



(Name)'s Support Plan

Important To, Important For, and How To Best Support Me

(Insert the person's one page profile here if already completed. If not, the information below can be used to complete it.)

Important to _____ ("Important to's" should be bulleted)

- *Includes what matters the most to the person – their own definition of quality of life.*
- *What is important to a person includes: what makes them happy, fulfilled, content, satisfied, comforted or comfortable*
- *Who is in their lives (relationships) and how people perceive us (status)*
- *It doesn't just reflect what is present but what they wish they had. Also includes what is important to them to be absent.*

Important for _____ ("Important for's" should be bulleted)

- *Issues of health: prevention of illness, treatment of illness/medical conditions, promotion of wellness (e.g. diet, exercise)*
- *Issues of safety: environment, well-being (physical and emotional), free from fear*
- *What others see as necessary to help the person: be valued, be a contributing member of their community*

How to best support _____ ("Best supports" should be bulleted)

(Name)'s relevant history and supports offered and/or assigned in the Community Services and Support Plan (CSSP)/Individual Service Plan (ISP)

If an area is assigned in the CSSP summarize supports offered.

Medical History:

Check here if Medical Health is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Psychotropic Medication:

Check here if psychotropic med monitoring is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Behavioral/Emotional Health:

Utilize Learning Log and/or Communication Chart.

Check here if behavioral/emotional health is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Positive Behavioral Supports:

Check here if positive behavioral support is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Personal Finances:

Check here if personal finances are assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Personal Safety:

Check here if personal safety is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Communication and learning style:

Insert Communication Chart, if appropriate

Check here if personal safety is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Personal Relationships:

Summarize Relationship Map, if appropriate

Check here if personal safety is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Community Life:

Check here if personal safety is assigned in CSSP.

Summary of supports offered based on preferences:

If this area is checked, summarize supports offered

Communication and Coordination of Services

Is the service setting the best fit for the person?

Yes

No

Please explain why and what is the next action if this is not the best fit for the person

Service(s) Authorized

(Check those that Mains'l will provide)

Basic

or

Intensive

- In-home respite
- Out-of-home respite
- Personal support
- 24-hour emergency assistance
- Homemaking

- Behavioral support
- Specialist
- In-home family support
- Supported living (CRS)
- Independent living (ILS)
- Semi-independent living (SILS)
-

Review Schedules

Team Meetings:

- Annually Semi-Annually Quarterly Other: _____
(please specify)

Written Reviews:

- Annually Semi-Annually Quarterly Other: _____
(please specify)

Financial Statement to the person/legal representative:

- Annually Semi-Annually Quarterly Other: _____
(please specify)

Financial Statement to the case manager:

Annually Semi-Annually Quarterly Other: _____
(please specify)

Medication Administration Review:

Quarterly Monthly Other: _____
(please specify)

Psych Medication Review:

Quarterly Monthly Other: _____
(please specify)

*In the absence of a current Coordinated Supports and Services Plan, this document serves to define the role of Mains'I Services

Date this plan was modified: _____ 45-Day Annual Other, specify _____

Name and Title of Person Completing Report

Signature of Designated Coordinator/Manager

(Rev. 9/27/16)