

INDIVIDUAL SUPPORT PLAN

Commonwealth of Pennsylvania
Department of Public Welfare

Plan Summary

Individual Preference

Like and Admire

JEFF IS A GOOD ARTIST. HE DRAWS VERY ORIGINAL CREATIONS AND LIKES TO SHOW THEM TO OTHERS, BUT WON'T GIVE HIS DRAWINGS AWAY. JEFF IS VERY POLITE AND FRIENDLY. JEFF IS ESPECIALLY HELPFUL IF HIS ROOMMATES NEED ASSISTANCE (E.G., HE WILL HAND THINGS THAT ARE OUT OF REACH FOR SOMEONE).

Know and Do

JEFF HAS A DIFFICULT TIME EXPRESSING HIS NEEDS VERBALLY. RECENTLY JEFF HAS BEEN TALKING MORE, BUT TO UNDERSTAND JEFF, YOU HAVE TO LISTEN TO HIM CAREFULLY AND OCCASIONALLY ASK HIM TO SLOW DOWN. THIS MAY CONTRIBUTE TO JEFF'S LEVEL OF FRUSTRATION. WHEN JEFF GETS NERVOUS, HE WILL PACE BACK AND FORTH, ESPECIALLY AROUND NEW PEOPLE. WHEN JEFF GETS NERVOUS, OTHERS SHOULD ASK HIM IF HE WOULD LIKE TO LEAVE THE SETTING OR THEY SHOULD TAKE HIM TO A QUIET PLACE WITHIN THE SETTING.

JEFF HAS HAD SOME BEHAVIOR PROBLEMS IN THE PAST WHEN HE WAS LIVING AT HOME. DUE TO COMMITTING SEVERAL ASSAULTS IN THE COMMUNITY, JEFF WAS PLACED IN A RESIDENTIAL TREATMENT FACILITY IN FEBRUARY 2008. HE WAS DISCHARGED TO A RESIDENTIAL GROUP HOME AFTER THE CHRISTMAS HOLIDAY 2008.

JEFF NEEDS VERBAL PROMPTING TO DO CHORES IN HIS HOME. HE DOES NOT LIKE TO SHOWER AND REFUSES TO WASH THOROUGHLY.

Desired Activities

WHEN JEFF WAS IN SCHOOL, HE ENJOYED TAKING ART AND MECHANICAL DRAWING CLASSES. TEACHERS IN THESE CLASSES WERE PLEASED WITH HIS PROGRESS. HIS INTERESTS INCLUDE DRAWING, VIDEO GAMES, AND WATCHING MOVIES. JEFF ALSO LIKES MUSIC AND SCIENCE SETS (e.g, kits that have experiments).

Important To

Important to Individual:

ROUTINES AND CONSISTENCY: NOT BEING FORCED TO DO THINGS THAT HE DOES NOT WANT TO DO, AND NOT BEING RUSHED IN THE MORNING ("FIRST 3 HOURS ARE ROUGH")

Priority: ESSENTIAL

Important to Individual:

CONTACT WITH MOM AND SIBLINGS -- PHONE CALLS AND VISITS

Priority: ESSENTIAL

Important to Individual:

PEOPLE JEFF CAN TRUST AND IDENTIFY AS PERSONS WHO WILL NOT CAUSE HIM HARM.

Priority: ESSENTIAL

What makes sense

Whose Perspective: JEFF

What Makes Sense:

DAILY ROUTINE -- KEEPING THINGS AS CLOSE TO THE SAME AS POSSIBLE. JEFF APPEARS TO RESPOND BETTER WHEN HE KNOWS WHAT IS TO BE EXPECTED FOR THE DAY.

What Does Not Make Sense:

QUICK UNEXPECTED CHANGES IN HIS DAILY ROUTINE OR PLANS.

Whose Perspective: MOTHER

What Makes Sense:

NICE DRAWING MATERIALS AND SUPPLIES AND TIME EACH EVENING TO DRAW.

What Does Not Make Sense:

OVERUSED DRAWING MATERIALS AND SUPPLIES AND NOT HAVING TIME IN THE EVENING TO DRAW.

