

## Person-Centered Support Plan

### 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 2/5/25 Date Sent to APD \_\_\_\_\_

Consumer Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature (if needed) \_\_\_\_\_

Date \_\_\_\_\_

Legal Representative Signature \_\_\_\_\_

Date 2/5/25

Waiver Support Coordinator Signature Barbara Jones

Date 2/5/25

Signature of Support Plan Meeting Participants:

| Relationship | Signature | Signature Date | Date Copy Sent |
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