

**REGIONAL CENTER**  
**SERVICES AND SUPPORTS**  
For  
**THE INDIVIDUAL PROGRAM PLAN**

Consumer's Last Name:	First Name:	M.I.:
Date of Planning Team Meeting:	UCI #:	Birth Date:

**Attached is a List of Services and Supports that were agreed to at The Planning Team Meeting:**

I agree with the list of services as written on the attached form and I authorize [redacted] Regional Center to purchase those services for which it is responsible in the implementation of the Individual Program Plan.

I have been advised that in implementing Individual Program Plans that Regional Centers, through the Planning Team, will first consider existing supports that are already available in the natural community, at home, at work and in recreational settings.

I disagree with a portion of the Services and Supports Plan. I authorize [redacted] RC to implement all of the Services and Supports Plan except the following services upon which we have not yet reached agreement:

A new IPP meeting will be held within 15 days to review any items not agreed upon at today's meeting. I understand that I may waive this second meeting if my concerns regarding the Services and Supports are resolved to my satisfaction before the end of the 15-day period.

I recognize that if I am ever dissatisfied with my service coordinator, I may request a change at any time.

I authorize my service coordinator to exchange information with service providers to implement the IPP. I have been advised that should I or my authorized representative fail to respond to a Regional Center request to consent to release information within a reasonable period of time, the Director of the Regional Center may authorize release of information on my behalf when necessary to protect my health, safety, or welfare [W&I Code Section 4514(s)].

I would prefer that my Individual Program Plan be reviewed and rewritten at least once every:

Year       2 Years       3 Years

I am aware that I may call a meeting of my Individual Program Planning Team at any time by contacting my service coordinator.

[redacted] Regional Center has permission to contact me via electronic mail. My e-mail address is:

[REDACTED] Regional Center  
Individual Program Plan

New     Addendum

Consumer:

Service Coordinator:

Date of Birth: [REDACTED]

Medicaid Waiver: Yes

U.C.I. Number: [REDACTED]

Review of Consumer Progress: Annually

Date of I.P.P.: 3/1/11

I.P.P Development Cycle: Annually

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**Planning Team Participants:**

- [REDACTED] Consumer
- [REDACTED] Parent
- [REDACTED] RC Service Coordinator

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**Statement of Goals:**

1. Parents would like [REDACTED] to receive an appropriate education.
2. Parents would like [REDACTED] to be healthy and safe.
3. Parents would like to receive an occasional break from the care they give
4. Parents would like to [REDACTED] to have appropriate behaviors and increased personal skills.
5. Parents would like [REDACTED] to increase his social skills.

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**Family Assessments (Minors Only):**

[REDACTED] is a 10 year old boy who lives with his parents, [REDACTED] and older brother at their home in [REDACTED], CA. [REDACTED] is eligible for regional center services based on diagnoses of Autism and Moderate Mental Retardation. [REDACTED] is reported to have regressed skills in the area of self help. He's completely independent with feeding and uses utensils (prefers using fingers through) but requires assistance with dressing, toileting, and bathing routines. He will occasionally initiate toileting by verbalizing but still needs prompting/toileting schedule to complete the routine. He wears pull ups throughout the day and night and can go through as many as 5 per day (Medi-Cal funded). [REDACTED] continues to engage in tantruming, non-compliance, and screaming and has recent increase in hitting, pushing, biting, lacks safety awareness (bolts in public) and property destruction (broke door in home) behaviors. [REDACTED] reports [REDACTED] also continues to display some OCD type behaviors; especially with the weather report, airplanes, and emergency vehicles. He is also reported to have improved patience, is more verbal and also less anxious. [REDACTED] enjoys reading, going new places, coloring, writing, cuddling, walks in the neighborhood, and riding in the car. Other supports include SSI benefits.

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**CURRENT STATUS:** ██████████ attends a 4<sup>th</sup>-6th grade SDC-ILS class at ██████████ ██████████ in the ██████████ School District (██████████ SD). His teacher is Mrs. ██████████, last IEP was held 1/11. ██████████ attends school Mon-Fri from 8:30am-3pm. Parents provide his transportation to and from school. ██████████ receives speech and Adaptive PE services at school; both are 2xs per week for 30 minutes. ██████████ continues to receive OT services on a consultation basis only (4xs/yr). ██████████ is able to write his first name, part of his last name, and identify shapes and colors. He can have some difficulty in large group settings such as assemblies when the noise level is elevated. Parents do not have any concerns regarding ██████████ education placement at this time. SC has a school visit scheduled for 3/8/11 to observe ██████████ classroom behaviors.

**OBJECTIVE #1:** Parents would like ██████████ to receive educational services through the ██████████ School District (██████████ SD), through 2/12.

**SCHEDULE OF SERVICES AND SUPPORTS:**

- 1.1 ██████████ SD funds educational placement.
- 1.2 Parents will collaborate with ██████████ SD to develop an appropriate curriculum that meets ██████████'s needs.
- 1.3 Parents will request and attend IEP meetings for ██████████
- 1.4 ██████████ RC SC will attend IEP meetings and provide assistance with school advocacy, per parent request.

**CURRENT STATUS:** ██████████ is reported to be in stable health with no major health events or hospitalizations this past year. ██████████ continues to provide health care coverage; Medi-Cal # is ██████████. ██████████'s pediatrician, Dr. ██████████ is located at ██████████. ██████████ funds dental coverage; dental care is provided by ██████████; last seen in 11/10. ██████████ currently receives psychiatric and medication management services from Dr. ██████████ and ██████████, MSW, w/ ██████████ (██████████) on ██████████ Blvd. ██████████ is prescribed Geodon for anger management, Clonidine for high blood pressure/mood stabilizer, Buspar for anxiety, and Melatonin for sleep. ██████████ continues to wear pull ups and can use up to 5 per day; funded by Medi-Cal and supplied by ADL. ██████████ weighs approximately 130 pounds and is 54 inches tall.

**OBJECTIVE #2:** Parents would like ██████████ to have optimal health by receiving medical and dental care, through 2/12.

**SCHEDULE OF SERVICES AND SUPPORTS:**

- 2.1 ██████████ funds health care. ██████████ funds dental care.
- 2.2 Parents will schedule and transport ██████████ to all healthcare appointments.

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- 2.3 Parents will inform ██████ RC SC if there are any significant changes in ██████ health or healthcare needs.
- 2.4 ██████ RC SC will review ██████ health status at least annually.

**CURRENT STATUS:** ██████ requires specialized and continuous care 24 hours a day to ensure his health and safety; this can be an exhausting responsibility. ██████ uses agency respite. The occasional breaks have been beneficial for ██████ and she would like to continue receiving respite. Due to ██████ care and supervision needs, he maybe eligible for IHSS (In Home Supportive Services). SC gave copy of IHSS flyer to parents; ██████ will follow up re; eligibility.

**OBJECTIVE #3:** Parents would like to continue to receiving respite services for ██████, through 2/12.

**SCHEDULE OF SERVICES AND SUPPORTS:**

- 3.1 ██████ RC currently funds agency respite for ██████ at 72 hours per quarter through ██████.
- 3.2 Parents and ██████ will continue to follow ██████ RC respite guidelines and procedures.
- 3.3 Parents will notify ██████ RC SC of any changes in ██████ respite needs.
- 3.4 Parents will be financially responsible for hours exceeding the authorized amount of respite provided.
- 3.5 ██████ RC SC will continue to review respite POS every six months and submit a renewal for the appropriate hours as respite continues to be a need.

**CURRENT STATUS:** ██████ exhibits some behavior excesses and was recently assessed for BIS services through ██████ to address tantruming, non-compliance, screaming, hitting, pushing, biting, safety awareness (bolts in public) and property destruction (broke door in home) behaviors. ██████ also displays some OCD type behaviors: especially with the weather report, airplanes, and emergency vehicles. ██████ also requires assistance with dressing, toileting, and bathing routines. Parents completed required parent training course in 2/11 and are interested in transitioning in home BIS program to an FSP program. SC explained process and possible termination of social program.

**OBJECTIVE #4:** Parents would like ██████ to receive behavior intervention or adaptive skills training services, through 2/12.

**SCHEDULE OF SERVICES AND SUPPORTS:**

- 4.1 BIS assessment has been completed by ██████.
- 4.2 ██████ RC will continue to fund appropriate BIS or FSP, as determined by assessment and planning team agreement.

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- 4.3 ██████████ RC guidelines will be followed from beginning to end of the service provision process.
- 4.4 ██████████ will provide ██████████ RC SC with a written assessment, a progress report (when requested) and a termination report when services end.
- 4.5 ██████████ will participate fully in the intervention plan with support of his family, the behavior consultant and ██████████ RC SC.

**CURRENT STATUS:** ██████████ currently attends socialization training at ██████████. Lynn reports significant progress since attending social training, including: increased coping skills and patience, more verbal skills (vocabulary and pronunciation), conversation exchanges, and more appropriate interactions with peers and adults.

**OBJECTIVE #5:** Parents would like ██████████ to continue receiving socialization training to develop appropriate social skills, through 2/12.

**SCHEDULE OF SERVICES AND SUPPORTS:**

- 5.1 ██████████ RC SC will extend POS for socialization training per ██████████ recommendations and team agreement.
- 5.2 ██████████ RC will continue to fund an appropriate social program, as determined by the update reports and planning team.
- 5.3 ██████████ will provide ██████████ RC SC with a written assessment and progress reports.
- 5.4 ██████████ RC SC will review progress annually.

**CURRENT STATUS:** Due to ██████████ developmental functioning and individualized needs, he requires constant supervision. The Medic Alert bracelet would provide ██████████ identifying information, in case of an emergency.

**OBJECTIVE #6:** Parents would like ██████████ to be safe, through 2/12.

**SCHEDULE OF SERVICES AND SUPPORTS:**

- 6.1 ██████████ RC SC will complete and submit an application for the Medic Alert bracelet, along with a POS to fund the bracelet.
- 6.2 The Medic Alert company will mail the bracelet to the family

cc: Parents: ██████████

Date typed: 3/7/11

Date sent: 3/8/11

(MS)