

# TBD: PERSON-CENTERED \_\_\_\_\_ PLAN

**Legal Name:** [Click or tap here to enter name](#)

**Preferred Name:** [Click or tap here to enter name](#)

**Preferred Pronoun:**  He/his  She/hers  They/theirs

**Other:** [Click or tap here to enter text.](#)

**None selected**

**UCI Number:** [Click or tap here to enter UCI number](#)

**Plan Effective Dates:** [Click or tap to enter a date](#) to [Click or tap to enter a date](#)

**Amendment Date:** [Click or tap to enter a date](#)

## Type of Planning Document:

Annual IPP

Mid-Year IPP Update

Transition Plan

Other Life Event Planning

## Optional sections [Click or tap here to enter preferred name.](#) wants to include:

Choice/Decision Making

Relationships

Community Participation

Home/Housing

Employment

Income/Finances

Transportation/Getting Around

Education/Learning

Healthcare/Wellness

Personal/Emotional Growth

Behavior Plan

Exceptions to Settings Requirement

## INTRODUCTION

**Things you should know about** [Click or tap here to enter preferred name:](#) [Click or tap here to enter text.](#)

**What people like and admire about** [Click or tap here to enter preferred name?](#) [Click or tap here to enter text.](#)

[Click or tap here to enter preferred name's hopes and dreams for the future:](#) [Click or tap here to enter text.](#)

[Click or tap here to enter preferred name's short-term and long-term goals:](#) [Click or tap here to enter text.](#)

### COMMUNICATION

**How does** [Click or tap here to enter preferred name](#) **communicate with others?** [Click or tap here to enter text.](#)

**What is important to** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**What is important for** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**Desired Outcome** [Click or tap here to enter text.](#)

**What needs to be done:** [Click or tap here to enter text.](#)

| Service Code: | Service Vendor: | By When: | Funded By: |
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### CHOICE/DECISION MAKING

**What is happening currently:** [Click or tap here to enter text.](#)

**What is important to** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**What is important for** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**Desired Outcome** [Click or tap here to enter text.](#)

**What needs to be done:** [Click or tap here to enter text.](#)

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### RELATIONSHIPS

**What is happening currently:** [Click or tap here to enter text.](#)

**What is important to** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**What is important for** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**Does this area of life pose any risks to** [Click or tap here to enter preferred name](#)? **If yes, describe the strategy in the "Known Risks" area.**

**Desired Outcome** [Click or tap here to enter text.](#)

**What needs to be done:** [Click or tap here to enter text.](#)

| Service Code: | Service Vendor: | By When: | Funded By: |
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**COMMUNITY PARTICIPATION**

**What is happening currently:** Click or tap here to enter text.

**What is important to** Click or tap here to enter preferred name: Click or tap here to enter text.

**What is important for** Click or tap here to enter preferred name: Click or tap here to enter text.

**Does this area of life pose any risks to** Click or tap here to enter preferred name? **If yes, describe the strategy in the “Known Risks” area.**

**Desired Outcome** Click or tap here to enter text.

**What needs to be done:** Click or tap here to enter text.

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**HOME/HOUSING**

**What is happening currently:** Click or tap here to enter text.

**What is important to** Click or tap here to enter preferred name: Click or tap here to enter text.

**What is important for** Click or tap here to enter preferred name: Click or tap here to enter text.

**Does this area of life pose any risks to** Click or tap here to enter preferred name? **If yes, describe the strategy in the “Known Risks” area.**

**Desired Outcome** Click or tap here to enter text.

**What needs to be done:** Click or tap here to enter text.

| Service Code: | Service Vendor: | By When: | Funded By: |
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### EMPLOYMENT

**What is happening currently:** Click or tap here to enter text.

**What is important to** Click or tap here to enter preferred name: Click or tap here to enter text.

**What is important for** Click or tap here to enter preferred name: Click or tap here to enter text.

**Does this area of life pose any risks to** Click or tap here to enter preferred name? **If yes, describe the strategy in the “Known Risks” area.**

**Desired Outcome** Click or tap here to enter text.

**What needs to be done:** Click or tap here to enter text.

| Service Code: | Service Vendor: | By When: | Funded By: |
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### INCOME/FINANCES

