

REGIONAL CENTER OF THE EAST BAY Person-Centered Planning INDIVIDUAL PROGRAM PLAN (IPP)

| Date of IPP: | Next IPP: |
|--|---|
| IPP Addendum: □ | Section(s) Edited: |
| Addendum Date: | $\Box A \Box B \Box C \Box D \Box E \Box F \Box G \Box H \Box I \Box J \Box K \Box L$ |
| Identifying Information | |
| Consumer: | |
| Birth Date: CM: | TCM:□ Medicaid Waiver: □ |
| Part I – Information about and Important Information About How To See appendix A | How This Plan Was Made Strengths and Other Best Support This Person: |
| What Does This Person Want To Achie | eve in the Next Few Years: |
| The Following People Helped With Th | is Plan and Agree on the Outcomes/Services Described |
| Part II – Information about Important A | areas of (name)'s Life Today |
| A. Home Previous Outcome: | |
| Outcome Progress: | |
| Currently: All is well | |
| Outcome Needed? □YES X NO | IPP Addendum?:□ |
| New Outcome: See (name) | |
| (name)'s part will be - See (name) | as similar of symmetry |
| What (name)'s wants/needs are from the See (name) | te circle of supports. |
| | ervice agencies: Facilities Management Services and |
| personal assistant services are required | to enable this to happen: |
| See (name) | |
| □Service/Funding in Place | |
| □New Service – Approximate Starting | Date: Click to enter a date. |
| Regional Center of the East Bay | Consumer Identification |
| Person-Centered IPP | Name: (name) |
| | Birth: (birthday) |

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□Cancel Service – Approximate End Date: Click to enter a date B. Taking Care of Yourself and Your Home Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to take care of himself, his family, and his home Outcome Progress: N/A Currently: All is well Outcome Needed? □YES X NO IPP Addendum?:□ New Outcome: N/A (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen: Continue funding personal assistant services □Service/Funding in Place □New Service – Approximate Starting Date: Click to enter a date. □Cancel Service – Approximate End Date: Click to enter a date. C. Communication Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do to communicate effectively Outcome Progress: N/A Currently: All is well Outcome Needed? □YES X NO IPP Addendum?:□ New Outcome: N/A (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen: □ Service/Funding in Place □New Service – Approximate Starting Date: Click to enter a date. □Cancel Service – Approximate End Date: Click to enter a date.

D. Money Management

Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do re managing money effectively

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Outcome Progress: N/A Currently: All is well Outcome Needed? □YES X NO IPP Addendum?:□ New Outcome: N/A (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen: □Service/Funding in Place □New Service – Approximate Starting Date: Click to enter a date. □Cancel Service – Approximate End Date: Click to enter a date. E. Enrichment Activities Previous Outcome: See (name). Outcome Progress: Completed On-going Currently: All is well Outcome Needed? □YES X NO IPP Addendum?:□ New Outcome: See (name) (name)'s part will be - See (name) What (name)'s wants/needs are from the circle of supports: See (name) What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen: See (name) □ Service/Funding in Place □New Service – Approximate Starting Date: Click to enter a date. □Cancel Service – Approximate End Date: Click to enter a date F. Family, Friends and Circle of Supports Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do to maintain close relationships with family, friends, and support network. Outcome Progress: N/A Currently: All is well IPP Addendum?:□ Outcome Needed? □YES X NO New Outcome: N/A (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen: Regional Center of the East Bay Consumer Identification

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| □ Service/Funding in Place □ New Service – Approximate Starting Date: Click to enter a date. □ Cancel Service – Approximate End Date: Click to enter a date. | |
|---|----------------------|
| G. Transportation & Mobility Previous Outcome: (name) is very aware and capable of knowing and getti do re transportation and mobility Outcome Progress: N/A Currently: All is well | ing what he needs to |
| • | IPP Addendum?:□ |
| (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Managem personal assistant services are required to enable this to happen: □Service/Funding in Place □New Service − Approximate Starting Date: Click to enter a date. □Cancel Service − Approximate End Date: Click to enter a date. | nent Services and |
| H. Having fun Previous Outcome: (name) is very aware and capable of knowing and getti do re having fun Outcome Progress: N/A Currently: All is well | ing what he needs to |
| • | IPP Addendum?:□ |
| (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Managem personal assistant services are required to enable this to happen: □Service/Funding in Place □New Service − Approximate Starting Date: Click to enter a date. □Cancel Service − Approximate End Date: Click to enter a date. | nent Services and |

I. Personal & Emotional Growth

Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do re his Personal & Emotional Growth

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Outcome Progress: Completed On-going Currently: All is well Outcome Needed? □YES X NO IPP Addendum?:□ New Outcome: See (name) (name)'s part will be - See (name) What (name)'s wants/needs are from the circle of supports: See (name) What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen: See (name) □Service/Funding in Place □New Service – Approximate Starting Date: Click to enter a date. □Cancel Service – Approximate End Date: Click to enter a date J. Health Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do re his health Outcome Progress: N/A Currently: All is well Outcome Needed? TYES X NO. IPP Addendum?:□ New Outcome: N/A (name)'s part will be - self-defined What (name)'s wants/needs are from the circle of supports: Self-defined What (name)'s wants/needs are from service agencies: Facilities Management Services and personal assistant services are required to enable this to happen □Service/Funding in Place □New Service – Approximate Starting Date: Click to enter a date □Cancel Service – Approximate End Date: Click to enter a date. **Medical Information PCP** Prescription Drugs Last Visit K. Safety Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do re his safety Regional Center of the East Bay Consumer Identification

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| Outcome Progress: N/A | |
|--|--------------------------|
| Currently: All is well | |
| Outcome Needed? □YES X NO | IPP Addendum?:□ |
| New Outcome: N/A | |
| (name)'s part will be - self-defined | |
| What (name)'s wants/needs are from the circle of supports: Self-define | ed |
| What (name)'s wants/needs are from service agencies: Facilities Mana | agement Services and |
| personal assistant services are required to enable this to happen | |
| □Service/Funding in Place | |
| □New Service – Approximate Starting Date: Click to enter a date | |
| □Cancel Service – Approximate End Date: Click to enter a date. | |
| L. Legal | |
| Previous Outcome: (name) is very aware and capable of knowing and | getting what he needs to |
| do re his legal obligations | |
| Outcome Progress: N/A | |
| Currently: All is well | |
| Outcome Needed? □YES X NO | IPP Addendum?:□ |
| New Outcome: N/A | |
| (name)'s part will be - self-defined | |
| What (name)'s wants/needs are from the circle of supports: | |
| What (name)'s wants/needs are from service agencies: | |
| □Service/Funding in Place | |
| □New Service – Approximate Starting Date: Click to enter a date | |
| ☐Cancel Service – Approximate End Date: Click to enter a date. | |

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Appendix A

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Name: (name)

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Birth: (birthday)

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