

Name of Person:

Date of Plan:

Individualized Day Supports – Initial Community Integration Plan

*Important Notes: This form is to be used only for new referrals to an Individualized Day Supports provider and only for the first thirty (30) days of service. An Ongoing Community Integration Plan is due to the Service Coordinator after the first thirty (30) days. Providers must use this form for the Initial Community Integration Plan. **Review and use Person-Centered Thinking Tools to develop this plan.** This **plan must be submitted via email to the Service Coordinator within three (3) days of start date for service. Service Coordinator will review and approve this plan and then upload this plan into MCIS.***

Name of the person receiving the service:

Person’s Address:

Person’s Phone Number and Email:

Emergency Contact:

Name of IDS Provider:

Provider Contact Name:

Phone:

Email:

Date Service is starting:

Date that thirty (30) Days of Service will be reached and Ongoing Community Integration Plan is due, via email **to the DDA Service Coordinator** for review, approval and uploading into MCIS:

Direct Service Professionals who will be providing the service during the first thirty (30) days:

Name of DSP	Cell Phone	Email	Name of Direct Supervisor

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Schedule of Service for First Thirty (30) Days:

Include the following information on the calendar below:

- Calendar month(s) covered in the first thirty (30) days of service
- Hours the service will be provided on each specific date (note the numerical date in each box can be changed as necessary)
- Service start location and service end location
- If the service start or service end location is not the person's home, note how transportation from home to service start location and from service end location to home will be handled and the time of pick-up from home or drop-off at home that will occur on each service day, if applicable
- For each date the service will be provided, if the specific location(s) and/or type of activity(s) has been pre-planned, detail this on the calendar. Otherwise, address the general plan for activities and goals for first thirty (30) days of service on the next page.

Month(s):

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

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Goals for First Thirty (30) Days of Service:

<p style="text-align: center;"><u>Goals</u></p> <p><i>Each of the goals listed below is to be achieved by the end of the first thirty (30) days of service and the outcomes should be included in the Ongoing Community Integration Plan.</i></p>	<p style="text-align: center;"><u>How Goal Will Be Met During First Thirty (30) Days of Service</u></p> <ul style="list-style-type: none">• <i>Describe the process that will be used to achieve each goal. (Provide as much specificity as possible.)</i>• <i>Ensure use of Person-Centered Thinking tools to inform effort.</i>• <i>Identify how each activity included in the Ongoing Community Integration Plan will help the person learn new skills and/or improve existing skills that enable the person to fully participate in the community.</i>
<p>1. <u>CHOICE</u>: Assist person to identify his/her own interests, preferences and passions that will be supported through IDS. This will include providing information <u>and</u> a range of experiences to the person to facilitate the person making his/her own choices. The person must be enabled to make his/her own choices regarding IDS goals, opportunities and schedules to be pursued after the first thirty (30) days of service.</p>	

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<p>2. <u>SELF-DETERMINATION</u>: Assist the person to identify how the IDS service and the Ongoing Community Integration Plan will contribute to increasing self-confidence, self-determination, personal responsibility and personal freedom.</p>	

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Goals

Each of the goals listed below is to be achieved by the end of the first thirty (30) days of service and the outcomes should be included in the Ongoing Community Integration Plan.

How Goal Will Be Met During First Thirty (30) Days of Service

- *Describe the process that will be used to achieve each goal. (Provide as much specificity as possible.)*
- *Ensure use of Person-Centered Thinking tools to inform effort.*
- *Identify how each activity included in the Ongoing Community Integration Plan will help the person learn new skills and/or improve existing skills that enable the person to fully participate in the community.*

3. EMPLOYMENT or RETIREMENT:

- If the person is not currently engaged in integrated/supported employment, determine with the person how career exploration and other activities that can help advance the person toward integrated/supported employment will be included in the Ongoing Community Integration Plan.
- If the person is already involved in integrated/supported employment and wishes to work more hours or explore new career avenues, determine with the person how these goals will be addressed in the Ongoing Community Integration Plan.
- If the person wishes to pursue retirement, activities via IDS, determine with the person how these goals will be addressed in the Ongoing Community Integration Plan. Additionally, there must be documentation about how the decision to pursue retirement (versus vocational) activities was reached by the person.

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<p>4. <u>RELATIONSHIPS</u>: Assist the person to identify his/her goals for building new relationships and/or sustaining existing relationships. With the person, determine how these goals will be met through IDS and included in the Ongoing Community Integration Plan.</p>	
<p>5. <u>COMMUNITY CONTRIBUTION</u>: Assist the person to identify his/her goals for contributing to his/her community. With the person, determine how these goals will be met through IDS and included in the Ongoing Community Integration Plan.</p>	

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<p>6. <u>MATCHING</u>: Support the person to select the DSP with whom he or she would like to work. For those authorized on a 1:2 ratio (to the extent possible) support the person to identify other people receiving IDS supports with whom he or she would like to do activities.</p>	

Name of Person:

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Name, Title and Signature of Provider Staff Person Completing this Initial Community Integration Plan:

Name:

Title:

Signature:

Contact Phone Number and Email:

Signature of Person receiving service indicating this Initial Community Integration Plan has been reviewed and explained to him/her:

Date this Initial Community Integration Plan is sent via email to the DDA Service Coordinator: