may assist with money management only if the ISP authorizes it and with documented consent.
2. A Financial Inventory will be completed upon intake and updated regularly.
3. Any agency-managed funds must be documented in a financial ledger and receipts kept for all purchases.
4. Personal property must be inventoried, labeled if necessary, and stored safely.
5. Monthly reconciliations shall be completed and reviewed by supervisory staff.
6. Any suspected financial exploitation must be reported as an incident per policy.

Financial Documentation Forms

1. Money Management Authorization

I authorize _____ (Agency) to assist with money management and/or maintain a record of transactions on my behalf, as approved in the Individual Support Plan (ISP).

- I am my own payee ☐ I have a Representative Payee: _____

Authorized Uses of Funds (check all that apply):

- Food/Groceries
- Community Activities

- Personal Care Items
- Transportation
- Other: _____

Signature of Individual/Guardian: _____ Date: _____
Staff/Witness Signature: _____ Date: _____

2. Personal Property Inventory

Individual's Name: _____ Date: _____

Instructions: List all valuable or meaningful property. Update as needed.

Item Description	Date Acquired	Estimated Value	Condition/Location

3. Monthly Financial Ledger (Agency-Managed Funds)

Individual's Name: _____ Month/Year: _____

Date	Description	Amount In	Amount Out	Balance

Habilitation Service Plan Policy and Forms

In accordance with 55 PA Code Chapter 6100

Habilitation Service Plan Policy

Purpose:

To ensure that all individuals receiving habilitation services have a written, person-centered service plan that outlines measurable goals, support strategies, staffing responsibilities, and safeguards in accordance with 55 PA Code Chapter 6100.

Policy:

Each individual receiving habilitation services must have a Habilitation Service Plan developed from their current Individual Support Plan (ISP). The plan shall be developed collaboratively and include clear outcomes, service frequency, staffing duties, and health/safety precautions.

Procedures:

1. A Habilitation Service Plan will be developed upon intake and updated at least annually or with any significant change.
2. The plan must include:
 - Measurable goals from the ISP
 - Frequency, duration, and location of services
 - Support strategies and teaching methods
 - Staff responsibilities and qualifications
 - Risk factors and health/safety strategies
3. The individual/guardian will review and sign the plan prior to implementation.
4. The plan will be implemented and progress monitored through daily service documentation.
5. Plans will be reviewed and updated as needed by the Program Specialist and the support team.

Habilitation Service Plan Forms

1. Habilitation Service Plan Template

Individual's Name: _____ DOB: _____

Plan Start Date: _____ Review Date: _____

Support Coordinator: _____ Program Specialist: _____

Site/Location of Services: _____

Measurable Outcomes from ISP:

1. _____

2. _____

Service Frequency and Duration:

Days per week: _____ Hours per day: _____

Support Strategies and Teaching Methods:

Staff Responsibilities:

- _____
- _____

Identified Risk Factors and Mitigation Strategies:

Signatures:

Individual/Guardian: _____ Date: _____

Program Specialist: _____ Date: _____

Direct Support Staff (if applicable): _____ Date: _____

Health & Safety Policy and Forms

In accordance with 55 PA Code Chapter 6100

Health & Safety Policy

Purpose:

To protect the health, safety, and well-being of individuals receiving services by ensuring emergency readiness, health monitoring, medical authorization, and environmental safety in compliance with 55 PA Code Chapter 6100.

Policy:

The provider agency shall establish and follow written procedures to prevent, respond to, and report health and safety concerns. Staff must be trained to respond to emergencies, use universal precautions, and maintain safe environments at all times.

Procedures:

1. A Health & Safety Plan shall be completed for each individual and reviewed annually.
2. Staff will complete emergency drills, follow site-specific safety procedures, and report incidents per agency protocol.
3. Current medical and emergency information shall be maintained in the individual's record.
4. Emergency contact info, treatment consents, and risk mitigation strategies must be documented and accessible.
5. Any health-related incidents will be documented and addressed immediately.
6. Environmental safety checks shall be conducted and logged monthly.

Health & Safety Forms

1. Emergency Medical Treatment Authorization

I authorize _____ (Provider Agency) to obtain emergency medical care for _____ (Individual's Name) in the event of an accident or emergency.

Physician Name: _____ Phone: _____

Preferred Hospital: _____

Medical Conditions/Allergies: _____

Insurance Provider: _____ Policy #: _____

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

2. Individual-Specific Emergency Evacuation Plan

Individual's Name: _____ Site: _____

Mobility Assistance Needed: ☐ Yes ☐ No If yes, describe: _____

Evacuation Role Assigned to Staff: _____

Meeting Point After Evacuation: _____

Reviewed and Practiced on: _____ Reviewed by: _____

3. Fire Safety & Drill Log

Site Name: _____ Month: _____

Drill Date: _____ Time: _____ Evacuation Time: _____

Staff Present: _____

Issues Noted: _____

Corrective Action Taken: _____

Completed By (Print & Sign): _____ Date: _____

Individual Rights Acknowledgment Policy and Forms

In accordance with 55 PA Code Chapter 6100

Individual Rights Acknowledgment Policy

Purpose:

To ensure that each individual receiving services is informed of their rights as required by 55 PA Code Chapter 6100, and that acknowledgment of those rights is documented.

