

Person-Centered Support Plan

Support Plan Effective Date: 08/01/2025

Date of Support Plan Update: _____

About Me

Last Name	Williams	First Name	Phoenix	Nickname	Phoenix Mahadeo
Date of Birth:	7/19/2007	Medicaid ID	9466825313	iConnect ID	66281
				Legal Status	Minor
Living Setting	Family Home	Spoken Language	English	Alternate Communication	
Primary Diagnosis	Q05.9 - Spina bifida, unspecified	Secondary Diagnosis		Other Diagnosis	

Where I Live

Street Address	1741 Black Maple PI	City	OCOEE	State	FL	Zip	34761
Email Address	kwilliams33012@cfl.rr.com	Cell / Home Phone		Work Phone		Region	Central
Deliver my mail to	1741 Black Maple PI	Mailing City	OCOEE	State	FL	Mailing Zip	34761

Best way to contact me ☒ Cell or Home ☐ Work Phone ☐ Email ☒ Permission to leave a voice mail Message ☒

My Legal Representative(s)

#	First Name	Last Name	Primary Relationship	Multi Relationship	Main Phone	Cell Phone
1	Katrina	Williams	Legal Representative	Florida Court Appointed Guardian or Guardian Advocate		(407)791-5230

My Waiver Support Coordinator

Name	Agency (if applicable)	Email	Phone Number(s)
Massay-Brank, Karen	MASSAY-BRANK KAREN	KmassayB1@outlook.com	

My Family, Friends, and Support System

Name	Relationship	Email	Phone
Williams, Katrina	Legal Representative, Florida Court Appointed Guardian or Guardian Advocate	kwilliams33012@cfl.rr.com	1. (407)347-0030 2. (407)791-5230

Other People Who Support Me or Work for Me (Teachers, Providers, Doctors, CDC+ Representative)

Name	Relationship	Email	Phone
William, Katrina	Guardian Advocate		1. (407)791-5230

Other Funding Sources for Supports (Vocational Rehab/Job Coach, Division of Blind Services, MSP Behavior Therapy)

Support Need	Funding Source
Group home	Medicaid
Medical	
LSD 1	

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Dental	
Specialist	Medicaid State Plan (AHCA)
Financial AID	Adult Protective Services (DCF)
Public School	Public or Private School - Exceptional Student Education/Special Education services

People Who Can Provide Information for My Support Plan (Doctor, Service Providers, Family, Friends)

Last Name	First Name	Relationship	Phone	Invite to Support Plan Meeting Y/N?			
William	Katrina	Guardian Advocate	(407)791-5230	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

My Life

My current day-to-day life: (This is a "day in the life" description of me: where I live, if alone or with others, **my daily routines**, Services received during the day and/or night. List **the housing information** I was provided and where I choose to live in the future)

Phoenix is an 18 year-old young man who lives in the Ocoee area of Orange County Florida with his adoptive parent and his biological brother. He attends Ocoee High School and is in the 12th grade. Phoenix wakes up by using an alarm set for either 4am or 4:30am Monday through Friday to give him time to get ready for school. He does his ADLs, has breakfast that is prepared by his dad and takes his morning medications. After breakfast Phoenix does his morning chores, makes his bed, and cleans the litter box. Phoenix walks to the school bus stop by 6:15am and arrives at school by 6:50am. Phoenix has lunch between 11:02- 11:32 daily with the exception of Wednesday when lunch is between 10:22 to 10:52. The school day is over at 2:20pm and Phoenix boards the school bus arriving home about 3:10pm. When Phoenix arrives home, he will prepare for work on the days that he is scheduled, his schedule varies and he usually works 4 hours working with VR for on-the-job training. When Phoenix returns home from work, he will have dinner and take his nighttime medication, do his chores, complete his ADLs and get ready for bed between 8:30 and 9 pm.

