

**Regional Center
Self-Determination Person Centered Plan**

Participant Name:

UCI #:

Broker:

FMS #1: |

FMS #2:

Term of Plan:

1. DATE: ,

MEETINGS ATTENDED BY:

MEETING DATES:

ORIENTATION DATE:

HOME ADDRESS:

MAILING ADDRESS:

TELEPHONE:

E-MAIL:

DOB:

AGE:

CURRENT SD LIAISON:

CALIFORNIA ID# OR DRIVERS' LICENSE#:

MEDI-CAL #:

PRIVATE INSURANCE #:

2. DO YOU RECEIVE SOCIAL SECURITY AND/OR SSI? SSI.. HOW MUCH?

3. WHO IS IN YOUR CIRCLE OF SUPPORT? WHO SUPPORTS YOU WHEN YOU NEED IT?

Mother; , Father; Sister; , Brother;

Several Care Providers; Teacher and Aides at school, as well as PT, OT, Adaptive Sports providers;
, Grandparents; Pediatrician; Neurologist

4. TELL US MORE ABOUT YOU?

- HOW YOU COMMUNICATE – uses sounds and gestures, leads us to wants.
- LIKES AND DISLIKES – Family, care providers, adult teachers and therapists; riding in vehicles; bike-riding; walking; water activities; TV and movies; lots of attention; service dog.
- UNIQUE CHARACTERISTICS – hoots, screeches; opinionated; quirks in walk and expressions; likes doors closed (OCD); no fear; gestures with hands.
- PEOPLE, PLACES, THINGS THAT MAKE YOU INTERESTED, OR EXCITED – Family; school; care providers; TV/videos; walking, bike-riding, running, swimming, skiing; grocery store, riding the bus to and from school; service dog.
- PEOPLE, PLACES, THINGS THAT MAKE YOU UPSET, SCARED, BORED OR WANT TO LEAVE
Crowded places, airports, hospitals, noisy environments

- WHAT SCARES YOU THE MOST ABOUT THE FUTURE? Parents worry about injury or death following seizures, as well as respiratory failure.
 - WHAT ARE YOUR HOPES AND DREAMS FOR THE FUTURE? Parents hope to establish/improve verbal communication, that remains happy, that a network is established to care for in the event parents are no longer able to do so.
5. WHAT JOBS HAVE YOU HAD? IMAH (very part-time as part of transition program); MMSA (seasonal)
- IF YOU DON'T WORK WHAT DO YOU DO DURING THE DAY? Attend school/transition program, play activities, exercise, TV/videos
 - WHAT KINDS OF JOBS INTEREST YOU? WHAT IS YOUR DREAM JOB? N/A
 - DO YOU NEED SUPPORT IN GETTING A JOB? No.
 - LEARNING A JOB – No.
 - GETTING TO WORK – No.
6. IF YOU ARE ALREADY WORKING, HOW IS YOUR JOB?
- DO YOU LIKE WHAT YOU DO? – Miscellaneous sorting tasks.
 - ARE THE HOURS AND DAYS OKAY? – Yes.
 - DO YOU GET THE SUPPORT YOU NEED? – Yes, has an aide.
 - DOES YOUR INCOME COVER YOUR BILLS? – No.
 - WHAT IS YOUR RATE OF PAY? DO YOU RECEIVE BENEFITS? Minimum wage. No benefits.
 - DO YOU GET ALONG WITH THE PEOPLE AT WORK? – Yes.
7. TELL ME ABOUT WHERE YOU LIVE?
- WHAT ARE THE BEST THINGS ABOUT WHERE YOU LIVE NOW? is cared for by family.
 - WHAT DO YOU SEE AS THE BIGGEST CHALLENGES OF WHERE YOU LIVE NOW? Stairs, and ability of parents to care for as they age.
 - ARE YOU LIVING WHERE YOU WANT TO LIVE AND WITH WHOM YOU WANT TO LIVE? Yes.
 - IF NOT, WHERE WOULD YOU WANT TO LIVE AND WITH WHOM?
 - WHAT IS YOUR DREAM HOME? WHERE IS IT LOCATED? Parents,
8. WHAT CURRENT SERVICES OR SUPPORTS DO YOU RECEIVE AND HOW OFTEN, INCLUDING ANY GENERIC RESOURCES. WHAT SERVICES OR SUPPORTS DO YOU FEEL YOU NEED THAT YOU AREN'T CURRENTLY RECEIVING? DO YOU NEED HELP LOCATING GENERIC RESOURCES?
- AT HOME – continued care provision, oxygen, diapers. The family needs additional funds for care providers in order to maintain/improve 's and family's quality of life. This past year continues to suffer from seizures. The family, school personnel, and care providers are on 24-hour alert for seizures, which means that wherever consumes all of the available time of the persons who care
 - AT WORK – Receives special education at school, PT, OT, speech therapy, one-on-one aide.
 - REGARDING YOUR HEALTH – oxygen, PT, OT, diapers; travel expenses for medical and dental appointments
 - IN THE COMMUNITY – Adaptive sports, care provision, special education
9. DO YOU HAVE ANY ADAPTIVE EQUIPMENT/TECHNOLOGY NEEDS? TO INCLUDE AGE OF THE EQUIPMENT IF POSSIBLE. DO YOU HAVE ANY NEEDS NOT BEING MET? : has an adult tricycle which has learned to ride. also has an adult stroller/wheelchair for travel. No other

