

**TAILORED DAY SERVICES  
INDIVIDUALIZED SERVICE DESIGN**

NAME: \_\_\_\_\_ UCI #: \_\_\_\_\_

NAME OF PROVIDER: \_\_\_\_\_ VENDOR #: \_\_\_\_\_

SERVICE CODE: \_\_\_\_\_ SUBCODE: TDS \_\_\_\_\_

This individualized service design must be determined through the individual program plan (IPP) and developed through a person-centered planning process that reflects and maximizes individual preferences. Provider shall maintain documentation of individual's progress achieving expected outcomes, including any adjustments needed.

Objective(s): (check all that apply)

- Choose and customize day services to meet individualized needs
- Development or support of competitive integrated employment
- Development or support of volunteer activities
- Pursuit of postsecondary education
- Establish and support paid internship program opportunities
- Maximize individual's direction of the service
- Increase the individual's ability to lead an integrated and inclusive life
- Other

Location(s) of services: (check all that apply)

- Home
- Remote communications
- Program site
- Employer/volunteer or educational site
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Is TDS to be delivered on the same day as any other day program, look-alike day program, supported employment program, or work activity program?

- YES, developed Transition Plan\*
- NO

Brief description of **individualized** services and expected **outcomes**:

General description of **individualized** monthly schedule for TDS and other day program, look-alike day program, supported employment program, or work activity program:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SERVICE PROVIDER  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGIONALCENTER  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Services to begin immediately, authorization to follow*