Medical Information

Medications/Supplements

Diagnosis:	MOOD SWINGS
Medication/Supplement Name:	DEPAKOTE
Dosage:	1000 MG
Frequency:	BID
Route:	BY MOUTH
Blood Work Required?:	YES
If Yes, How Frequently?:	AS ORDERED
Does the Person Self Medicate?:	NO
Name of Prescribing Doctor(Last, First):	DR. JAN BRIEF
Special Instructions/Precautions:	NONE

Allergies

Known Allergy:	NONE KNOWN
Reaction:	NONE KNOWN
Required Response:	NONE KNOWN

Health Evaluations

Type of Appraisal:	Physical
Specialist Type:	PCP
Medical Contact:	DR JOHN KLAYTON

Was Diabetes Management Considered?:	NO
If Yes, enter details:	
Date of Appraisal (MM/DD/YYYY):	01/09/2008
Frequency of Appraisal:	YEARLY
Person Responsible for Arranging/Completing:	PROVIDER
If Responsible Person is 'Other', Specify:	

Type of Appraisal:	DENTAL
Specialist Type:	DENTIST
Medical Contact:	DR. PHIL PORTIO

Was Diabetes Management Considered?: NO
 If Yes, enter details:
 Date of Appraisal (MM/DD/YYYY): 08/23/2008
 Frequency of Appraisal: YEARLY
 Person Responsible for Arranging/Completing: PROVIDER
 If Responsible Person is 'Other', Specify:

Type of Appraisal: VISION
 Specialist Type: OPTOMETRIST
 Medical Contact: DR. SANDY KERN

Was Diabetes Management Considered?: NO
 If Yes, enter details:
 Date of Appraisal (MM/DD/YYYY): 03/18/2008
 Frequency of Appraisal: YEARLY
 Person Responsible for Arranging/Completing: PROVIDER
 If Responsible Person is 'Other', Specify:

Type of Appraisal: AUDIOLOGY
 Specialist Type: AUDIOLOGIST
 Medical Contact: KRISTIAN DOMCHEK

Was Diabetes Management Considered?: NO
 If Yes, enter details:
 Date of Appraisal (MM/DD/YYYY): 03/15/2008
 Frequency of Appraisal: YEARLY
 Person Responsible for Arranging/Completing: PROVIDER

Type of Appraisal: PSYCHIATRIC
 Specialist Type: PSYCHIATRY
 Medical Contact: DR. JAN BRIEF

Was Diabetes Management Considered?: NO
 If Yes, enter details:
 Date of Appraisal (MM/DD/YYYY): 02/15/2008
 Frequency of Appraisal: EVERY 6 MONTHS
 Person Responsible for Arranging/Completing: PROVIDER
 If Responsible Person is 'Other', Specify:

Medical Contacts

First Name: DEAN
Last Name: KLAYTON
Middle Name:
Clinic:
Specialist Type: PCP
Address Line1: 89 MAIN ST SUITE 1
Address Line2:
Address Line3:
City: PARKER
State: PENNSYLVANIA
Zip: 16049
Phone Number: XXX-XXX-XXXX
First Name: ANNA
Last Name: PORTIO
Middle Name:
Clinic: TEETH, INC
Specialist Type: DENTAL
Address Line1: 232 SOUTH LAUREL ST
Address Line2:
Address Line3:
City: PUNXSUTAWNEY
State: PENNSYLVANIA
Zip: 15767
Phone Number: XXX-XXX-XXXX
First Name: SANDY
Last Name: KERN
Middle Name:
Clinic: SEE BETTER, INC
Specialist Type: OPTOMETRIST
Address Line1: 257 NORTH ST
Address Line2:
Address Line3:
City: SENECA
State: PENNSYLVANIA
Zip: 13646
Phone Number: XXX-XXX-XXXX

First Name: KRISTIAN
 Last Name: DOMCHEK
 Middle Name:
 Clinic: HEARING, INC
 Specialist Type: AUDIOLOGIST
 Address Line1: 24 KRAMER'S LANE
 Address Line2:
 Address Line3:
 City: CLARION
 State: PENNSYLVANIA
 Zip: 16214
 Phone Number: XXX-XXX-XXXX
 First Name: JAN
 Last Name: BRIEF
 Middle Name:
 Clinic: PSYCH, INC
 Specialist Type: PSYCHIATRIST
 Address Line1: 300 MAIN ST
 Address Line2:
 Address Line3:
 City: CLARION
 State: PENNSYLVANIA
 Zip: 16214
 Phone Number: XXX-XXX-XXXX

Current Health Status

Current Health Status :

JEFF IS IN GOOD HEALTH. WITH NO RECENT CHANGES OR NEW DIAGNOSES, INJURIES OR SURGERIES. JEFF'S BLOOD WORK FOR DEPAKOTE HAS STAYED LEVEL AND WITHIN A THERAPEUTIC RANGE FOR THE PAST YEAR.

