Personal Plan

(Please refer to the *Personal Plan Guidelines* prior to completing this form)

Name Click here to enter text. **DOB** Click here to enter text.

ISC Contact Name & Agency Click here to enter text. **ISC E-mail & Phone Number** Click here to enter text.

Check type of Plan

- ☐ **Initial** – Personal Plan development for the first time
- ☐ **Annua**l – The annual Plan for individuals who are enrolled in services and currently have a Plan in place
- ☐ **Revision** – A change in the individual's preferences, desires, abilities or support needs changed, therefore prompting a change in the Plan

If the person is seeking supports, please indicate type(s):

☐	24-Hour Stabilization Services	☐	Home Accessibility Modifications
☐	Adaptive Equipment	☐	Home Based Supports
☐	Adult Day Care	☐	Non-Medical Transportation
☐	Assistive Technology	☐	Occupational Therapy
☐	At-Home Day Program	☐	Personal Support
☐	Behavior Intervention and Treatment	☐	Physical Therapy
☐	Behavioral Counseling	☐	Psychotherapy
☐	Child Group Home	☐	Self Direction Assistance
☐	CILA – 24 Hour	☐	Skilled Nursing
☐	CILA – Family	☐	Speech Therapy
☐	CILA – Host Family	☐	Supported Employment
☐	CILA – Intermittent	☐	Temporary Assistance
☐	Community Living Facility	☐	Training and Counseling Services for Unpaid Caregivers
☐	Developmental Training	☐	Vehicle modification
☐	Emergency Home Response Services	☐	Home Accessibility Modifications

Personal Plan Signatures: By signing, you are indicating that you have participated in the development of the Personal Plan and are aware of the identified outcomes, preferences, strengths, support needs, barriers, risk and plans to minimize these risk.

Typed or Printed Name	Signature	Relationship	Date
		Self	
		Guardian, if applicable	
		Guardian, if applicable	
		ISC	

IMPORTANT THINGS TO KNOW

Briefly share some key information (from the **Self-Description and other sections** as necessary of the Discovery Tool) to complete this portion of the Plan. This information should help someone who doesn't know the person to create an impression of the person, what makes life meaningful, what is important and what is being sought from the community service system.

HOME

Identified Outcome(s) in this area: If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Describe the supports needed to live safely in their home.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

IMPORTANT RELATIONSHIPS

Identified Outcome(s) in this area: If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related to this area.	

Describe how these risk factors will be addressed.	

CAREER AND INCOME

Identified Outcome(s) in this area: If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe the work activities that should remain the same.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

HEALTH AND WELLBEING

Identified Outcome(s) in this area: If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
List the medications that are currently prescribed.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

COMMUNICATION

Identified Outcome(s) in this area: If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related	

to this area.	
Describe how these risk factors will be addressed.	

LIFE IN THE COMMUNITY

Identified Outcome(s) in this area: If none, indicate with N/A	
What does the person do now in the community that is important to him/her?	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

RECREATION/INTERESTS/HOBBIES

Identified Outcome(s) in this area: If none, indicate with N/A	
What recreation, interest or hobbies does the person do now that is important to him/her?	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

CHOICE AND DECISION-MAKING

Identified Outcome(s) in this area:	

If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

FUTURE PLANS

Identified Outcome(s) in this area: If none, indicate with N/A	
List important strengths, preferences and needs that apply in this area.	
Address the barriers to accomplishing the desired outcomes.	
Describe all known risk factors identified in the Discovery Tool related to this area.	
Describe how these risk factors will be addressed.	

Describe the following:

1. **The person's direct involvement in developing this Plan** Click here to enter text.

2. **How disagreements that may have arisen during the planning process (including Discovery) were addressed** Click here to enter text.

Summary of Services & Supports: List the desired outcomes along with the proposed service and/or supports (natural, self-directed or paid) that will be provided. Each service and/or support needed by the person must be identified even if there is no outcome in that particular area. For each service and/or support, the ISC must also indicate the frequency, location and duration. Attach additional pages if necessary.

