State of Illinois
Department of Human Services - Division of Developmental Disabilities

PERSONAL PLAN

Please refer to the Person Centered Planning Policy and Guideline Manual prior to completing this form.

Name: _____ Birthdate: _____

ISC Agency Name: _____ ISC Contact Name: _____

ISC Phone Number: _____ ISC Email Address: _____

Check type of Plan:

- ☐ Initial - No previous Plan developed for DD Waiver Services.
- ☐ Annual - 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	☐ Individual Service & Support Advocacy
☐ Assistive Technology	☐ Non-Medical Transportation (HBS only)
☐ At-Home Day Program	☐ Occupational Therapy
☐ Behavior Intervention and Treatment	☐ Personal Support
☐ Behavioral Counseling	☐ Physical Therapy
☐ Child Group Home	☐ Psychotherapy
☐ CILA - 24 Hour	☐ Self Direction Assistance (HBS only)
☐ CILA - Family	☐ Skilled Nursing (HBS only)
☐ CILA - Host Family	☐ Speech Therapy
☐ CILA - Intermittent	☐ Supported Employment
☐ Community Day Services	☐ Temporary Assistance (HBS only)
☐ Community Living Facility	☐ Training and Counseling Services for Unpaid Caregivers (HBS only)
☐ Emergency Home Response Services	☐ Vehicle Modification

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	

PERSONAL PLAN

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.	

PERSONAL PLAN

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	

PERSONAL PLAN

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/INTEREST/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.	

PERSONAL PLAN

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:

2. How disagreements that may have arisen during the planning process (including Discovery) were addressed:

PERSONAL PLAN

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 amount, frequency and duration. Attach additional pages if necessary.

OUTCOME	SERVICE/ SUPPORT	ENTITY RESPONSIBLE	FREQUENCY/ LOCATION/ DURATION

PERSONAL PLAN

Provider Signature Page

Personal Plan for: _____ **Date of Plan:** _____

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 their desired outcome(s) and/or provide the identified service(s) listed below. A completed and signed copy of this page must be returned to the sending ISC agency. Provider agencies have 7 days from the date of receipt to complete and sign this page of the Personal Plan. Provider agencies have 21 days from the date of their 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	AMOUNT/ FREQUENCY/ DURATION

_____
Printed/Typed Name and Title of Provider Agency Designee

_____
Signature of Provider Agency Designee

_____ _____
Agency Date

PERSONAL PLAN

Instructions for Completing the Personal Plan

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 MM/DD/YYYY.

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 and the person is new to a DD Waiver Service, check *Initial*. If there is a Plan (ISP or Personal 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 on signatures please refer to the Person Centered Planning Policy an Guidelines manual. If the guardian does not submit a signed copy of the Personal Plan to the ISC after multiple attempts, the ISC must document the reasonable measures taken to obtain this signature. In addition, the ISC must indicate the guardian's inability, unwillingness or unresponsiveness to the request for a signature on the Personal Plan.

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; some of which may be 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 along with 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 amount, frequency and duration of the service/supports identified.

Provider Signature Page: The Provider Signature page is a part of the individual's Personal Plan and will be completed and signed by agencies that have agreed to work toward outcomes and/or provide paid services. This page can be copied and distributed to multiple providers.

By signing the Provider Signature page, the provider agency is indicating that they have reviewed the Personal Plan for the person and will develop Implementation Strategies for the outcomes and/or services listed on this page. Provider agencies have 10 calendar days from receipt of a Personal Plan to sign the *Provider Signature Page* of that Plan. Provider agencies then have 20 days, from the date of their signature on the Plan to complete the Implementation Strategy. A copy of the final Strategy must be provided to the ISC, individual and guardian.