How I get around in my community:

Family/Friend transit, School-provided transit

My interests, talents, abilities, strengths, preferences, and skills:

I like to draw things that appeal to me like flowers, funny faces, the family cat. and play games. I like to go out in the community sightseeing. I like to go to the gym to work out. I have the ability to bond with other people. He is not afraid to talk to and make new friend. I prefer home cooked food to outside food. My go to outside restaurant would be Papa Johns, Pizza Hut, or Popeyes. I like mint chocolate chip ice cream.

Things I would like to change:

I want to be more disciplined and procrastinate less. I want to be more focus and not so easily distracted.

Things I want to stay the same:

I like to have a routine and keep thing in order.

Important aspects from my personal history: (Medical, Social, Behavioral history)

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I am adopted and live with my adopted parent. I have diagnosed with spina bifida, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder, fetal alcohol syndrome, neurogenic bowel, severe anxiety disorder, asthma, developmental delay, mood disorder, poor impulse control, difficulty with verbal expression, disruptive behavior, post-traumatic stress, self-injurious behavior (SIB), glaucoma, along with having a colostomy bag and catheter. Phoenix had tethered cord release done in 2014. Phoenix had previously been sexually abused prior to going into foster care.

Rights

Phoenix has been educated about his rights through verbal conversation. Phoenix chooses to exercise his right to privacy, communication, personal possessions, and others daily tasks. Phoenix has been educated on the Grievance Procedures and understands who to contact if he feels he is not being treated fairly or respected. He has also been educated on HIPAA, due process, provider choices, and the WSC backup system. He understands that in the event WSC is unavailable another certified WSC will be available to assist him.

Health and Health Care needs

Phoenix was informed and educated on his health and healthcare needs (medication, side effects, and preventive health). He is current with all his medical appointments, and annual exams. Phoenix chooses to cooperate with his healthcare providers. He is educated on his right to choose his doctors and healthcare providers. He requires complete assistance to make his appointment and transportation to all of his doctor visits.

Safety and safety needs and skills

Phoenix was educated on his safety and safety needs and skills (natural disasters, community, environmental, and home safety). He requires assistance with decisions regarding his safety. He could easily be influenced in the wrong.

Phoenix takes medications but he is unable to state the name of the medication, nor does he know for what purpose he is taking the medication. He also has no knowledge of the side effects. He was educated on this information and continues to be reminded to take his medication.

How I communicate and make choices and decisions:

I have some difficulty with verbal expression but can make my own choices and decisions. Even with a guardian advocate.

Employment

Job(s) I Have (for those who choose not to work, state N/A)						Hire Date(s)		Type of Job(s) I Have	
On and off on the job training with VR						08/12/2019		Prevocational Training	

I am interested in getting a job					I am interested in changing jobs					Type of Job I Want		Supports Needed to Succeed at Work	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Culinary	VR services in place. I have an active on the job training coach, and I am attend public school

I was referred to Vocational Rehabilitation					Date of Referral to Vocational Rehabilitation		Outcome of Referral to Vocational Rehabilitation	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	08/01/2019	On the Job training ever since August 2019	
Date Phase 1 Job Stabilization Completed:								

Other Services Needed for Health and Safety

This Information is captured in the QSI. Identify: **A)** Areas of critical needs/potential risk to the health/safety of myself or others **B)** The specific issue, how it is addressed or where to find this information **C)** The service/support to address need **D)** The source of funding

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
Functional (Choose all that apply)			
<input checked="" type="checkbox"/> Vision	Phoenix has glaucoma and requires the use of glasses.	Natural Support Group Home	iBudget Waiver, Natural Supports
<input type="checkbox"/> Hearing	No problem		