equipment is needed at this time. Equipment for adaptive sports is provided by Disabled Sports. We have purchased a language software program and will be requesting funds for

- GLASSES
- WHEELCHAIR
- ETC

10. DO YOU HAVE ANY TRANSPORTATION NEEDS? Special needs bus to/from school is provided. Transportation to out-of-town medical and dental appointments is needed.
11. WHO WOULD YOU SELECT AS A SERVICE BROKER TO ASSIST IN THE IMPLEMENTATION OF YOUR PLAN?
12. WHO WOULD YOU SELECT AS A FINANCIAL MANAGEMENT SERVICES TO ASSIST IN THE IMPLEMENTATION OF YOUR PLAN? has trust accounting experience.
13. DO YOU REQUIRE AN EMPLOYER OF RECORD FOR ANY SUPPORT PERSONS? IF SO, DO YOU HAVE SOMEONE IN MIND? THIS WILL BE LISTED AS YOUR SECOND FMS. Not required.
14. DO YOU HAVE QUESTIONS THAT HAVEN'T BEEN ANSWERED? No.

NAME:

CONTACT PERSON (IF APPLICABLE):

UCI#

REGIONAL CENTER LIAISON:

BUDGET START DATE:

TERM OF PLAN: One year

FINANCIAL MANAGEMENT SERVICES:

FINANCIAL MANAGEMENT SERVICES ADDRESS:

FINANCIAL MANAGEMENT SERVICES PHONE:

E-MAIL:

FINANCIAL MANAGEMENT SERVICES FAX:

SERVICE BROKER:

SERVICE BROKER ADDRESS:

SERVICE BROKER PHONE:

E-MAIL:

#1 Goal and Desired Outcome: will maintain optimum health/development.

Current Level: continues to need oxygen supplements due to low SATs, weak upper respiratory system, high altitude. When oxygen is low, development is delayed or regresses. This has remained constant for

Action Steps: Continue oxygen supplements.

Responsible party: Participant's family, Air-Way Medical; Medi-Cal and private insurance pays for this.

Proposed Cost: Unknown.

Use of generic resources: Air-Way Medical; Medi-Cal and private insurance pays for this.

Does this goal require funding? No. If so, total estimated cost:

Outcome report: **Quarterly**

Expenditure report: **Monthly**

Submit reports to: **Regional Center Liaison**

How will you know that your plan has worked? Participant will remain healthy.

#2 Goal and Desired Outcome: will meet his PT and OT objectives.

Current Level: continues to be engaged in PT, OT and speech therapy through school has an IEP which provides the extent and frequency. works on balance, mobility, strength, simple tasks, gross and fine motor coordination, dressing, feeding, using utensils. is learning to initiate tasks and to stay focused and on task. We are satisfied with the level of services provided at school.

Action Steps: Continue to participate in PT, OT, speech therapy at school.

Responsible party: Parents, care providers, school personnel, therapists

Proposed Cost: Unknown.

Use of generic resources: School provides services at no cost to participant.

Does this goal require funding? No. If so, total estimated cost:

Outcome report: **Quarterly**

Expenditure report: **Monthly**

Submit reports to:

How will you know that your plan has worked? Continued improvement/maintenance of strength, coordination, balance, and development of basic life skills.

#3 Goal and Desired Outcome: [redacted] will remain living with [redacted] family, and will not be placed in out-of-home placement.

