**Individualized Day Supports – Quarterly Report and On-Going Community Integration Plan Template**

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:

**Part One: IDS Quarterly Report**

**This Quarterly Report covers the following period of time** (list start date and end date):

**Part One. Attendance and Participation**

**Describe the person’s participation in IDS. If not regular and consistent with weekly hours authorized, please explain why and what steps the IDS provider took to address the reasons for inconsistent participation.**

**Part Two. Person’s Relationship with DSPs**

1. **Describe the relationship between the primary DSP and the Person. What are the key strengths of the relationship and in what specific ways could the relationship be improved? What is the IDS provider’s plan to address the areas for improvement?**
2. **If primary and/or back-up DSPs have been paired with the Person less than three months, explain why. If reason is turnover of prior DSP(s) who were paired with the Person, explain reason(s) for turnover and what steps the IDS provider has taken to prevent on-going turnover for the Person.**

**Part Three. Person’s Relationship to Others Paired with Person to Receive IDS (Skip if person receives service exclusively on a 1:1 basis)**

1. **What approximate percentage of service delivery time was the Person paired with another person receiving IDS during the quarter?**
2. **If pairing did occur, which people have proven to be good matches and why? Which people have proven not to be ideal matches and why? What is the IDS provider’s plan to address the matches that have not proven to be ideal?**

**Part Four. How Activities and Opportunities Contributed to Achievement of IDS Service Goals**

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| --- | --- | --- | --- |
| List Each IDS Service Goal from the On-Going Community Integration Plan Covering the Last Quarter | For Each IDS Service Goal, List the Activities and Opportunities Provided during the Quarter to Support the Goal | Describe how the Activities and Opportunities Contributed to the Person Achieving or Making Progress Toward his/her Goals | Check Here if Goal will be Updated or Changed in Next OCIP |
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**Part Five. Skill Development Opportunities**

**SOCIAL SKILLS**

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| List Gains in Social Skills During Quarter | List specific IDS activities that most helped the person make these gains | List next steps planned to help the Person continue to develop and use **social skills** |
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**CHOICE-MAKING SKILLS**

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| List Gains in Choice-Making Skills During Quarter | List specific IDS activities that most helped the person make these gains | List next steps planned to help the Person continue to develop and use **choice-making skills** |
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**TRAVEL AND COMMUNITY NAVIGATION SKILLS**

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| List Gains in Travel and Community Navigation Skills During Quarter | List specific IDS activities that most helped the person make these gains | List next steps planned to help the Person continue to develop and use **travel and community navigation skills** |
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**OTHER SKILLS**

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| List Gains in Other Skills During Quarter | List specific IDS activities that most helped the person make these gains | List next steps planned to help the Person continue to develop and use **other skills** |
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**Part Eight. Career and Vocational Exploration for Working-Age IDS Participants**

***Note: Skip this section if the Person is not working age (18-60).***

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| Describe the career/vocational exploration opportunities offered through IDS during the past quarter | For each opportunity listed, describe how the Person reacted, both initially and over time, if applicable. |
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**Has the Person decided that s/he wishes to pursue community employment? YES NO**

**If the person has decided that s/he wishes to pursue community employment, has an application to RSA been submitted? YES NO**

**If no application to RSA has been submitted, when is it likely to be submitted and who will assist the Person with this?**

**If person has not yet decided that s/he wishes to pursue community employment, what additional opportunities for career and vocational exploration are going to be sought for the Person?**

**Part Nine. Other Issues or Other Recommendations and Ideas Not Addressed Elsewhere in this Quarterly Report**

***Please note any other issues, recommendations or suggestions related to the Person’s on-going receipt of the IDS service.***

**On-Going Community Integration Plan**

**This On-Going Community Integration Plan covers the following period of time (list start date and end date):**

**Authorized IDS service hours per week:**

**Authorized schedule of IDS 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.

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

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

**Check hereto confirm you reviewed and used information from the following in developing this On-Going Community Integration Plan**

ISP– including IDS goal(s) and Community Integration Plan/Goals; Positive Personal Profile; Person-Centered Thinking Tools

