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: ☐A ☐B ☐C ☐D ☐E ☐F ☐G ☐H ☐I ☐J ☐K ☐L

Identifying Information

Consumer:

Birth Date: TCM:☐ Medicaid Waiver: ☐
CM:

Part I – Information about and How This Plan Was Made Strengths and Other Important Information About How To Best Support This Person:
See appendix A

What Does This Person Want To Achieve in the Next Few Years:

The Following People Helped With This Plan and Agree on the Outcomes/Services Described

Part II – Information about Important 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)
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

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

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
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.

G. Transportation & Mobility
Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do re transportation and mobility
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.

H. Having fun
Previous Outcome: (name) is very aware and capable of knowing and getting what he needs to do re having fun
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.

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

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? ☐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.

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

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.

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.

Appendix A