MISSOURI DIVISION OF DEVELOPMENTAL DISABILITIES

Improving lives THROUGH supports and services THAT FOSTER self-determination.

www.dmh.mo.gov/dd MISSOURI DEPARTMENT OF MENTAL HEALTH

CHOICE
ISP QUESTIONS

Individual Receiving Services:_____ **Date:**_____

The following questions are designed assist the planning team to determine the needs and preferences of the individual when developing the ISP. Use the questions to start conversation about what the individual needs to do in order to be successful and self-determined throughout their lives and to help them think about their choices, decisions, and experiences that can help them build the future they desire.

	Yes/NO or NA	**Details regarding the type of support needed or desired outcome:**
Are you knowledgeable of other providers who provide the services you receive?		
Do you know how and to who make a request for a new provider of services?		