

NOTE: This should not be a separate agreement form. This document shows the functionality where only certain fields would show up when Amendment is selected. The various Acknowledgements would not have to be reviewed as part of completing an amendment.

[Regional Center Name]
INDIVIDUAL PROGRAM PLAN AMENDMENT 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.

☐ **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:

Desired Outcome: Click or tap here to enter text.

REGIONAL CENTER FUNDED

Authorization

Service/ Support:	Supported By:	Start Date:	End Date:	How Much:	How Often
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.

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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.
FUNDED BY OTHER SOURCES					
Authorization					
Service/Support:	Supported By:	Start Date:	End Date:	How Much:	How Often
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)]**

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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]**

I would like to receive a copy of the IPP:

☐ Electronically ☐ Printed copy in the mail

Additional Notes:

Signatures of IPP Planning Team Participants:

Signature:	Participant Name (Print):	Relationship to [Name]:	Date:
	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.	....