Current Level: [redacted] has for many years been cared for (other than parents) by licensed care provider, [redacted]. Due to the periodic absence of [redacted], we have established "Team [redacted]" which consists of 4 providers who participate in [redacted] care. They include [redacted] school aide, two licenses CNAs, and a fill-in provider, as well as [redacted]. During the week, [redacted] is met when returning from school by the provider, who then provides about 3-4 hours of care. [redacted] is in the care of the providers on Saturdays as required and when [redacted] parents are required to be out of town, and during school breaks. The providers have established specific protocols for learning, including repetitive tasks and communication. All are trained to respond to seizures. They take [redacted] into the community, to the store, parks, restaurants, shopping, swimming, etc. [redacted] is cared for in our home and in their homes. [redacted] receives one-on-one attention. [redacted] requires full-time, individual care and attention, particularly due to the dangers associated with frequent seizures. This is care in lieu of placement. Hours are needed each week in order to permit parents to meet their own employment, community and social commitments. This past year, [redacted] has been under-budget for care provision, but we do not expect that to continue. Summers and holiday periods when [redacted] not in school and periods when parents are required to travel require additional hours for care.

Action Steps: Continue to engage care provider 35 hours per week.

Responsible party: Participant's family and [redacted] Care, and Team [redacted] providers.

Proposed Cost: [redacted] This is based on 35 hours per week (average) for the year, at [redacted] per hour. This is a REDUCED rate from that which [redacted] has been in place for at least six years. There are no additional employer's costs.

Use of generic resources: Proposed rates are competitive for the area and skills needs.

Does this goal require funding? Yes. If so, total estimated cost: [redacted]

Outcome report: **Quarterly**

Expenditure report: **Monthly**

Submit reports to: [redacted]

How will you know that your plan has worked? [redacted] will be in a safe, nurturing, healthy environment and will not be placed out of the home. His family will continue to be able to function in a healthy way.

#4 Goal and Desired Outcome: will become toilet trained.

Current Level: is not toilet trained, despite long-term efforts by parents and providers. Only one person with the is trained. We therefore know that it can be done.

Action Steps: Purchase diapers at best possible price.

Responsible party: Participant's family.

Proposed Cost: Average cost is per month. This is partial expense because parents pay for the balance. Parents to supplement as needed.

Use of generic resources: Yes. Costco, KMart and Amazon.com.

Does this goal require funding? Yes. If so, total estimated cost:

Outcome report: **Quarterly**

Expenditure report: **Monthly**

Submit reports to: -

How will you know that your plan has worked? will be toilet trained. In the meantime, will be clean and properly cared for in diapers.

#5 Goal and Desired Outcome: will continue to improve his overall sensory motor skills, coordination and balance and learn some life skills.

Current Level: participates in the adaptive sports program through Disable Sports of the Eastern Sierra. skis in the winter and rides a tricycle in the summer. It improves coordination and balance. is not toilet trained, despite long-term efforts by parents and providers. Only one person with the is trained. We therefore know that it can be done. The proposed cost is an increase because we expect that will be skiing more this winter. Last year, skied much more because healthy, but the program generously did not charge for weekday visits. We feel that the program should be compensated for the actual participation.

Action Steps: Participation in the Adaptive Sports Program.

Responsible party: Participant's family and Disabled Sports of the Eastern Sierra.

Proposed Cost: This is partial expense. Parents to supplement as needed.

Use of generic resources: Parents to enroll in the available program.

Does this goal require funding? Yes. If so, total estimated cost:

Outcome report: **Quarterly**

Expenditure report: **Monthly**

Submit reports to:

How will you know that your plan has worked? will continue to attain greater balance and coordination.

6 Goal and Desired Outcome: shall achieve increased communication skills.

Current level: has no verbal communication skills. attended a bi-annual conference in and learned about a software communication program which has demonstrated some success by increasing communication skills. We purchased the program on our own, but need a dedicated iPad to support the software. Estimate cost with the memory required and camera is We are hopeful that technology will improve skills and quality of life.

Action Steps: Purchase iPad to support software.

Responsible Party: Parents.

Proposed Cost:

Use of generic resources: Parents to purchase iPad from Apple Store. No other substitute resource.

Does this Goal Require Funding? Yes. If so, total estimated cost:

Outcome Report: **Quarterly**

Expenditure Report: **Monthly**



Submit reports to:

How will you know that your plan has worked? 's communication will improve.

TOTAL PROPOSED COST OF GOALS:

1. \$0.00
2. \$0.00
- 3.
- 4.
- 5.
- 6.

TOTAL: