



# INDIVIDUAL SERVICE PLAN (ISP)

Name:	Date:	Program:	
Date of Birth:	Date of Admission:		
INITIAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	SEMIANNUAL <input checked="" type="checkbox"/>	ADDENDUM <input type="checkbox"/>

## Person Centered Plan

Positive things about me:	Things that make me happy:	Things that make me sad or frustrated	Other important things about me

Dreams for my future

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Where I would like to live

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Interests

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Vocational Interests

Activities I like to do during the day and on weekends

Supports I need to be successful

People who are important in my life

Important things to know about my health (medical history, Allergies, etc)

**Current Medications**

Name	Dosage	Frequency/Time	Purpose	Physician

**Areas of desired assistance**

<b>Personal Care:</b>	<b>Vocational or day program support:</b>
<b>Money Management/SSI reporting:</b>	<b>Transportation:</b>
<b>Social Interaction:</b>	<b>Housing:</b>
<b>Medical Needs:</b>	<b>Cooking skills or preferences:</b>
<b>Community Safety:</b>	<b>Cultural Needs:</b>
<b>Assistive Technology:</b>	<b>Roommate preferences:</b>
<b>Obtaining resources and benefits:</b>	<b>Legal Issues:</b> (conservator, probation, etc)
<b>Behavioral Supports:</b>	<b>Other:</b>

**Reason for Referral and/or History**

**Summary of Discussion**

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**Goals/Desired Outcomes**

<b>Objective #1:</b>	
<b>Baseline:</b>	<b>Goal:</b>
<b>Plan:</b> <ul style="list-style-type: none"><li>●</li><li>●</li><li>●</li></ul>	<b>Person responsible:</b>
<b>How will I know when this goal is met?</b>	

<b>Objective #2:</b>	
<b>Baseline:</b>	<b>Goal:</b>
<b>Plan:</b> <ul style="list-style-type: none"><li>●</li><li>●</li><li>●</li></ul>	<b>Person responsible:</b>
<b>How will I know when this goal is met?</b>	

<b>Objective #3:</b>	
<b>Baseline:</b>	<b>Goal:</b>

<b>Plan:</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Person responsible:</b>
<b>How will I know when this goal is met?</b>	

**Persons responsible for Implementation of ISP Goals and Objectives**

Program Design: Michael Mamot, CEO OPTIONS  
 Debbie Bertrando, COO OPTIONS

Staff Supervision:  
 TCRC Case Management:  
 Department of Rehabilitation:  
 Program Implementation:

**Comments:**

I have had this ISP reviewed with me by: \_\_\_\_\_

I am aware of and understand the objectives and goals established with me in this ISP.  
 I am willing to participate actively in achieving these goals, and understand that I can request the ISP be changed at any time.