My Life, My Plan, My Choice

My Name is:

What I like and admire about myself:

What I'm interested in doing:

Important people in my life:

Best way to communicate with me:

Meeting Date:_____   Created Date:_____   Approval Date:_____

Type of Plan: ☐*Initial*   ☐*Annual*   ☐*Revised*

DOB:_____   Age:____years   MA Number:_____   LTSS ID:_____

Current Address:_____   Phone Number:_____

Assistive Technology:_____

Coordinator of Community Services:_____   Phone Number:_____

List of Outcomes

Outcome Category	Outcome	Outcome Description	Requested Services

Quick Summary of what is important to and for me:

Rank	Important TO Me	Discovered In *(Focus Area)*	Rank	Important FOR Me	Discovered In *(Focus Area)*

Quick Summary of risks and how they will be addressed:

Risk Name	Description	How Addressed	Rights Restriction	Discovered In *(Focus Area)*

Quick Summary of rights restrictions:

Rights Restriction	Related Specific and Assessed Need	Description of Condition	Positive Interventions and Less Intrusive Methods Tried	Timeline: Monitor/Review Effectiveness

Prior Year Outcomes

Outcome Category	Outcome	Outcome Description	Requested Services

Outcome Category:
Outcome:

Relevant Focus Area(s):_____ Status:_____
Projected Start Date:_____ Projected Completion Date:_____
Description of Outcome:

Related Important TO Me: ☐ Important To Me 1   **Related Important FOR Me:** ☐ Important For Me 1
      ☐ Important To Me 2   ☐ Important For Me 2
      ☐ Important To Me 3   ☐ Important For Me 3

How are community resources and/or natural supports being used or developed?

What technology do I need to support this outcome?

How and how often will progress towards this outcome be reviewed?

     In what way will the team know progress is occurring?
         ➤ What does progress look like to me?
         ➤ What does progress look like to my team?

     What is the frequency that is planned to support my outcome?
         ➤ Frequency for assessing satisfaction:
         ➤ Frequency for assessing implementation strategies:
         ➤ Outcome review frequency:

Support Considerations:
    Natural/Community/Other Contributing Resources to Support Outcome:

Support Person	Relationship	Support Role	Phone Number

    Non-DDA Agency Resource to Support Outcome:

Agency	Support	Contact Person

DDA-Funded Service to Support Outcome:

Agency	Support	Contact Person

    Requested DDA Service to Support Outcome:

Service	