**IDS Service Goals: *The number of goals should be appropriate for the hours per week of authorized service; the greater the hours of service, the greater the number of goals that can be effectively addressed through IDS.***

| **GOAL STATEMENT**  **Describe each goal the person wants to work toward and achieve through IDS.** *Write goal in first person.*  **Note which goals are new or changed.** | **GOAL CATEGORY**  **Note the appropriate goal category for each goal listed in column #1.** *See below for list of categories.* | **ACTIVITIES/OPPORTUNITIES**  **List highly individualized, integrated community activity(s) or opportunity(s) that will support achievement of the goal.** *Note: All activities listed on IDS calendar included in this plan should be listed in this column and tied to at least one goal listed in the Goal Statement column.* | **SKILL DEVELOPMENT GOALS**  **List specific skills the person will be assisted to learn that can help with achievement of his/her goal (column #1) and help the person participate successfully (and as independently as possible) in the Activities/Opportunities (column #3).** *Specific teaching strategies should be described later in this plan.* | **GOAL ACHIEVEMENT:**  **List measurable outcomes that are expected and will indicate each goal (listed in column #1) has been achieved.** *By the end of the quarter, the person will be…* |
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**\*Goal Categories:** Community Membership; Relationships & Natural Supports; Career Exploration & Employment; Retirement (for individuals 61 or older); Community Contribution; Self-Determination; Community Navigation; Wellness/Fitness.

**Calendar of Activities for Service Quarter:**

***Note: Calendar should cover all planned dates of service for the quarter. Including only a sample week or month is not acceptable.***

**Who will transport person to/from IDS service:**

* **If MTM, 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*
* *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.*

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| Month #1: | | | | | | | | | | | | | | | | | | | | | | | |
| Sun |  | Mon | |  | | Tue | |  | | Wed | |  | | Thu | |  | | Fri | |  | | Sat | |
| 26 |  | | 27 | |  | | 28 | |  | | 29 | |  | | 30 | |  | | 31 | |  | | 1 |
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| 16 |  | | 17 | |  | | 18 | |  | | 19 | |  | | 20 | |  | | 21 | |  | | 22 |
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| 23 |  | | 24 | |  | | 25 | |  | | 26 | |  | | 27 | |  | | 28 | |  | | 29 |
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| 30 |  | | 31 | |  | | 1 | |  | | 2 | |  | | 3 | |  | | 4 | |  | | 5 |
| Month #2: | | | | | | | | | | | | | | | | | | | | | | | |
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| Month #3: | | | | | | | | | | | | | | | | | | | | | | | |
| Sun |  | Mon | |  | | Tue | |  | | Wed | |  | | Thu | |  | | Fri | |  | | Sat | |
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**Back-Up Activities for This Quarter:**

**List appropriate back-up activities (type of activity, place, address) that can support one or more IDS goals 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.**

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| **IDS Goal Statement:** | **IDS Goal Statement:** | **IDS Goal Statement:** | **IDS Goal Statement:** |
| *Example: John wants to pursue interest in reading mystery books and meet people who share this interest:* |  |  |  |
| *Mystery Book Club*  *Barnes and Noble*  *555 12th street, NW*  *Washington DC* |  |  |  |
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| **IDS Goal Statement:** | **IDS Goal Statement:** | **IDS Goal Statement:** | **IDS Goal Statement:** |
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**Skill Development Teaching Strategies:**

* *For each Skill Development Goal listed in column #4 of the IDS Service Goals section above*, *describe the specific teaching objectives that will be achieved in the next quarter of service. Describe strategies to be used to ensure achievement of those objectives and describe how success will be measured.*

| **LIST SKILL DEVELOPMENT GOALS**  ***See column #4 of IDS Service Goals section*** | **TEACHING OBJECTIVES**  **AND TIMELINE** | **STRATEGIES THAT WILL BE USED TO ACHIEVE TEACHING OBJECTIVES** | **HOW WILL SKILL ACHIEVEMENT**  **BE MEASURED**  ***By [target date], the person will be able to…*** |
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**IDS Provider Staff Person Creating this On-Going Community Integration Plan:**

Name: Title:

Contact Phone Number and Email:

**List DSP(s) involved in creating this OCIP (if staff person creating this OCIP 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 PERSON’s UPDATED POSITIVE PERSONAL PROFILE.**