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<input type="checkbox"/>	Eating	No problem		
<input type="checkbox"/>	Ambulation	No problem		
<input type="checkbox"/>	Transfers	No problem		
<input checked="" type="checkbox"/>	Toileting	He had a right side Antegrade Continence Enema (ACE) procedure for bowel movements. This is completed and flushed every other day. He also has a catheter.	Natural Support Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Hygiene	It was reported that Phoenix is verbally prompted and supervised throughout each step of his hygiene routine. He can physically complete each task and Mom stated that when completing his routine independently he would spend time in the bathroom and run the shower for the required time and tell her that he had bathed but it was clear that he had not. Mom reports that this is behavioral and not a physical or cognitive issue.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Dressing	Phoenix is color blind and requires assistance to select his clothes so that they match. Once a week Mom assists Phoenix to select all his clothes for the week. They are put together into a complete outfit so that he can select the entire outfit at once. Mom checks what he is wearing before he leaves for school as he will also switch out summer clothes for winter clothes. He dresses without assistance.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Communications	Mom stated that Phoenix does not initiate communicating with people he does not know. He has walked home from school when his bus was late instead of asking for help. She stated that their family typically understand his conversations but there are times that they have to ask for clarification for context and also for him to repeat himself or rephrase what he is telling them so that they understand. She stated that he has recently begun telling her when he is feeling unwell.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Self-protection	Phoenix is always accompanied when in the community. In familiar stores, he has the freedom to go a few aisles away from his parents.	Natural Supports Group Home	iBudget Waiver, Natural Supports

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<input checked="" type="checkbox"/>	Ability to Evacuate (Home)	Mom stated that in the event of a true emergency, she believes that Phoenix would not wake up to the sound of the alarm due to his sleeping medication. She stated that once awake, he would leave the home with multiple verbal prompts and supervision.	Natural Supports Group Home	iBudget Waiver, Natural Supports
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Behavioral (Choose all that apply)

<input type="checkbox"/>	Hurtful to Self/Self-injurious	No problem		
<input type="checkbox"/>	Aggressive/Hurtful to Others	No problem		
<input type="checkbox"/>	Destructive to Property	No problem		
<input type="checkbox"/>	Inappropriate Sexual Behavior	No problem		
<input checked="" type="checkbox"/>	Running Away	History of eloping from school, especially when his transportation has been late, he has walked home instead of asking for assistance.	Natural Support Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Other Behaviors that May Result in Separation from Others.	Telling lies that he knows someone when he doesn't and will wander away from parents	Natural Supports Group Home	iBudget Waiver, Natural Supports

Physical (Choose all that apply)

<input type="checkbox"/>	Injury to Person Caused by Self-injurious Behavior	No problem		
<input type="checkbox"/>	Injury to the Person Caused by Aggression to Others or Property	No problem		
<input type="checkbox"/>	Use of Mechanical Restraints or Protective Equipment for Maladaptive Behavior	No problem		
<input type="checkbox"/>	Use of Emergency Chemical Restraints	No issues		
<input checked="" type="checkbox"/>	Use of Psychotropic Medications	Seroquel is reportedly prescribed to address hallucinations and to help with sleep. Concerta and Ritalin are prescribed for focus and impulse control.	Natural Supports Medicaid Group Home	iBudget Waiver, Medicaid, Natural Supports

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<input checked="" type="checkbox"/>	Gastrointestinal Conditions (includes vomiting, reflux, heartburn, or ulcer)	Omeprazole for acid reflux.	Natural Support Group Home	iBudget Waiver, Natural Supports
<input type="checkbox"/>	Seizures	No problem		
<input type="checkbox"/>	Antiepileptic Medication Use	No problem		
<input checked="" type="checkbox"/>	Skin Breakdown	Some redness and irritation at catheter site	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Bowel Function	Omeprazole for acid reflux.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Nutrition	Phoenix is prescribed a special diet but he doesn't always follow it.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Treatments	Avoid foods that he is allergic to. Upkeep with all medical specialists	Natural Supports Medicaid Group Home	iBudget Waiver, Medicaid, Natural Supports
<input checked="" type="checkbox"/>	Assistance in Meeting Chronic Health Care Needs	Phoenix requires daily monitoring of his colostomy bag and catheter	Natural Supports Medicaid Group Home	iBudget Waiver, Medicaid, Natural Supports

Other Risks/Needs Related to Me (Choose all that apply)

