



IT'S ALL ABOUT ME

Elizabeth Smith

What people like and admire about Me...

- She's a determined self-advocate – ask her about her rally speeches
- A gutsy gal
- Talk about organized!
- A true blue friend
- She lights up a room!
- She's a Fashionista

A Few Things That Are Important TO Me...

- My independence
- A thriving social life
- Being organized and prepared
- School – Graduation in May 2011!
- Taking good care of myself
- Routines
- Planning for the future – including a job, an apartment, and a boyfriend
- Everything Michael Jackson
- Diet Coke
- Singing at church
- Fun with friends & family
- Writing in my journals
- Avoiding conflict
- Fashion
- Close relationships with Family & Friends

...And A Few Things That Are Important FOR Me:

- CPap machine, plenty of sleep (may include naps)
- Seizure medications
- Healthy diet and exercise
- Writing in my journals
- Conflict free environments & relationships
- Avoiding a "fireball"

Here's How You Can Support Me:

- Help me with time, money, cooking, shopping & some cleaning
- Help me find a job and job training
- Assist me to fix my hair & pick out cute outfits
- Help me make healthy food choices and to exercise
- Understand if I'm upset, I'm probably tired.
- Talk to me nicely & quietly. No bad words.
- When people around me are angry or there is conflict, help me get away
- Help me understand what's going on, what to expect

Discovery Assessment Summary

Important To/Important For – Info below populates from assessment, if blank in assessment, section will not show up below.

Section:	Important To: <i>what makes the person feel satisfied, content</i>	Important For: <i>health, safety, valued member/social role</i>
Communication		IT will populate here, if there is an assessed need: Adaptive Equipment/Technology/Environmental Modifications:
Citizenship & Advocacy		
Safety & Security		IT will populate here, if there is an assessed need: Adaptive Equipment/Technology/Environmental Modifications:
Social & Spirituality		
Daily Life & Employment		IT will populate here, if there is an assessed need: Path to Employment: Choose an item. Adaptive Equipment/Technology/Environmental Modifications:
Community Living		
Healthy Living		IT will populate here, if there is an assessed need: Medical Considerations/Allergies/Dietary Considerations Diagnosis Information/Supports Taking Medications/Who Adaptive Equipment/Technology/Environmental Modifications:

Skills and Abilities: *What is the person good at, what can they do on their own, what do they have to contribute*

Communication	Includes: Best way to connect with the person: Choose an item.
Citizenship & Advocacy	
Safety & Security	
Social & Spirituality	
Daily Life & Employment	
Community Living	
Healthy Living	

Known and Likely Risks – include any MUI trends and preventative measures

Section	What is the risk, what it looks like, where it occurs:	What support must look like:	Type of Support/Who is responsible:
Communication			
Citizenship & Advocacy			
Safety & Security			
Social & Spirituality			
Daily Life & Employment			
Community Living			
Healthy Living	IT will populate here, if there is an assessed need: Medical Considerations/Allergies/Dietary Considerations		
Provider Back-Up Plan:	IT will make this a required question. Will not disappear if risks aren't identified.		
Level of Support/Supervision: IT will make this a required question. Will not disappear if risks aren't identified. Section is currently under development	At Home: Choose an item. Explanation of "why" will live in other sections (will add guidance to other sections)	Other places: Choose an item. List place: Can add as many additional "other places" as necessary Explanation of "why" will live in other sections (will add guidance to other sections)	

Working/Not Working – Info below populates from assessment, if blank in assessment, section will not show up below.

What's Working: <i>what's going well, what should stay the same</i>	What's Not Working: <i>what's not going well, what should change, barriers</i>

Outcomes/Experiences

Summary of Previous Year/Progress on Outcomes: <i>Share accomplishments, progress, how success is to be celebrated</i>	
List outcome(s)	<i>"List outcome", if used could populate from somewhere...</i>

Outcome:			
.			
Details to Know:			
Experiences:			
What/How to help	Who	When	How often
Outcome/Experiences Review			
What will progress look like/How will we know it is happening?	Who	When	
Important and Relevant History:			

Services and Supports

Paid Supports

Who is responsible:	PROVIDER NAME		
Assessment Area:	Service Code:	Scope of Service/What support looks like:	How often:

Additional Supports: *family, friends, community resources, technology, etc.*

Assessment Area:	Who supports:	What support looks like:	When/How often:

Professional Referrals: *medical professionals, therapists, etc.*

Assessment Area:	Who supports:	Reason for referral:	When/How often:

Service Authorizations – IT will not populate this section (service authorizations), if ICF

Service:	From Who/How Often:	Funding Source:	Begin Date/End Date:

Team Members – Participation & Informed Consent/Agreement

Person Supported/Family/Guardian:			
RM Only Human Rights Committee Review Required:	<u>If yes, the following three questions would populate in IT</u>	Date of HRC Approval:	
RM Only What help do I need to keep myself safe? (Describe restrictive strategies and why they are needed).			
RM Only What could happen if I allow this help?			
Good:		Bad:	
RM Only If I don't allow this help, what other ways help me be safe?			
Good things about these other options:		Bad things about these other options:	
I understand that I can change my mind at any time. I just need to let [Insert SSA/QIDP] know.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I understand I can contact someone at [Agency Name] if I want to file a complaint. Contact:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I agree this plan contains supports to meet my health and welfare needs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Individual rights have been reviewed with me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I understand the purpose, benefits, and potential risks. I agree and consent to this entire plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The FCOP has been explained and I have been given the FCOP fact sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I have been given my due process rights.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I have been given information on residential options.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Signatures

All Team Members: <i>by signing below, I agree that this plan reflects actions, services, and supports as requested by the person listed. As a provider, I agree to the services listed in this plan for which I am named a responsible party. I understand that I may revoke my consent at any time verbally or in writing in accordance with DODD Rules.</i>				
Team Member:	Name/Relationship:	Participated in planning:	Signature of Approval for supports as outlined in this plan:	Date:
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Choose an item.		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Dissenting Opinions

Team Member:	Name/Relationship:	Areas team members disagree:	How to fix it:	Date:
Choose an item.				
Choose an item.				

Contact Information - IT system should provide option to make information private in this area (such as SSN, Medicaid #, Diagnoses, Status, etc.) This will be based on individual preference.

Name:												
Address:					City, State, Zip:				County:			
Phone:			Date of Birth:			DODD#:			Sex:		Status:	<u>Single</u>
SS#:				Medicaid #:				Medicare:				
Other Health Insurance:					Phone:				Policy #:			
ISP Span Dates:	_____ - _____		Funding Source(s):	Under development – list of dropdown options/select all that apply								
Important People: Add as many lines as necessary NOTE: This information should be found throughout the plan, but this section is used for contact purposes.												
Choose an item.	<u>Name/Relationship</u>		Address:					Phone:				
Important Clubs, Groups, Organizations: Add as many lines as necessary NOTE: This information should be found throughout the plan, but this section is used for contact purposes.												
Choose an item.	<u>Name</u>	Address:					Phone:					
		When/Meeting Info:					Who helps:					
Important Places: Add as many lines as necessary NOTE: This information should be found throughout the plan, but this section is used for contact purposes.												
Choose an item.	<u>Name</u>	Address:					Phone:					
		Schedule:					Acuity:					