

for **Person-
Centered
Plan**

[Insert Name]

[Date]

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Creation of this Plan

Facilitator:

Facilitator Contact Information:

Participant Name:

UCI Number:

Date of Birth:

Where did the PCP meeting happen?

Meeting #1:

- Date:
- Location:
- Attendees:

Meeting #2:

- Date:
- Location:
- Attendees:

Meeting #3:

- Date:
- Location:
- Attendees:

What part did [insert name] choose to play in making this plan?

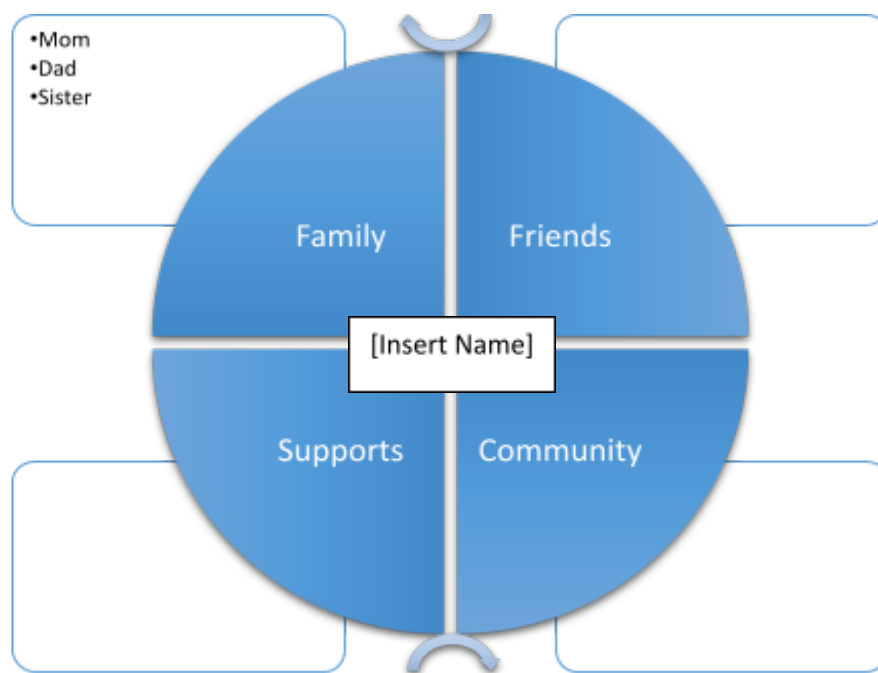
About [Insert Name]

Purpose of this plan

The purpose of this plan is for [Insert Name] to transition into the self-determination program. [Insert Name] will use this plan to assist him in creating a self-determined life. This includes the principles of self-determination: **Freedom** (to decide how he want to live his life; **Authority** (over how the money in his budget will be spent); **Support** (to organize resources in a way that is life enhancing and meaningful to [Insert Name]); **Responsibility** (to use the public dollars in a wise manner); and **Confirmation** (so [Insert Name] will know he is the most important person in making plans for his life). [Insert Name] is the decision maker about his services. Self -determination means “nothing about you with you”.

Last Year Progress

[Insert Name]'s Circle of Support



What People Like and Admire About [Insert Name]

The important people in [Insert Name]'s life like and admire HIM/HER because HE/SHE...

Category

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-
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Category

-
-
-

Category

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-
-

[Insert Name]'s Interests

-
-

[Insert Name]'s Skills & Talents

-

Important To and Important For [Insert Name]

Important **TO** [Insert Name]

(The things in life that matter most to [Insert Name]. They help [Insert Name] to be satisfied, comforted, happy and fulfilled.)

The things that are most important **to** [Insert Name] include:

Category

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Category

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Important **FOR** [Insert Name]

(Issues of health, safety and what others see as necessary to help [Insert Name])

Category

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How [Insert Name] Communicates

What is happening	I do this	It usually means	And I want you to

Qualities of Those Who Support [Insert Name] Best

Things to Avoid

[Insert Name]'s Best/Worst Day

Best Day	Worst Day

Current Situation

What's Working	What's Not Working

Things to Figure Out

Weekly Schedule

Weekly Schedule (School in session – 36 weeks)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00 am							
12:30 am							
1:00 am							
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11:30 pm							
Total Daily							

Total Weekly hours for each service: (168 hours in a week) -

List each Service – Weekly Hours

Weekly Schedule (School on break – 16 weeks)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00 am							
12:30 am							
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1:30 am							
2:00 am							
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11:00 pm							
11:30 pm							
Total Daily							

Total Weekly hours for each service: (168 hours in a week) -

List each Service – Weekly Hours

Hopes, Dreams & Long-term Goals

Goals

Life Area Choose an item.		
Goal		
Description		
Team Discussion		
What Needs to Be Done	Who Will Do/Assist	By When
Support Needs <i>service/support/activity/item</i>		Payer <i>SDP budget, etc.</i>

Life Area Choose an item.		
Goal		
Description		
Team Discussion		
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Summary of Current Services

Generic Resources

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Regional Center

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Changes in Circumstances, Needs, or Resources

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