Developmental Information

Developmental Information :

JEFF IS THE OLDEST IN THIS FAMILY OF 4 CHILDREN. HE WAS PLACED IN THE EARLY INTERVENTION PROGRAM TO ADDRESS SOME DEVELOPMENTAL DELAYS NOTED BY THE FAMILY PHYSICIAN. JEFF WAS ALSO EVALUATED AT PITTSBURGH CHILDREN'S HOSPITAL CHILD DEVELOPMENT UNIT. AT AGE 5, JEFF WAS DIAGNOSED WITH PDD/NOS SYNDROME.

 Psychosocial Information

Psychosocial Information:

JEFF HAS A HISTORY OF AGGRESSIVE BEHAVIOR PROBLEMS, PERHAPS DUE TO HIS FRUSTRATION WITH NOT BEING ABLE TO COMMUNICATE HIS WANTS AND NEEDS IN A WAY THAT OTHERS UNDERSTAND. FOR INSTANCE, HE WILL EITHER SPEAK TOO LOUD OR TOO QUIET AND SOMETIMES IN DIFFICULT TO UNDERSTAND PHRASES. WHILE IN SCHOOL, MOTHER REPORTED HE WAS USING ASSISTIVE TECHNOLOGY TO HELP HIM COMMUNICATE; HOWEVER, SHE WAS UNSURE OF THE DEVICE AND THERE ARE NO RECORDS WITH FURTHER INFORMATION. MOM REPORTED THAT IT WAS EFFECTIVE, BUT JEFF DID NOT LIKE TO USE IT. WITHIN THE PAST 6 MONTHS, JEFF IS PACING THE FLOOR MORE OFTEN AND APPEARING MORE NERVOUS. IT IS THOUGHT THAT BEING AROUND NEW PEOPLE (E.G., NEW ROOMMATES AND VARIOUS STAFF) IS CONTRIBUTING TO HIS INCREASED NERVOUSNESS.

 Physical Assessment

System Area: VISION

Description:
WEARS GLASSES

 Immunization booster

Name Of Immunization/Booster: FLU SHOT

If Immunization/Booster is 'Other' specify:

Date Administered (MM/DD/YYYY): 02/10/2007

Health and Safety

 General Health and Safety Risks

JEFF IS NOT AT RISK OF INGESTING NON-FOOD ITEMS. HE IS AWARE OF POISONS AND WILL NOT TRY TO INGEST THEM. JEFF IS UNABLE TO CONTACT 911 IF NEEDED.

DUE TO HIS INABILITY TO CONTROL HIS IMPULSES OF AGGRESSION AT TIMES, IT WOULD BE SAFER TO MAINTAIN ALL SHARP UTENSILS IN A LOCKED AREA.

CURRENTLY, JEFF IS NOT WORKING TOWARD SELF-ADMINISTRATION OF MEDICATION DUE TO A NUMBER OF REFUSALS AND/OR SPITTING THEM OUT INTO THE GARBAGE. HE IS AWARE OF DANGER ASSOCIATED WITH HEAT

SOURCES, BUT WOULD LIKE TO LEARN HOW TO COOK IN THE FUTURE. JEFF WILL NEED TO BE TAUGHT SAFETY WITH APPLIANCES.

Fire Safety

JEFF KNOWS WHAT TO DO WHEN HE HEARS A FIRE ALARM AND HAD EXPERIENCE PRACTICING THIS WHEN AT HIS RESIDENTIAL TREATMENT FACILITY.

Traffic

JEFF NEEDS CLOSE SUPERVISION WHEN IN THE COMMUNITY (VERBAL, BUT SOMETIMES PHYSICAL PROMPTS). EVEN THOUGH HE DOES KNOW THE CONCEPT OF LOOKING BOTH WAYS, HE TENDS TO WALK OUT INTO TRAFFIC WITHOUT LOOKING.

Cooking/Appliance Use

JEFF IS AWARE OF WHAT TO DO WITH A STOVE, BUT MUST HAVE CLOSE SUPERVISION WITH USING SUCH ITEMS. THAT IS, SOMEONE NEEDS TO GIVE HIM VERBAL AND, WHEN NEEDED, PHYSICAL PROMPTING. HE ALSO KNOWS HOW TO USE A MICROWAVE, BUT TENDS TO LEAVE WHATEVER HE IS COOKING IN THE MICROWAVE TOO LONG. JEFF IS ABLE TO GET HIS OWN DRINKS AS LONG AS IT IS READY TO POUR, OR IT IS IN A BOTTLE OR EASILY OPENED CONTAINER.

