Department on Disability Services
Developmental Disabilities Administration

Individual Support Plan (ISP) Meeting Sign In & ISP Request Form

Person's Name: ____________________________ Phone Number: ______________________
Address: ____

Service Coordinator: _____________________________

This is an annual/ amendment ISP meeting. *(Please circle one.)*

I certify that this person elects to participate in the HCBS Waiver Program and has been determined and/or continues to meet the Level of Care requirements as specified in the approved waiver application.
____________________________ Qualified Intellectual & Developmental Disability Professional   ____________________________ Date

I participated in the development of my plan:
- ☐ I directed my own ISP meeting.
- ☐ Independently.
- ☐ With some guidance and support.
- ☐ With maximum guidance and support.

Person's Signature___________________________ Date________________________

PROVISION OF ISPs

Note: If you are a residential provider, day services provider or a representative from Quality Trust you have access to MCIS and can view the ISP at any time via MCIS.

If you are a family member, friend, advocate, substitute decision maker, guardian or are here in another capacity, you can request to receive a copy of the ISP at this time. ISPs are available and distributed within 30 days of the ISP meeting.

● **Please do not send the ISP at this time. I know that I can request a copy at any time:**

Name:	Relationship:
Name: ______________________________	Relationship: ___________________________
Name: ______________________________	Relationship: ___________________________
Name: ______________________________	Relationship: ___________________________
Name: ______________________________	Relationship: ___________________________
Name: ______________________________	Relationship: ___________________________

Individual Support Plan (ISP) Request Form

(Use additional pages as needed)

NAME____RELATIONSHIP_________________________________

ADDRESS______________________________________

EMAIL____TELEPHONE_______________________________________

APPROVED___________SC INITIALS______________DATE_________________ Email__ or Regular Mail_____

NAME____RELATIONSHIP_________________________________

ADDRESS______________________________________

EMAIL____TELEPHONE_______________________________________

APPROVED___________SC INITIALS______________DATE_________________ Email__ or Regular Mail_____

NAME____RELATIONSHIP_________________________________

ADDRESS______________________________________

EMAIL____TELEPHONE_______________________________________

APPROVED___________SC INITIALS______________DATE_________________ Email__ or Regular Mail_____

NAME____RELATIONSHIP_________________________________

ADDRESS______________________________________

EMAIL____TELEPHONE_______________________________________

APPROVED___________SC INITIALS______________DATE_________________ Email__ or Regular Mail_____

NAME____RELATIONSHIP_________________________________

ADDRESS______________________________________

EMAIL____TELEPHONE_______________________________________

APPROVED___________SC INITIALS______________DATE_________________ Email__ or Regular Mail_____