Policy:

Each individual and/or their legal representative must be informed of their rights both orally and in writing in a manner they understand. This information will be provided upon intake, annually, and whenever there is a significant change in services.

Procedures:

1. Rights will be reviewed and explained to the individual in a format appropriate to their communication and comprehension level.
2. A copy of the individual rights, as outlined in 55 PA Code §§ 6100.181-6100.186, will be provided to the individual and/or guardian.
3. The provider will maintain documentation that the rights were explained and received.
4. Rights will include, but are not limited to: dignity, privacy, safety, communication, participation, and protection from abuse.
5. If rights are modified through the ISP, documentation must include the reason, type, duration, and a plan for restoration.
6. Staff are required to support the individual in understanding and exercising their rights at all times.

Individual Rights Acknowledgment Forms

1. Individual Rights Receipt and Acknowledgment

I acknowledge that I have received a written copy of my rights as an individual receiving services, as stated in 55 PA Code Chapter 6100. My rights were explained to me in a manner I understand.

Signature of Individual: _____ Date: _____

Signature of Guardian (if applicable): _____ Date: _____

Staff/Witness Signature: _____ Date: _____

2. Rights Education Log

Individual's Name: _____ Date: _____

Method of Explanation (check all that apply):

- Verbal Explanation
- Visual Aids
- Written Material
- Assistive Technology
- Interpreter Used

Was the individual given an opportunity to ask questions? ☐ Yes ☐ No

Did the individual appear to understand their rights? ☐ Yes ☐ No

Name of Staff Providing Education: _____

Staff Signature: _____ Date: _____

Preferences & Cultural Profile Policy and Forms

In accordance with 55 PA Code Chapter 6100

Preferences & Cultural Profile Policy

Purpose:

To honor and incorporate each individual's preferences, beliefs, culture, communication needs, and lifestyle choices into the planning and delivery of services, as required under 55 PA Code Chapter 6100.

Policy:

The provider agency shall gather and document each individual's preferences and cultural profile to ensure person-centered, respectful, and inclusive support. This information shall be used to guide service delivery, staffing decisions, and community integration efforts.

Procedures:

1. A Preferences & Cultural Profile form will be completed upon intake and updated annually or as needed.
2. Staff will review the individual's preferences and cultural needs during onboarding and receive training on cultural competency.
3. Profiles will include food preferences, religious practices, daily routines, communication preferences, holidays celebrated, languages spoken, and accessibility needs.
4. Profiles will be stored in the individual's service file and referenced in the implementation of the ISP.
5. Any staff assigned to support the individual must review and sign acknowledgment of the profile.

Preferences & Cultural Profile Forms

1. Preferences & Cultural Profile

Individual's Name: _____ Date Completed: _____

Preferred Name/Nickname: _____

Preferred Language(s): _____

Preferred Method(s) of Communication (verbal, ASL, device, etc.):

Cultural/Ethnic Identity (if shared): _____

Religious or Spiritual Practices: _____

Holidays or Observances Important to the Individual: _____

Food Preferences or Dietary Restrictions: _____

Clothing Preferences/Needs: _____

Hobbies, Interests, or Favorite Activities: _____

Daily Routines or Important Habits: _____

Accessibility Needs (mobility, visual, auditory, sensory): _____

Important People or Relationships in Their Life: _____

Other Considerations or Notes: _____

Completed by: _____ Role: _____

Signature of Individual/Guardian: _____ Date: _____

Reviewed by Staff (Print & Sign): _____ Date: _____

Training & Orientation

Acknowledgments Policy and Forms

In accordance with 55 PA Code Chapter 6100

Training & Orientation Acknowledgments Policy

Purpose:

To ensure that individuals receiving services and/or their legal guardians are informed about their rights, reporting procedures, health and safety practices, and provider policies through a structured orientation process, as required by 55 PA Code Chapter 6100.

Policy:

Each individual shall receive orientation upon intake and annually thereafter regarding their rights, how to report abuse, the provider's incident management process, health and safety procedures, confidentiality, and how services will be provided.

