**Individualized Day Supports – Initial Community Integration Plan Template**

***The IDS provider must upload this plan into MCIS within five (5) business days of the start date for the service.***

**COVER PAGE**

Name of the person receiving the service: Person’s Address:

Person’s Phone Number and Email: Emergency Contact:

Name of IDS Provider:

Provider Contact Person: Phone:

Email:

Service Start Date:

Date first Ongoing Community Integration Plan (OCIP) for this person must be uploaded into MCIS:

List goal(s) in ISP that triggered authorization for the IDS service:

1.

2.

3.

4.

Authorized IDS service hours per week:

Authorized schedule of service (list timeframe for service delivery on each day):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|  |  |  |  |  |  |  |

Check here if above schedule is expected to flex to accommodate the person’s changing work schedule or other circumstances.

**Note: Individualized Day Supports limited to up to six (6) hours per day, and up to five (5) days in any calendar week.**

**Name of Agency’s Key Contact and Back-Up Key Contact for IDS (for use by DDA and MTM):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Contact Name** | **Email** | **Cell Phone** | **Office Phone** |
|  |  |  |  |
| **Back-Up Key Contact Name** | **Email** | **Cell Phone** | **Office Phone** |
|  |  |  |  |

**Direct Service Professionals who will provide the service:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Primary and Back-Up DSPs Assigned to Person** | **DSP Cell Phone & Email** | **Name of Direct Supervisor** | **Direct Supervisor Cell Phone and Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Provide the emergency back-up plan for when the primary DSP and the back-up DSP(s) are both unavailable:

Check this box to confirm all of the DSPs listed above have complete Phase 2 training.

**Goals for First Thirty (30) Days of Service:**

| **Goals**  *Each of the goals listed below is to be achieved by the end of the first thirty (30) days of service. The person’s interests, preferences, passions and goals - identified in the first 30 days - should inform the creation of the Ongoing Community Integration Plan.* | **Describe how the IDS Provider will ensure the Goal is met during the first thirty (30) days of service** |
| --- | --- |
| 1. **CHOICE:** Assist person to identify his/her own interests, preferences and passions that will be supported through IDS. This will include providing information and a range of experiences to the person to facilitate the person making his/her own choices regarding IDS goals, opportunities and activities to be pursued after the first thirty (30) days of service. |  |
| 2. **COMMUNITY MEMBERSHIP**: Assist the person to identify his/her goals related to pursuing opportunities for community membership where a consistent group of people come together to do something and thus there is a chance to belong and form relationships with others who are involved. Determine how these goals will be supported through IDS. |  |
| 3. **RELATIONSHIPS & NATURAL SUPPORTS**: 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. |  |
| 4. **COMMUNITY CONTRIBUTION**: 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. |  |
| 5. **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 supported through IDS. * 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 through IDS. * If the person is over age 60 and wishes to pursue retirement activities via IDS, determine with the person how this goal will be addressed through IDS. Document how the person reached the decision to pursue retirement activities (versus vocational activities). |  |
| 6. **SELF-DETERMINATION**: Assist the person to identify his/her goals for increasing self-confidence, personal responsibility and independence. Determine with person how these goals will be addressed through IDS. |  |
| 7. **SKILLS FOR COMMUNITY INVOLVEMENT**: Determine with the person, based on the goals and activities/opportunities the person wants to pursue through IDS, what skills would be beneficial for the person to acquire/learn. Agree with the person what skill goals will be pursued through IDS. Also assist the person to determine what form(s) of public transportation s/he prefers to use during IDS and based on this, determine the specific Community Navigation skills the person will be assisted to learn in IDS. |  |
| 8. **MATCHING WITH DSP**: Support the person to select the DSP with whom he or she would like to work. |  |
| 9. **MATCHING WITH OTHER IDS PARTICIPANTS**: For those authorized on a 1:2 ration, support the person to identify other people receiving IDS supports with whom he or she would like to do activities. |  |

**Schedule of Service for First Thirty (30) Calendar Days:**

30 Day Calendar Covers: [Insert Start Date] to [Insert End Date]

Who will transport person to/from IDS service:

* If MTM, note who is responsible for arranging MTM rides to and from the IDS service:

*Include the following information for each date of service on the calendar:*

* *Hours the IDS service will be provided on each date (e.g. 9am-3pm)*
* *Activities that will occur on each date (including at least one back-up activity option for every planned activity)*
* *Locations where activities will take place on each date. [Include location for meal if it will occur during IDS service time]*
* *Timeframe for each activity listed (e.g. 9-10:30am)*

*Note: IDS Providers may delete the calendar template included below and replace with their own calendar template.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |

**Back-Up Activities for First Thirty (30) Calendar Days:**

List appropriate back-up activities (type of activity, place, address) that support each IDS goal and that will be available to the person if an activity listed on the Calendar is not available to the person for some reason (e.g. unexpected cancellation, building closure, inclement weather) or if the person expresses a strong desire not to do an activity listed on the Calendar.

|  |  |  |  |
| --- | --- | --- | --- |
| **Interest Area:** | **Interest Area:** | **Interest Area:** | **Interest Area:** |
| *Example for Interest in Reading:*  *Book Club*  *Barnes and Noble*  *555 12th street, NW*  *Washington DC* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

IDS Provider Staff Person Creating this Initial Community Integration Plan:

Name: Title:

Contact Phone Number and Email:

List DSP(s) involved in creating this ICIP (if staff person creating this ICIP is not a DSP):

Briefly describe how person was involved in developing this ICIP:

**ON DATE THIS DOCUMENT IS UPLOADED INTO MCIS, PLEASE ALSO UPLOAD A COPY OF THE POSITIVE PERSONAL PROFILE.**