Outcome	Service/Support	Entity Responsible	Frequency/Location/Duration

Provider Signature Page

Personal Plan for: Click here to enter text. **Date of Plan:** Click here to enter text.

This page is a part of the Personal Plan for the person identified above. A copy of this page should be completed and signed by each provider agency who has agreed to provide paid services and/or supports. By signing this page you are indicating that you have reviewed the Personal Plan for the person above and agree to develop Implementation Strategies that will move the person toward the desired outcome(s) listed below. You have 21 days from the date of your signature below to complete the Implementation Strategy. A copy of the final Strategy must be provided to the ISC, individual and guardian.

Outcome	Service/Support	Frequency/Location/Duration

_____

Printed/Typed Name and Title of Provider Agency Designee

_____

Signature of Provider Agency Designee

_____

Agency

_____

Date

Personal Plan Instructions

Information in the final copy of the Personal Plan must be typed, signed and dated

Name: Enter the individual's legal name and include any nicknames.

DOB: Enter the individual's date of birth as XX/XX/XXXX.

ISC Contact Name & Agency: Enter the name of the Independent Service Coordinator who will be responsible for developing the Personal Plan. Also enter the affiliated agency.

E-mail & Phone Number: Enter the ISC's e-mail and phone number.

Check type of Plan: If the Personal Plan is being developed for the first time, check *Initial*. If there is a Plan already in place and this is the annual update, check *Annual*. If the individual's preferences, desires, abilities or support needs changed, prompting a change in the Plan, check *Revision*.

If the person is seeking supports, please indicate type(s): Check the appropriate boxes for people who are new to the DD system and are seeking service, people who are currently in a DD Waiver service and want to add additional services, or people who are currently in a DD Waiver service and want to find a different provider.

Personal Plan Signature: The individual, guardian (if applicable) and ISC are required to sign this section of the plan. If the individual is unable to sign, indicate so. For more information refer to the *Personal Plan Guidelines*.

Important Things to Know: Enter general information that describes the person including how they view themselves, how others view them, likes, dislikes, etc. Most of this information will come from the Self-Description of the Discovery Tool. The ISC can also include important information from any other section of the Discovery Tool.

The ISC must provide a response to each statement in the following areas: **Home, Important Relationships, Career and Income, Health and Wellbeing, Communication, Life in the Community, Recreation/Interests/Hobbies**, **Choice and Decision-Making and Future Plans.**

- If the person does not have an outcome, risk or barrier in a particular area, enter N/A.
- If the desired outcome will be put on hold indicate this and the reason why in the Outcome Statement box. See *Outcome* section of guidelines for additional information.

In the next section, the ISC must **describe the person's direct involvement in developing this Plan**. This should include the manner in which the person provided input and approval, who they included in the process, and the method which the ISC reviewed the plan with the person. The ISC must also **describe how disagreements that may have arisen during the planning process (including Discovery) were addressed**. Identify the disagreement, the parties involved and the resolution or next steps involved.

In the **Summary of Services & Supports** section, the ISC will record:

- Each identified outcome.
- All services/supports that the person needs related to the identified outcome. An outcome may have more than one service or support listed. When there is no outcome identified in a particular area, the ISC must still record services and supports that the person needs and have been identified in the Plan. In this case, the ISC should mark N/A in the outcome column. If no entity has agreed to provide the identified service/support, the ISC must document the reason why or their efforts or plan to obtain a responsible entity.
- The entity that is or who will be responsible for providing each service/support.
- The desired frequency, location, and duration of the service/supports identified.

Provider Signature Page: This page is a part of the individual's Personal Plan and will be signed by agencies that have agreed to provide paid service/supports. This page can be copied and distributed to multiple providers.

By signing this page, the provider agency is indicating that they have reviewed the Personal Plan for the person and will develop Implementation Strategies for the outcomes listed on this page. Provider agencies have 21 days, from the date of their signature on the *Provider Signature Page*, to complete the Implementation Strategy. A copy of the final Strategy must be provided to the ISC, individual and guardian.