Outdoor Appliance

JEFF HAS NOT HAD A NEED TO USE THESE ITEMS; HOWEVER, HE WOULD PROBABLY NEED VERBAL AND PHYSICAL PROMPTING TO USE THE GRILL, ETC.

Water Safety

JEFF LIKES TO GO TO THE YMCA SWIMMING POOL (WHEN THERE IS NOT A CROWD). HE CAN SWIM INDEPENDENTLY. JEFF RECOGNIZES THE RULES OF WATER SAFETY AND FOLLOWS THEM. HE CAN REGULATE HIS OWN SHOWER WATER, BUT AT TIMES REFUSES TO DO SO TO TAKE A SHOWER. HE NEEDS VERBAL PROMPTING TO WASH THOROUGHLY WHEN IN THE SHOWER DUE TO HIS POOR HYGIENE AND NOT USING SOAP.

Safety Precaution

JEFF CAN RECOGNIZE POISON SIGNS AND WARNINGS, AND WOULD NOT INGEST KNOWN POISONS.

Knowledge of Self-Identifying Information

JEFF KNOWS THE ADDRESS OF HIS MOTHER’S HOME, BUT NOT HIS CURRENT ADDRESS. AT THE CURRENT TIME, HE DOES NOT HAVE A PHOTO ID.

Stranger Awareness

JEFF IS VERY CAUTIOUS AROUND PEOPLE THAT HE DOES NOT KNOW, IN GENERAL. HE IS NOT WILLING TO GO WITH JUST ANYONE, SO STRANGER AWARENESS IS STRONG WITH JEFF.

Sensory Concerns

Sensory Concerns:

JEFF IS UNCOMFORTABLE AND KNOWN TO BECOME AGITATED AROUND LARGE GROUPS OF PEOPLE AND CHAOTIC SITUATIONS OR ENVIRONMENTS.

JEFF ENJOYS TACTILE ACTIVITIES WHICH REQUIRES HIM USING HIS HANDS.

Meals/Eating

JEFF HAS NO FOOD OR CALORIC RESTRICTIONS AND IS ABLE TO EAT ANYTHING THAT HE CHOOSES. HE IS ABLE TO COMMUNICATE IF HE DOES NOT LIKE SOMETHING AND IS THEN GIVEN ANOTHER OPTION. JEFF IS ABLE TO CUT HIS FOOD INTO SMALL BITES AND TAKES HIS TIME EATING/CHEWING HIS FOOD. HE IS AT MINIMAL RISK OF CHOKING ON HIS FOOD.

Supervision Care Needs

Is intensive supervision required in this setting?: NO

Supervision Care need Type: DAY SUPERVISION

Number of hours of supervision: 8

Description:

JEFF NEEDS SUPPORT THROUGHOUT THE DAY.

Is intensive supervision required in this setting?: NO

Supervision Care need Type: HOME SUPERVISION

Number of hours of supervision: 8

Description:

JEFF LIVES IN A FULLY SUPERVISED HOME

Is intensive supervision required in this setting?: NO

Supervision Care need Type: COMMUNITY SUPERVISION

Number of hours of supervision: 8

Description:

JEFF DOES NOT GO INTO THE COMMUNITY UNSUPERVISED AND REQUIRES SUPPORTS DURING THESE TIMES.

Is intensive supervision required in this setting?: No

Health Care

Name of Designated Health Support Person: TRACY PHILLIPPE (SISTER)
 Address Line 1: 25 CANNOLINI ROAD
 Address Line 2:
 Address Line 3:
 City: SYLVIA
 State: PENNSYLVANIA
 Zip: 16255
 Phone (123)456-7890: (XXX)XXX-XXXX
 Pager Number (123)456-7890:
 Is the individual able to make health care decisions?: NO
 Is there an advance directive in place?: NO
 If No, What steps will be taken to assist the person to complete an advance directive?: INFO ON ADVANCE DIRECTIVES WAS GIVEN AT THE ISP MEETING
 If the individual cannot make health decisions, has a substitute decision maker been identified?: YES
 If substitute decision maker is identified, is it a: FAMILY MEMBER
 If substitute decision maker is not identified, then what steps will be taken to identify a substitute decision maker and by when?:
 Name, Contact information of decision maker: TRACY PHILLIPPE
 25 CANNOLINI ROAD
 SYLVIA, PA 16255
 (XXX)-XXX-XXXX

Functional Information

Physical Development

JEFF IS ABLE TO SIT, STAND, WALK, RUN AND CLIMB STAIRS WITH NO PROBLEMS. HIS MOTOR SKILLS ARE INTACT.