**What is happening currently:** Click or tap here to enter text.

**What is important to** Click or tap here to enter preferred name: Click or tap here to enter text.

**What is important for** Click or tap here to enter preferred name: Click or tap here to enter text.

**Does this area of life pose any risks to** Click or tap here to enter preferred name? **If yes, describe the strategy in the “Known Risks” area.**

**Desired Outcome** Click or tap here to enter text.

**What needs to be done:** Click or tap here to enter text.

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### TRANSPORTATION/GETTING AROUND

**What is happening currently:** Click or tap here to enter text.

**What is important to** Click or tap here to enter preferred name: Click or tap here to enter text.

**What is important for** Click or tap here to enter preferred name: Click or tap here to enter text.

**Does this area of life pose any risks to [Click or tap here to enter preferred name](#)? If yes, describe the strategy in the “Known Risks” area.**

**Desired Outcome** [Click or tap here to enter text.](#)

**What needs to be done:** [Click or tap here to enter text.](#)

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**HEALTHCARE/WELLNESS**

**What is happening currently:** [Click or tap here to enter text.](#)

**What is important to** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**What is important for** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**Does this area of life pose any risks to [Click or tap here to enter preferred name](#)? If yes, describe the strategy in the “Known Risks” area.**

**Desired Outcome** [Click or tap here to enter text.](#)

**What needs to be done:** [Click or tap here to enter text.](#)

| Service Code: | Service Vendor: | By When: | Funded By: |
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**EDUCATION/LEARNING**

**What is happening currently:** [Click or tap here to enter text.](#)

**What is important to** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**What is important for** [Click or tap here to enter preferred name](#): [Click or tap here to enter text.](#)

**Desired Outcome** [Click or tap here to enter text.](#)

**What needs to be done:** [Click or tap here to enter text.](#)

| Service Code: | Service Vendor: | By When: | Funded By: |
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### PERSONAL/EMOTIONAL GROWTH

**What is important to** Click or tap here to enter preferred name: Click or tap here to enter text.

**What is important for** Click or tap here to enter preferred name: Click or tap here to enter text.

**How** Click or tap here to enter preferred name **communicates their feelings:** Click or tap here to enter text.

*If a behavioral support plan with restrictive procedures is used, please note any risks in the "Known Risks" section.*

**Desired Outcome** Click or tap here to enter text.

**What needs to be done:** Click or tap here to enter text.

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### HOW THIS PLAN WAS DEVELOPED

**Who helped with the plan?** Click or tap here to enter text.

**Where did this meeting happen?** Click or tap here to enter text.

**How** Click or tap here to enter preferred name **helped with the plan:** Click or tap here to enter text.

**The preferred plan language:** Click or tap here to enter text.

### ADDRESSING RISKS

**Emergency preparedness plan (natural disasters, power outages, community disasters, etc):** Click or tap here to enter text.

**Who to contact in case of an emergency:** Click or tap here to enter text.

### KNOWN RISKS

No known, serious risks

| Risk                                    | High Risk                | Describe the issue and how it was addressed, or note where the information can be found |
|---|--------------------------|---|
| <u>Click or tap here to enter text.</u> | <input type="checkbox"/> | <u>Click or tap here to enter text.</u>   |

*If a behavioral support plan includes restrictive procedures, please include as an addendum.*

**SUMMARY OF SERVICES & SUPPORTS**

| <b>Desired Outcome:</b> | <b>Service Needed:</b> | <b>Service Vendor:</b> | <b>Begin Date:</b> | <b>End Date:</b> | <b>Funded By:</b> |
|-------------------------|------------------------|------------------------|--------------------|------------------|-------------------|
|                         |                        |                        |                    |                  |                   |
|                         |                        |                        |                    |                  |                   |
|                         |                        |                        |                    |                  |                   |
|                         |                        |                        |                    |                  |                   |

**AGREEMENTS**

**Person Receiving Services:** \_\_\_\_\_

Click or tap here to enter name.

Click or tap to enter date signed.

**Recorded By the Service Coordinator:** \_\_\_\_\_

Click or tap here to enter name.

Click or tap to enter date signed.

Click or tap here to enter Regional Center name.

**Reviewed By the Program Manager:** \_\_\_\_\_

Click or tap here to enter name.

Click or tap to enter date signed.

Click or tap here to enter Regional Center name.

**Who received a copy of this service plan:** Click or tap here to enter text.

**What the Regional Center needs for recording this plan:** Click or tap here to enter text.