

Individual Program Plan Agreement and Signature Form

Name:

UCI Number:

Date of Birth:

Federal Funding? Yes No

If yes, what type:

Date This Review Occurred:

Next Review Date:

Remote Meeting? Yes No

I wish to receive a copy of the plan in my preferred language:

Type of Plan: OR Amendment:

I/we participated in the development or renewal of my Individual Program Plan (IPP). The services and supports that have been agreed upon and will be included in the IPP or will be changed from my previous plan are:

Desired Outcome:					
REGIONAL CENTER FUNDED					
Authorization					
Service/ Support:	Supported By:	Start Date:	End Date:	How Much:	How Often:
	<input type="checkbox"/> Provider to be determined				
	<input type="checkbox"/> Provider to be determined				
	<input type="checkbox"/> Provider to be determined				
FUNDED BY OTHER SOURCES					
Authorization					
Service/ Support:	Supported By:	Start Date:	End Date:	How Much:	How Often:
	<input type="checkbox"/> Provider to be determined				
	<input type="checkbox"/> Provider to be determined				

*Note: the approximate start date of **existing** services will be the date of the IPP, unless otherwise indicated. **New** services will require time to initiate and complete referrals and may take longer to begin.*

Agreement of Services:

Please select one of the options below.

Agreement on all services: I agree with the above listed services, and I authorize [Regional Center Name] to purchase the services agreed upon for the implementation of my IPP.

Agreement on some or no services: The team did not agree on the following service(s):

Additional requests:

I agree, as discussed with my team, to hold an IPP meeting on _____ . This will be held within 15 days, or later if I agree, to review the items not agreed upon at today's meeting. I may cancel 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 request a Notice of Proposed Action (NOPA) and that it be provided in my preferred language:

Are there exceptions to settings requirements? Yes No

I am in agreement with the exceptions to the Community Settings rule described in the following:

Acknowledgments:

I have been provided a statement of all the services and supports the regional center purchased for me during the last year.

I have discussed and shared information about any needs I have right now or in the future with my Service Coordinator.

_____ will hold IPP meetings, as necessary, as my desired outcomes or needs change. This may happen once a year if I'm enrolled in the Medicaid Waiver or no less often than once every three years if I'm not enrolled. My Service Coordinator will be responsible to monitor this plan. I understand that I may call my planning team together at any time by contacting my Service Coordinator.

I would like to receive a copy of the IPP: Electronically Printed copy in the mail

The following information was discussed:

Self-Direction

Self-Direction is a way for you to have more choice over your services and supports, who provides them and how they are provided. Planning happens with your Service Coordinator through a person-centered planning process, so talk to your Service Coordinator if you want to learn more about self-direction. You can get services and supports that are self-directed in two different ways:

- **Self-Determination Program:** Gives you more control in creating your service plans and choosing service providers to better meet your needs. You work with your planning team to develop a budget and spending plan to purchase services, supports and goods from qualified service providers, individuals, or businesses.
- **Participant Directed Services:** Gives you the choice in who to hire, when to schedule, and how to supervise the work for some types of services and supports. The services and supports can

be used by those who live in their own home, their family home and some community living homes.

4731 Complaint:

If you receive services from the regional center, you or someone like a parent, legal guardian, conservator, or authorized representative, can file a complaint if you think your rights have wrongly or unfairly denied by a regional center, developmental center or a service provider. To learn more, please visit _____'s website: _____ or the DDS website:

<https://www.dds.ca.gov/general/appeals-complaints-comments/consumer-rights-complaint/>.

Whistleblower Policy:

If you see or experience an illegal or improper activity, you should report it to DDS. This is called a Whistleblower Complaint. There are two types of Whistleblower Complaints:

- Illegal or Improper Regional Center Activity: When a regional center, or regional center employee, officer, or board member of a regional center who is doing regional center business does something wrong. Some examples might be:
 - Breaking state or federal law
 - Not following a legal agreement between a regional center and another person or business
 - Lying or tricking someone so they can make money or get some other reward
 - Using government property in the wrong way or for something illegal
 - Doing something on purpose that is against the law, ignoring the law, lying about having the right skills for their job or cannot do their job
- Illegal or Improper Service Provider or Contractor Activity: When a service provider or contractor (like a person or company that is hired to provide a service or do a job), does something wrong when providing services paid for by DDS. That person could be an employee, officer, or board member of a service provider or contractor. Some examples might be:
 - Breaking state or federal law
 - Not following a legal agreement between a regional center and another person or business
 - Lying or tricking someone so they can make money or get some other reward
 - Using government property in the wrong way or for something illegal
 - Doing something on purpose that is against the law, ignoring the law, lying about having the right skills for their job or cannot do their job

DDS will listen to you when you report any activity that is illegal or improper. You will be protected if you file a complaint against the regional center or a service provider or contractor. To learn more, please visit _____'s website:

or the DDS website: <https://www.dds.ca.gov/general/appeals-complaints-comments/regional-center-or-vendor-contractor-whistleblower-complaints/>.

Employment First

In 2013, California became the 12th state to make an employment first policy into law. The law states that it is important that everyone with a developmental disability have a chance to work for the same pay, benefits, and places as other people, regardless of their disabilities. If you want to get a job or want to learn more about working, talk to your Service Coordinator.

National Voter Registration Act

In 1933, Congress made it easier for you to vote. If you want to vote, you can register with the regional center.

Transportation Access Plan

To help you be more independent, travel to places you want and be part of your community, you can have a Transportation Access Plan. This plan will have services and supports you need for things like how to get to and from the bus stop or light rail station, how to get to where you want to go and how to use any equipment or mobility aids on the public transportation system.

Additional Notes:

Signatures of IPP Planning Team Participants:

Signature:	Participant Name (Print):	Relationship to	Date:

IPP Survey:

The Department of Developmental Services (DDS) wants to hear from you about your IPP meeting. Your answers will only be read by DDS. We do not ask for your name so you can be open and direct with your answers. We can send you a paper copy in the mail. You can call us at 833-421-0061 and press option 1. You can also email us at IPPSurvey@dds.ca.gov. It is your choice to take this survey.

Scan this QR code to take the survey:



How to use the QR code and take the survey:

1. Open the camera app on your cell phone or tablet.
2. Hold your camera over the square QR code. Be sure you can see the QR code on the screen.
3. A link to the survey will pop up on your screen. Tap the link to open the survey.
4. Pick the answer that best matches what happened during your IPP meeting.
5. Press the “Done” button when you are finished.