Adaptive/Self Help

JEFF NEEDS ASSISTANCE IN SHOWERING AND DAILY PERSONAL HYGIENE. HE IS PROMPTED FOR SEVERAL WEEKS BEFORE HE WILL SHAVE OR GET HIS HAIR CUT. JEFF ALSO NEEDS ENCOURAGEMENT TO DO HOUSEHOLD TASKS AND CHORES. HE WILL OCCASIONALLY PUT HIS DIRTY DISHES INTO THE SINK WITHOUT PROMPTING.

Learning/Cognition

JEFF CAN REMEMBER THINGS WELL AND HAS THE ABILITY TO EXPRESS HIMSELF AT TIMES THROUGH HIS DRAWINGS. JEFF IS VERY FRUGAL WITH HIS MONEY AND DOES NOT LIKE TO SPEND IT ON ANYTHING, BUT RATHER SAVE IT. JEFF SEEMS TO BE ABLE TO ANALYZE SITUATIONS AND DECIDE WHAT HE EXPECTS TO GET AS AN END RESULT. SOMETIMES HE GETS UPSET IF IT DOES NOT WORK OUT THE WAY HE EXPECTED.

Communication

Primary Mode of Communication:

Communication Details:

JEFF HAS LIMITED, SOMETIMES DIFFICULT TO UNDERSTAND VERBAL COMMUNICATION, ALTHOUGH HE HAS INCREASED HIS ABILITY TO TALK TO OTHERS. HE HAS A NICE SENSE OF HUMOR AND LIKES TO JOKE WITH PEOPLE; HOWEVER, WHEN JEFF BECOMES STRESSED HE MAY PACE AND TALK TO HIMSELF IN ORDER TO CALM HIMSELF.

Social/Emotional Information

JEFF BECOMES EASILY FRUSTRATED DUE TO HIS LACK OF COMMUNICATION SKILLS. THIS FRUSTRATION HAS CAUSED NUMEROUS BEHAVIOR PROBLEMS IN THE PAST AND PRESENT. JEFF SEEMS TO WANT TO HELP HIS ROOMMATES WHEN HE NOTES THAT THEY NEED ASSISTANCE; HOWEVER, HE DOES NOT INITIATE NOR RECIPROCATE ANY OTHER INTERACTIONS WITH THEM. JEFF TENDS TO INTERACT MORE WITH STAFF; HOWEVER, HIS LIMITED COMMUNICATION DOES SEEM TO POSE A BARRIER TO ALL SOCIAL

INTERACTIONS.

Educational/Vocational Information

Student: NO

Frequency:

Current Educational Status:

School:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone (123)456-7890:

OVR Client: NO

OVR Counselor Name:

OVR Counselor Phone (123)456-7890:

Does this consumer have training goals?:

Comments: JEFF DID EXHAUST ALL OVR SERVICES AND WOULD LIKE TO PURSUE JOB ASSESSMENT

Employment/Volunteer Information

Work Status: NONE

Frequency:

Position:

Employer/Organization:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone (123)456-7890:

Does this consumer have employment/volunteer goals?: JEFF WOULD LIKE A PART TIME JOB. HE IS GOOD WITH HELPING PEOPLE AND MAY

WANT TO EXPLORE THAT.

Comments:

Understanding Communication

When this is happening...:

CHANGE IN SCHEDULE OR SCHEDULE IS UNKNOWN

The individual does...:

GETS ANXIOUS (PACES, LOUD VOCALIZATIONS) AND OFTEN ENDS IN AGGRESSION TOWARDS OTHERS

We think it means...:

HE IS TRYING TO OBTAIN AN UNDERSTANDING OF HIS DAILY ACTIVITIES

We should...:

DEVELOP AND SHARE DAILY SCHEDULE

When this is happening...:

JEFF GETS EXCITED AND/OR NERVOUS WHEN IN A NEW AND/OR OVER-STIMULATING SETTING

The individual does...:

JEFF WILL PACE AROUND THE ROOM

We think it means...:

HE IS CONFUSED OR GETTING FLUSTERED

We should...:

ASK JEFF IF HE WOULD LIKE TO LEAVE THE SETTING OR TAKE HIM TO A QUIET PLACE IN THE SETTING

Other Non-Medical Evaluation

Non-Medical Evaluation Area:

