

PERSON-CENTERED SERVICE PLAN

NAME: «FIRST_NAME» «LAST_NAME»
UCI NUMBER: «UCI»
PLAN DATE: _____
AMENDMENT DATE: _____

MY INTRODUCTION

Great things about me:
My hopes and dreams for the future:
My short-term and long-term goals:

HOW MY IPP WAS DEVELOPED

Who helped with my IPP:
Where my IPP happened:
How I helped with my IPP:
My preferred IPP language:

HOW I MAKE DECISIONS

How I communicate my needs and preferences:
Ways to approach me that help me to respond:
Decisions I make on my own or with help from others:

WHAT IS IMPORTANT TO & FOR ME

What is Important To me:
What is Important For me:

HOW I LIVE

What is my living arrangement:
Services and supports I need :
What I enjoy about how I live:
Conditions I cannot tolerate in a living arrangement:
Desired Outcome:
Target Date:

What needs to be done:	By whom:	By when:	Funded by:
1.			

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2.			
3.			

HOW I CARE FOR MYSELF

What is happening now:

What parts of my daily routines give me comfort and positive control:

What things cause my daily routines to be difficult:

Desired Outcome:

Target Date:

What needs to be done:	By whom:	By when:	Funded by:
1.			
2.			
3.			

HOW & WHERE I SPEND MY TIME

How and where I spend my time during an entire week:

What pleases me about how and where I spend my time:

What frustrates me about how and where I spend my time:

Desired Outcome:

Target Date:

What needs to be done:	By whom:	By when:	Funded by:
1.			
2.			
3.			

MY RELATIONSHIPS

Who I feel close to in all the settings of my life:

What are the characteristics of people who support me best:

What are interests I enjoy sharing with others:

Who are the people I want to support me in working on my plan:

Desired Outcome:

Target Date:

What needs to be done:	By whom:	By when:	Funded by:
1.			
2.			
3.			

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MY PERSONAL & EMOTIONAL GROWTH

What is happening now:

What happens in a day that causes me to feel I had a good day:

What happens in a day that causes me to feel I had a bad day:

How I communicate my feelings with my behavior:

Desired Outcome:

Target Date:

What needs to be done:

By whom:

By when:

Funded by:

1.

2.

3.

MY HEALTH & WELLNESS

Health Status

Physical Health

Doctor

Condition/Rx

Dental Health

Dentist

Condition/Rx

Vision Health

Doctor

Condition/Rx

Doctor

Condition/Rx

Doctor

Condition/Rx

Doctor

Condition/Rx

Doctor

Condition/Rx

Funding

Dangerous Allergies

Special Care Needs

Walking Aids & Equipment

Respiratory Care Needs

Restricted Health Conditions

Health Services Support

Medication Support

Health & Wellness

What have I tried for my health and wellness:

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What have I learned:

Desired Outcome:

Target Date:

What needs to be done:	By whom:	By when:	Funded by:
1.			
2.			
3.			

When my Service Coordinator will monitor my progress and ongoing results:

When my next IPP will be planned:

RECORDED BY: _____

«Sc_Name»
Service Coordinator
Regional Center

REVIEWED BY: _____

«Pm_Name»
Program Manager
Regional Center

DATE: _____

DATE: _____

Who received a copy of this service plan:

What the Regional Center needs for recording my IPP:

When my IPP was amended:

Who received a copy of my amended IPP: