

Agency Name

ID Team Minutes for the Development of the (Agency Name) Person-Centered Plan for (Name)

Developed Date:

A bit about who I am and what drives me:

--

Date I Began Receiving Supports:

Age:

Date of Birth:

Legal Status: ☐ I am my own decision maker ☐ I have a legal conservator: _____

Regional Center SC:

Date/Time/Location of Meeting:

People Important to Me/Key Relationships:

Name	Relationship	Address	Phone #	Email Address

Meeting Format:

I was able to lead the discussion during my meeting and share the things that are important to me in the following ways:

- ☐ I developed the agenda with the following supports: _____
- ☐ This meeting was held at a time and place that I chose or participated in choosing so that people important to me could attend.
- ☐ I was the moderator of the discussion during the meeting
- ☐ I clearly indicated my preferences and shared with my team what is important to me and the dreams I have for my future.
- ☐ My support person _____ completed the agenda, moderated the discussion and shared what assessments indicated were important for me and shared discussion with all members of the team those things that they know to be important for me.
- ☐ My support person _____ choose the location and time of the meeting based on my preferences and the preferences of those people important to me so they could attend.

The following cultural considerations were utilized during my meeting:

- ☐ Interpreter
- ☐ Simple language

[] Other:

The following people have assisted me with the above actions:

--

Meeting Expectations:

It is important that everyone respects everyone else and all members of my team are important. We will treat each other with dignity and respect. We will focus on the services and supports I need to achieve my goals based on my preferences. We will ensure when we leave here today, we have a balanced Person-Centered Plan.

If there are disagreements or conflicts that arise during this meeting the following steps will be taken:

1. _____ (name) will guide the discussion and state what the conflict appears to be and the basis of the conflict.
2. _____ (name) will outline steps that each party can take to educate themselves to the situation surrounding the conflict.
3. _____ (name) will provide a timeline for these steps to be completed and set a time the team can return to resolve the conflict.
4. The conflict issue will be tabled until an identified date to come back and discuss the issues) further and the meeting will resume.

Document any identified conflicts/disagreements below:

--

My Support Staff and I have provided a List of those things that are the most Important to me:

--

My Support Staff and I have provided a list of those things that are most Important for me. Things that are important for me come from assessments (i.e. my physical, my risk assessment, other assessments) and assist me in staying safe and healthy:

--

My team discussed the different types of HCBS/Other Settings I am eligible for receiving. This discussion is provided below with all recommendations for the services and supports I receive:

--

Current IPP/ISP/PCP Objectives and Review of Progress/Achievements:

--

In reviewing my current IPP/ISP/PCP Objectives we discussed the following:

What have we learned?

--

What has worked?

--

What has not worked?

--

How do we want to proceed?

--

Vision(s) for the Future:

--

Accessibility Needs/Supports/Adaptive Equipment:

--

Health Information (including current status, medication, nutrition, dental, etc.):

--

Social/Emotional/Coping Information (including positive behavior support plans, responsibilities, modification of any rights, achievements, struggles, etc.)

--

*all modification of rights, if applicable have a corresponding form justifying the need and plan for the modification.

Financial information if Applicable (including abilities/preferences/supports and current status, etc.)

--

Team Recommendations for IPP/ISP/PCP Goals and Items of Follow-up

1. Place measurable goal/objective statement here.
Check all that apply
☐ promotes access to the greater community
☐ reflects my strengths and preferences
☐ reflects clinical, social, emotional 'important for' supports
☐ reflects dreams/goals desires 'important to' supports
2. Place measurable goal/objective statement here.
Check all that apply
☐ promotes access to the greater community

- ☐ reflects my strengths and preferences
- ☐ reflects clinical, social, emotional 'important for' supports
- ☐ reflects dreams/goals desires 'important to' supports

3. Place measurable goal/objective statement here.

Check all that apply

- ☐ promotes access to the greater community
- ☐ reflects my strengths and preferences
- ☐ reflects clinical, social, emotional 'important for' supports
- ☐ reflects dreams/goals desires 'important to' supports

Other Action Items:

--

Summary of Paid and Generic/Natural Supports:

--

People/Person Responsible for Monitoring the IPP/ISP/PCP:

--

Signatures indicate consensus for the IPP/ISP/PCP and action items. This plan is implemented with informed consent of each person unless otherwise stated in this summary of the ID Team Meeting. This plan and this summary will be distributed to all individuals participating in the manner and timeline indicated below:

--

Signatures/Date

Title

_____	Person Receiving Services
_____	Parents/Family
_____	Conservator if Applicable
_____	Administrator/Director of Program
_____	Regional Center Service Coordinator
_____	Staff
_____	Staff
_____	Other Vendored Service Representative
_____	<u>Other:</u>
_____	<u>Other:</u>
_____	<u>Other:</u>
_____	<u>Other:</u>