If Type is 'Other' Specify:

Name/Type of Evaluation:

Date of Evaluation(MM/DD/YYYY):

Evaluator Name(First Name, Last Name):

Evaluator Agency:

Goals

Individual Outcome Summary

Goal Phrase: AGGRESSION
 Goal Statement: JEFF WILL DECREASE AGGRESSIVE BEHAVIORS THAT POSE SAFETY RISKS.
 Goal Start Date (MM/DD/YYYY): 09/01/2008
 Goal Completion Date (MM/DD/YYYY):

Concerns Related to Goal

JEFF HAS VERBAL COMMUNICATION ISSUES THAT MAKE COMMUNICATION DIFFICULT. HISTORICALLY, THIS INCREASES FRUSTRATION LEVELS AND HAS LED TO PHYSICAL AGGRESSION TOWARD OTHERS.

Objectives

When making a request, Jeff will speak slowly and loud enough for others to hear for 90% of the time without prompts for one quarter.

When others do not understand Jeff and ask him to repeat, Jeff will take a deep breath and count to 5 and then repeat what he said or draw a picture to get his needs met with 85% independence across 10 opportunities.

Goal Phrase: INDEPENDENCE
 Goal Statement: JEFF WILL INCREASE HIS INDEPENDENCE IN THE HOME.
 Goal Start Date (MM/DD/YYYY): 09/01/2008
 Goal Completion Date (MM/DD/YYYY):

Concerns Related to Goal

JEFF APPEARS TO BE RESISTANT TO HYGIENE TASKS AND NEEDS LOTS OF REASSURANCE FROM STAFF. IT WILL TAKE TIME TO OVERCOME BAD EXPERIENCES FROM THE PAST. HE CURRENTLY NEEDS MANY PROMPTS TO COMPLETE HOUSEHOLD CHORES AND PERSONAL HYGIENE.

Objectives

Every other day, Jeff will take a shower with no more than 2 verbal prompts to initiate and to wash using soap for 80% of the time for one quarter.

Every other day, Jeff will do the dishes (washing and placing in dry rack) and clean the kitchen following a task analysis with an average of 85% independence for one quarter.

Service Details

Related Goals: INDEPENDENCE
 Service Name: Community Inclusion
 Provider Name: INDEPENDENCE, INC
 Total Units: 2496
 Service Start Date: 09/01/2008
 Service End Date: 08/29/2009
 Service Frequency: 3 times for 7 days
 Units Per Visit: 16
 Days of Service Delivery: Var
 Comments:

Related Goals: INDEPENDENCE, AGGRESSION
 Service Name: Behavioral Specialist Service: Plan Development
 Provider Name: QOL BEHAVIORAL SERVICES
 Total Units: 1
 Service Start Date: 09/01/2008
 Service End Date: 12/01/2008
 Service Frequency: 1 time for 365 days
 Units Per Visit: 1
 Days of Service Delivery: Var
 Comments:

Related Goals: INDEPENDENCE, AGGRESSION
 Service Name: Behavioral Specialist Service: Consultation
 Provider Name: QOL BEHAVIORAL SERVICES
 Total Units: 208
 Service Start Date: 09/01/2008
 Service End Date: 08/29/2009
 Service Frequency: 1 times for 7 day
 Units Per Visit: 8
 Days of Service Delivery: Var
 Comments:

Related Goals: INDEPENDENCE, AGGRESSION
 Service Name: Behavioral Specialist Service: Direct Service (Age 21-64)
 Provider Name: QOL BEHAVIORAL SERVICES

Total Units: 832
 Service Start Date: 09/01/2008
 Service End Date: 08/29/2009
 Service Frequency: 4 times for 7 days
 Units Per Visit: 4
 Days of Service Delivery: Var
 Comments:

Related Goals: INDEPENDENCE, AGGRESSION
 Service Name: Supports Coordination- Initial Plan Development
 Provider Name: SCs R US
 Total Units: 1
 Service Start Date: 09/01/2008
 Service End Date: 10/01/2008
 Service Frequency: 1 time for 365 days
 Units Per Visit: 1
 Days of Service Delivery: Var
 Comments:

Related Goals: INDEPENDENCE, BEHAVIOR
 Service Name: Supports Coordination- Ongoing
 Provider Name: SCs R US
 Total Units: 1
 Service Start Date: 09/01/2008
 Service End Date: 08/29/2008
 Service Frequency: 1 time for 30 days
 Units Per Visit: 117
 Days of Service Delivery: Var
 Comments: