

**[Regional Center Name]**  
**INDIVIDUAL PROGRAM PLAN AGREEMENT AND SIGNATURE FORM**

**Legal Name:** click or tap here to enter first name click or tap here to enter last name

**UCI Number:** click or tap here to enter UCI number

**Date of Birth:** ....

**Federal Funding?** ☐ Yes ☐ No **If yes, what type:** Click or tap here to enter text.

**Date This Review Occurred:** ....

**Next Review Date:** ....

**Remote Meeting?** ☐ Yes ☐ No

**I wish to receive a copy of the plan in my preferred language:** Click or tap here to enter text.

**Type of Plan:** click or tap here to select type of plan

**OR ☐ Amendment:** click or tap here to select a reason

I/we participated in the development or renewal of my Individual Program Plan (IPP).  
The services and supports that have been agreed upon and will be included in the IPP  
or will be changed from my previous plan are:

<b>Desired Outcome:</b> Click or tap here to enter text.					
<b>REGIONAL CENTER FUNDED</b>					
<b>Authorization</b>					
<b>Service/ Support:</b>	<b>Supported By:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>How Much:</b>	<b>How Often</b>
Click or tap here to enter text.	Click or tap here to enter text. <input type="checkbox"/> Provider to be determined	....	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text. <input type="checkbox"/> Provider to be determined	....	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	....	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

	<input type="checkbox"/> Provider to be determined				
<b>FUNDED BY OTHER SOURCES</b>					
<b>Authorization</b>					
<b>Service/Support:</b>	<b>Supported By:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>How Much:</b>	<b>How Often</b>
Click or tap here to enter text.	Click or tap here to enter text. <input type="checkbox"/> Provider to be determined	....	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text. <input type="checkbox"/> Provider to be determined	....	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

*Note: the approximate start date of **existing** services will be the date of the IPP, unless otherwise indicated. **New** services will require time to initiate and complete referrals and may take longer to begin.*

### Agreement of Services

Please select one of the options below.

- ☐ Agreement on all services: I agree with the above listed services, and I authorize [Regional Center Name] to purchase the services agreed upon for the implementation of my IPP.
- ☐ Agreement on some or no services: The team did not agree on the following service(s): **[Select service(s)]**

### Additional Requests:

☐ I agree, as discussed with my team, to hold an IPP meeting on .... This will be held within 15 days, or later if I agree, to review the items not agreed upon at today's meeting. I may cancel this second meeting if my concerns regarding the Services and Supports are resolved to my satisfaction before the end of the 15-day period.

☐ I request a Notice of Action (NOA) and that it be provided in my preferred language:  
Click or tap here to enter text.

I would like to receive a copy of the NOA by:

☐ Email ☐ Certified mail ☐ Fax

**Are there exceptions to settings requirements?** ☐ Yes ☐ No

☐ I am in agreement with the exceptions to the Community Settings rule described in the following: **[Select a Life Area]**

**Acknowledgments:**

☐ I have been provided a statement of all the services and supports the regional center purchased for me during the last year.

☐ I have discussed and shared information about any needs I have right now or in the future with my Service Coordinator.

☐ [Regional Center Name] will hold IPP meetings, as necessary, as my desired outcomes or needs change. This may happen once a year if I'm enrolled in the Medicaid Waiver or no less often than once every three years if I'm not enrolled. My Service Coordinator will be responsible to monitor this plan. I understand that I may call my planning team together at any time by contacting my Service Coordinator.

**I would like to receive a copy of the IPP:**

☐ Electronically ☐ Printed copy in the mail

**The following information was discussed:**

☐ Self-Direction:

Self-Direction is a way for you to have more choice over your services and supports, who provides them and how they are provided. Planning happens with your Service Coordinator through a person-centered planning process, so talk to your Service Coordinator if you want to learn more about self-direction. You can get services and supports that are self-directed in two different ways:

- Self-Determination Program: Gives you more control and responsibility and liability in creating your service plans and choosing service providers to better meet your needs. You work with your planning team to develop a budget and spending plan to purchase services, supports and goods from qualified service providers, individuals, or businesses.
- Participant Directed Services: Gives you the choice in who to hire, when to schedule, and how to supervise the work for some types of services and supports. The services and supports can be used by those who live in their own home, their family home and some community living homes.