Identified Need/Risk Area	Specific issue and measures in place to address/minimize risk	Service/Support	Source of Support
<input type="checkbox"/> Requesting and Getting Help, if needed			
<input checked="" type="checkbox"/> Medication Management	He requires assistance to take his medication, He has no idea what medication he takes and why he takes them. He knows he given some in the morning and some before bedtime.	Administration of medications by natural supports or group home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/> Refusing Eating, Hygiene, or Supports	He sometimes says he took a shower but just turned the water on but did not get in shower.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input type="checkbox"/> Substance Abuse			
<input checked="" type="checkbox"/> Handling Money/Finances	He needs to be taught the fundamental of financial responsibility.	Natural Support Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/> Interactions with Strangers	May be too friendly with strangers. He said he is not afraid to talk to strangers. But he know his limits	Natural Supports VR Group Home	iBudget Waiver, Natural Supports, Vocational Rehabilitation
<input type="checkbox"/> Child/Adult Protective Services			

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<input checked="" type="checkbox"/>	Relating with Others	He said he has no problem making friends	Natural Supports VR Group Home	iBudget Waiver, Natural Supports, Vocational Rehabilitation
<input checked="" type="checkbox"/>	Home Safety	He said he knows how to use the microwave but will not use the stove	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Community Safety	He is able to get on the Access lynx door to door bus but has not made the call to make the arrangements for the service otherwise.	Natural Supports VR Group Home	iBudget Waiver, Natural Supports, Vocational Rehabilitation
<input checked="" type="checkbox"/>	Internet Safety	He needs parental control. He is not discipline enough to be responsible on his own.	Natural Supports Group Home	iBudget Waiver, Natural Supports
<input checked="" type="checkbox"/>	Need for information or training on how to prevent abuse, neglect, and exploitation	Monthly education on abuse, neglect, and exploitation	Natural Support WSC Group Home	iBudget Waiver, Natural Supports
<input type="checkbox"/>	Insufficient or Unstable Housing			

Needs/Risks Related to My Caregiver (For those living in the family home. Choose all that apply)

<input checked="" type="checkbox"/>	Caregiver Health Needs	Mom has heart and vascular issues	Medical doctors	Medicaid, Private Insurance
<input type="checkbox"/>	Limited Relief for Caregiver			
<input type="checkbox"/>	Caregiver Needing Additional Assistance			
<input checked="" type="checkbox"/>	Aging Caregiver	Arthritis,	Insurance through Market place	Private Insurance

Back-up Plans for My Critical Needs/Risks(in case my primary supports are not available)

Service/Support	Back-up Plan	Specific Strategies (as needed)
Group home placement	Changes as needed	By choice options

What I Accomplished Last Year

My accomplishments last year:	
New to the Waiver	
Goals I worked on last year	Progress on each goal
New to the Waiver and family is requesting group home placement	

My Personal and Future Plans

What I Want in the Next Few Years: (Supports, accomplishments, dreams, desires, interests, or activities I want in my life in the next few years)
I want to live independently in the future

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Personal Goals

The most important things I want to achieve this coming year. Identify goals/desired outcomes and be as specific as possible.	What service will help me?	Paid or Non-Paid. If non-paid, provide name and relationship.
I want to find a group home that would care for my well-being by keeping me safe and helping with my ADLs.	Res-Hab	Paid
I want to continue attending school	Public school	Non-Paid Name: Spencer, DR. Lynum Relationship: HIPAA Authorized Person
I want to learn money skills	Res Hab	Paid

Personal Rights: (not related to guardianship)

Signatures on the last page indicate that the individual or their Legal Representative are aware of the individual's personal rights and the Bill of Rights for Persons with Developmental Disabilities.				
Is there a right I would like to learn more about?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
My WSC provided information about abuse, neglect, and exploitation to me this year, and I know the reporting process and requirements.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Do I have restrictions on my rights? This might include limited restrictions such as not being able to lock my bedroom door with a key, restricted visitation, inflexible schedule, limited food or environmental access, etc. If yes, complete the table.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Right Limited	Reason (the assessed need for the restriction and what less intrusive methods were tried but did not work out)	What is being done to help me obtain my full rights?	When will it be reviewed to determine ongoing effectiveness, or to terminate restriction?

