

**HOME AND COMMUNITY BASED SERVICES WAIVER  
CONSUMER STANDARDIZED ANNUAL REVIEW**  
DS 2201 (Rev. 8/2012)

Consumer Name:	UCI #:	Date of Annual Review:
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*(File with annual reviews in consumer's record)*

1. Review of the consumer's general health status was completed on \_\_\_\_\_.

**Summary of Health Status Review**

*(Note any concerns and indicate if any referrals have been made to regional center clinicians, the consumer's physician, or other health resources.)*

2. The IPP Planning Team has reviewed the consumer's IPP, dated \_\_\_\_\_, and has determined that no new services or supports are required, and the IPP remains appropriate to meet the consumer's needs and wants. **Explain why no changes are necessary to the current IPP**

3. The IPP Planning Team has reviewed the consumer's IPP, dated \_\_\_\_\_, and amended the IPP to include the following new service(s) or support(s).

4. The IPP Planning Team has reviewed the consumer's CDER, dated \_\_\_\_\_, and determined that no changes are necessary.

5. The IPP Planning Team has reviewed the consumer's CDER, dated \_\_\_\_\_, and a new updated CDER was completed on \_\_\_\_\_.

**IPP Planning Team Signatures**

Consumer Signature:		Date:
Service Coordinator Name <i>(Please print)</i>	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

*(Confidential Consumer Information - California Welfare and Institutions Code 4514)*