☐ Appeals Process

An appeal is a way to solve a disagreement with your regional center. If you and the regional center do not agree, you have the right to appeal the regional center's decision. To learn more, please visit **[Regional Center Name]**'s website or the Department's

website: <https://www.dds.ca.gov/general/appeals-complaints-comments/fair-hearings-complaint-process/>

☐ **4731 Complaint:**

If you receive services from the regional center, you or someone like a parent, legal guardian, conservator, or authorized representative, can file a complaint if you think your rights have wrongly or unfairly denied by a regional center, developmental center or a service provider. To learn more, please visit [Regional Center Name]'s website: Click or tap here to enter text. or the Department's website:

<https://www.dds.ca.gov/general/appeals-complaints-comments/consumer-rights-complaint/>.

☐ **Whistleblower Policy:**

If you see or experience an illegal or improper activity, you should report it to the Department. This is called a Whistleblower Complaint. There are two types of Whistleblower Complaints:

- **Illegal or Improper Regional Center Activity:** When a regional center, or regional center employee, officer, or board member of a regional center who is doing regional center business does something wrong. Some examples might be:
  - Breaking state or federal law
  - Not following a legal agreement between a regional center and another person or business
  - Lying or tricking someone so they can make money or get some other reward
  - Using government property in the wrong way or for something illegal
  - Doing something on purpose that is against the law, ignoring the law, lying about having the right skills for their job or cannot do their job
- **Illegal or Improper Service Provider or Contractor Activity:** When a service provider or contractor (like a person or company that is hired to provide a service or do a job), does something wrong when providing services. That person could be an employee, officer, or board member of a service provider or contractor. Some examples might be:
  - Breaking state or federal law
  - Not following a legal agreement between a regional center and another person or business
  - Lying or tricking someone so they can make money or get some other reward
  - Using government property in the wrong way or for something illegal
  - Doing something on purpose that is against the law, ignoring the law, lying about having the right skills for their job or cannot do their job

You can report to the Department any activity that is illegal or improper. You will be protected if you file a complaint against the regional center or a service provider or contractor. To learn more, please visit [Regional Center Name]'s website: Click or tap

here to enter text. or the Department website: <https://www.dds.ca.gov/general/appeals-complaints-comments/regional-center-or-vendor-contractor-whistleblower-complaints/>.

☐ Employment First:

In 2013, California became the 12th state to make an employment first policy into law. The law states that it is important that everyone with a developmental disability have a chance to work for the same pay, benefits, and places as other people, regardless of their disabilities. If you want to get a job or want to learn more about working, talk to your Service Coordinator.

☐ National Voter Registration Act:

In 1933, Congress made it easier for you to vote. If you want to vote, you can register with the regional center.

☐ Transportation Access Plan:

To help you be more independent, travel to places you want and be part of your community, you can have a Transportation Access Plan. This plan will have services and supports you need for things like how to get to and from the bus stop or light rail station, how to get to where you want to go and how to use any equipment or mobility aids on the public transportation system.

☐ Caregiver Succession Plan:

If you live in your family home, you and your planning team should talk about if you need a plan for who will care for you in the future. You should talk about it before you turn 22 years old. This is called a Caregiver Succession Plan. If you and your planning team decide you need this plan, you will talk about it every year.

**Additional Notes:**

Click or tap here to enter text.

**Signatures of IPP Planning Team Participants:**

<b>Signature:</b>	<b>Participant Name (Print):</b>	<b>Relationship to [Name]:</b>	<b>Date:</b>
	Click or tap here to enter text.	Click or tap here to enter text.	....
	Click or tap here to enter text.	Click or tap here to enter text.	....
	Click or tap here to enter text.	Click or tap here to enter text.	....
	Click or tap here to enter text.	Click or tap here to enter text.	....

**IPP Survey:**

The Department of Developmental Services (Department) wants to hear from you about your IPP meeting. Your answers will only be read by Department. We do not ask for your name so you can be open and direct with your answers. We can send you a paper copy in the mail. You can call us at 833-421-0061 and press option 1. You can also email us at [IPPSurvey@dds.ca.gov](mailto:IPPSurvey@dds.ca.gov). It is your choice to take this survey.

Scan this QR code to take the survey:



How to use the QR code and take the survey:

1. Open the camera app on your cell phone or tablet.
2. Hold your camera over the square QR code. Be sure you can see the QR code on the screen.
3. A link to the survey will pop up on your screen. Tap the link to open the survey.
4. Pick the answer that best matches what happened during your IPP meeting.
5. Press the "Done" button when you are finished.