WSC, initial as assurance that the interventions and supports cited above will not be harmful

Safety Plan Required and Attached (if applicable)

Yes ☐ No ☒

My Health

Important health history about me:				
Due to his adoption we will not know his family history other then he came from an alcoholic mother. Phoenix was born with Tethered spinal cord syndrome causing spina bifida (CMS/HCC). He has fetal alcohol syndrome, Chronic GERD, Neurogenic bowel K59.2. Developmental delay. Arnold Chiari deformity and Cecostomy status CMS/HCC				
Hospitalizations in the past year	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Emergency Room Visits in the past year	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes, why did I go to the hospital or emergency room?				
planned procedure, wisdom teeth removed in February 2025				

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My medication information (Current as of support plan meeting date)

Medications	Dosage/Frequency	Purpose of Medication	Side Effects/Problems Experienced
SYMBICORT Budesonide and Formoter AEROSOL RESPIRATORY 160; 4.5 ug/1; u	2 puffs/mcg (Microgram), BID (2 times daily)		
omeprazole and sodium bicarbonat omeprazole and sodium b CAPSULE ORAL 40; 1100 mg/1; m	1/mg (Milligram), OTH (Other)		
CETIRIZINE HYDROCHLORIDE CETIRIZINE HYDROCHLORID TABLET ORAL 10 mg/1	1/gm (Gram), Daily		
FLOVENT fluticasone propionate POWDER, METE RESPIRATORY 50 ug/1	1 spray in each nostril/gm (Gram), Daily		
Quetiapine fumarate Quetiapine fumarate TABLET, FILM ORAL 25 mg/1	1/gm (Gram), Daily		

Allergies: (Including any reactions to any medications, substances, chemicals, etc.)

Tree nut, peanuts, and seafood

My critical health follow-up areas and preventative health plan: (How will I maintain my Health and Health Stability?)

Follow up with Orthopedic, Neurologist for Spina bifida diagnoses; his Psychologist for medication management; allergist and dermatologist for any break outs; wound care for his wounds annual physical,

My Health Care Contact Information: Include all doctors you see, any therapists, and anyone you have designated to act as your decision maker in health-related issues (health care surrogate)

Name	Date of Last Visit	Findings	Follow Up Activities
DR Patel		annually	

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Health Care Decision Maker Name	Role	Follow Up Activities
William, Katrina	Adoptive mother	Medical, dental, and specialist

Equipment and Supplies

Do I use any adaptive equipment, special equipment, glasses, hearing aids or need any adaptations made to my home?
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please list below.
catheter and colostomy bag
Do I need any consumable supplies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list below.

Personal Disaster Plan

I have a Personal Disaster Plan Yes ☒ No ☐

 Date Personal Disaster Plan Completed or Updated 08/27/2025

Voter Registration

YOU CAN APPLY TO RESISTER TO VOTE HERE: <https://dos.fl.gov/elections/forms-publications/forms/> (Form DS-DE-77): See "National Voter Registration Act Preferencer Form/Application" (Department of State Form DS-DE-77), incorporated by reference in Rule 1S-2.048, Florida Administrative Code.

Signature Page

I have participated in the development of this plan. I have been informed of my due process rights under Florida Statutes 120 and acknowledge that I may appeal any portion of this plan. I understand that if my needs change, an update to this plan may be needed. I also understand that I may request to change something in my plan throughout the support plan year. Supports should be identified according to my needs or the needs of my family, regardless of the availability of funding. Supports and services needed to meet my needs will be sought from my personal resources, community resources, and government resources. When government resources are necessary, they shall be provided based on the availability of funds. My Support Coordinator reviewed the Bill of Rights for Persons with Developmental Disabilities with me and I understand my personal rights.

Date Sent to Individual _____ Date Sent to APD _____

Consumer Signature	_____	Date	_____
Witness Signature (if needed)	_____	Date	_____
Legal Representative Signature	_____	Date	_____
Waiver Support Coordinator Signature	_____	Date	_____

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Signature of Support Plan Meeting Participants:

Relationship	Signature	Signature Date	Date Copy Sent