

**Example 2 – Sample Format Aligned to Person-Centered Thinking Components**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facilitator/Advisor:**

<b>Team Members</b>	<b>Relationship to Me</b>	<b>Contact Information</b>	<b>Signature</b>

**Life Domain or Goal:**

<b>Experiences and Skills I already Have:</b>
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**What I want to do? What I want to achieve? What I want to learn? What I want to experience?**

**If my team decides I need more experiences or skills in this life domain, list new skills or experiences:**

New Skills Experiences	Where Will This Happen	When Will This Happen	How Will I Get There	Accommodations	Community Resources	Who will Support Me Myself Family/Friend Other Person Paid Staff	Cost

**If I am ready to work on my goal, list the action steps:**



**If there are risks involved in this goal, describe them:**

**What strategies and supports will keep me safe:**

**What Measurement Strategy will be used?**

**How will this be done? Who will do this?**

**How will I review my own progress and the changes in my life?**

**When will my team meet to review my plan?**

**Review of My Plan**

Yes No

**Declined**

- 1. Does this ISP reflect the services I choose and the outcomes/goals I want? [ ] [ ] [ ]
- 2. Have I been provided information about the planning process and how to request changes and updates to my ISP? [ ] [ ] [ ]
- 3. Did I choose the location of my ISP meeting? [ ] [ ] [ ]
- 4. Did I choose who came to my ISP meeting? [ ] [ ] [ ]
- 5. Did the case management agency review the services that are available to me? [ ] [ ] [ ]
- 6. Was I informed of my rights? [ ] [ ]

Yes No

**N/A**

- 7. Does this ISP reflect what is needed for my family to effectively provide supports? [ ] [ ] [ ]
- If No to any of the above, please explain:
- 
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**ISP Team – Does this ISP reflect person centered planning in the areas of:**

Yes No

- Independence:** Having control and choice over one’s own life. [ ] [ ]
- Integration:** Living near and using the same community resources and participating in the same activities as, and together with, people without disabilities. [ ] [ ]
- Productivity:** Engaging in contributions to a household or community; or engaging in income-producing work that is measured through improvements in income level, employment status or job advancement. [ ] [ ]

Describe the reason for any question above remaining “no” and the plan to address it:

## Agreement to this Plan

These people agree to this plan and associated documents as reflecting my strengths and preferences, support needs as identified by an assessment and the services and supports that will assist me to achieve identified desired outcomes.

- **Participant:** I agree with this plan and intend to participate in steps outlined to work toward my goals.
- **Support Coordinator/Case Manager:** Ensure the plan meets the person's current service needs and complies with requirements for person centered planning and associated funding.
- **Providers:** Agree to implement and provide the supports that have been designated as their responsibility in this ISP.

Name	Relationship to me	Present at meeting?	Signature	Date	Comments
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			
		[ ] Yes [ ] No			

**Behavior Plan:**            Yes    No    If yes, please attach

**Nursing Care Plan:**        Yes    No    If yes, please attach

**Income Disregard Form:** Yes    No    If yes, please attach



**BHDDH DIVISION OF DEVELOPMENTAL DISABILITIES  
ISP ATTACHMENT FORM FOR BENEFITS PLANNING AND EMPLOYMENT**

**What information on Social Security Work Incentives, have you received?** This includes information a family member or rep payee received on your behalf. Check all that apply.

I received (*check all that apply*):

I attended (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> SSA Working While Disabled Pamphlet            | <input type="checkbox"/> A group work incentive information session           |
| <input type="checkbox"/> Myths & Facts: Social Security Benefits & Work | <input type="checkbox"/> An individual counseling session for a benefits plan |
| <input type="checkbox"/> Sherlock Plan information                      |   |

**I have secured employment and have a benefits plan written by a Certified Work Incentives Counselor (CWIC)?**

If YES, date of plan: \_\_\_\_\_ If NO, I have declined a benefits plan \_\_\_\_\_

**Working age adults (age 18+) must choose one of the following statements:**

- I am employed and choose to:** *Check all that apply.*
  - Retain current integrated job.
  - Advance in current integrated job (more hours, raise, new skills, promotion, etc.)
  - Get a new integrated job.
  - Get an additional integrated job.
  - Maintain a job in a non-integrated employment setting.
    - *Complete separate Request for Variance for Segregated Employment and submit separately.*
  
- I am Retired – I am at least 62 or will be this ISP year.**
  - *Employment goals are not required, but plan must address retirement activities.*
  
- I am currently not working in integrated employment, but I’m interested and choose to:** *Check all that apply.*
  - I want to obtain integrated employment.
  - Explore interests in integrated employment or in community settings through an Employment Path, Discovery, or other time-limited service.
  - I’m enrolled in Post-Secondary Education or a Vocational Training Program.
  - Not pursue integrated employment at this time due to need to stabilize health (including behavioral health).
  - Other: please explain \_\_\_\_\_
  
- I am not interested in employment**
  - *Complete Request for Variance for Day Only Services and submit separately.*

**Status with Office of Rehabilitation Services (ORS)**

- |   |  |
|---|--|
| <input type="checkbox"/> I want ORS services<br>Application Date: _____ | <input type="checkbox"/> I went to ORS in the past, now closed |
| <input type="checkbox"/> I am currently receiving ORS Services          | <input type="checkbox"/> Other/Not Applicable, please explain: |