Procedures:

1. Orientation will be delivered in a format that matches the individual's level of comprehension (e.g., verbal, written, visual).
2. The provider shall document that the individual/guardian has received and understood each element of the training.
3. Signed acknowledgments will be kept in the individual's record.
4. Orientation topics include:
 - Individual Rights under Chapter 6100
 - Abuse, Neglect, and Exploitation: Definitions and Reporting
 - Incident Management Overview
 - Confidentiality and HIPAA
 - Fire Safety and Emergency Procedures
 - Provider Policies and Expectations
 - Access to the Individual/Family Handbook

Training & Orientation Acknowledgment Forms

1. Orientation Acknowledgment Form

Individual's Name: _____ Date of Orientation: _____

The following topics were reviewed and explained in an accessible format (check all completed):

- Individual Rights (55 PA Code Chapter 6100)

☐ Abuse/Neglect/Exploitation Reporting Procedures

☐ Incident Management Process

☐ Confidentiality and HIPAA

☐ Fire Safety and Emergency Preparedness 20

☐ Provider Policies and Expectations

☐ Individual/Family Handbook

☐ I understand the above topics and received an opportunity to ask questions.

☐ I received a copy of the Individual/Family Handbook.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

Transportation Plan Policy and Forms

In accordance with 55 PA Code Chapter 6100

Transportation Plan Policy

Purpose:

To ensure that individuals receiving services are transported safely and in accordance with their Individual Support Plan (ISP) and the requirements set forth in 55 PA Code Chapter 6100.

Policy:

The provider agency will ensure that all transportation services are delivered by qualified staff using safe, insured, and approved vehicles. Individual transportation plans will be developed to address support needs, preferences, and safety requirements.

Procedures:

1. A transportation plan shall be completed upon intake and reviewed at least annually or with any change in transportation needs.
2. The plan will address destinations, frequency, supervision requirements, mobility supports, and medical concerns.
3. Staff providing transportation must have valid driver's licenses, current insurance, and completed transportation safety training.
4. Individuals must be supported in entering/exiting vehicles and using seatbelts, car seats, or adaptive devices as required.
5. All transportation incidents or concerns must be reported and documented immediately per agency protocol.
6. Consent for transportation will be obtained and kept in the individual's file.

Transportation Plan Forms

1. Individual Transportation Plan

Individual's Name: _____ DOB: _____

Transportation Start Date: _____ Review Date: _____

Primary Transportation Provider: _____

Vehicle Type Used: _____

Mobility/Accessibility Needs (e.g., lift, wheelchair securement): _____

Supervision Level During Transport (check one): ☐ Independent ☐ Partial ☐ Full

Preferred Destinations: _____

Typical Schedule/Frequency: _____

Medical/Behavioral Considerations During Transport: _____

2. Transportation Consent Form

I, _____ (individual/guardian), give permission for
_____ (provider agency) to transport the above-named
individual for the purposes of accessing services, appointments, community activities, and
other approved destinations.

I understand that all safety procedures will be followed, including seatbelt use and
supervision.

Signature of Individual/Guardian: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

Final Signature & Verification Policy and Forms

In accordance with 55 PA Code Chapter 6100

Final Signature & Verification Policy

Purpose:

To ensure that all intake documentation required under 55 PA Code Chapter 6100 has been completed, reviewed, and verified by appropriate personnel, and that the individual or legal guardian acknowledges participation in the intake process.

Policy:

Upon completion of the intake and onboarding process, a final review will be conducted to confirm that all required documents are present and accurate. The Program Specialist will ensure compliance with 6100 regulations before services begin.

Procedures:

1. A Final Signature & Verification Checklist shall be completed for each individual file.
2. The checklist must include confirmation of completed forms, consents, assessments, plans, and training acknowledgments.
3. The Program Specialist shall review and sign off on all items prior to service delivery.
4. The individual or guardian will sign to acknowledge their participation and receipt of all required information.
5. The completed checklist and signatures shall be kept in the individual's permanent file.

Final Signature & Verification Forms

1. Verification Checklist

- Cover Sheet Completed
- Demographic & Emergency Contact Form Completed
- Consent to Receive Services Signed
- Release of Information Form Signed
- HIPAA Acknowledgment Signed
- Rights Acknowledgment Form Signed
- ISP & Functional Assessment Copies Attached

- ☐ Habilitation Service Plan Completed & Signed
- ☐ Emergency Medical Treatment Authorization Attached ²⁴
- ☐ Emergency Evacuation Plan Completed
- ☐ Fire Safety/Drill Log Attached
- ☐ Behavior Support Plan or Crisis Plan (if applicable) Attached
- ☐ Transportation Plan Completed
- ☐ Financial Documentation Forms Completed
- ☐ Orientation Acknowledgments Signed
- ☐ Preferences & Cultural Profile Completed
- ☐ All Documents Reviewed by Program Specialist

2. Final Signatures

I certify that all required intake documentation has been completed and reviewed for accuracy and compliance.

Program Specialist (Print): _____

Signature: _____ Date: _____

Individual/Guardian (Print): _____

Signature: _____ Date: _____