

SDS Personal Assistance Implementation Strategies

*Personal Assistance service does not requires a 'Personal Outcome' to be identified. The service may consist of only supports provided. The Individual/Designated Representative determines if they would like to have formal personal outcome and goals. Individuals/Designated may be authorized for Support Broker services if they need 'information & assistance' in order to 'Define goals, needs and preferences'.

Name:
Designated Representative Name:

	Support provided or Personal Outcome/*Goal area	Frequ/ Dur	Details regarding the type of support needed: (information from ISP) <i>*Goal Information on 2nd page if applicable.</i>
Bathing/Assisting in the Bathroom/Dressing			
Mobility			
Extension of therapies, care of adaptive equipment and exercise			
Meal Preparation/Assistance with meals			
Incidental Household cleaning and laundry			
Shopping			
Banking/Budgeting			
Using Public transportation			
Recreational/Leisure/ Socialization			
Other Activities to achieve Increase Independence, Productivity or Inclusion in the Community			

**Personal Outcomes
Goal # 1**

Information from ISP

Personal Outcome and related Goal(s):
Information Important to know about the Personal Outcome and related Goal(s): Current situation and things that have been tried or would like to try: Why it is the Outcome important to the individual (and family) <i>in their words if possible:</i>
What personal strengths and assets does the individual have in relation to the Personal Outcome and related Goal(s):
What technology can be used to achieve the Personal Outcome and related Goal(s):
What personal relationships does the individual have which can help achieve the Personal Outcome and related Goal(s):
What community resources can be used to achieve the Personal Outcome and related Goal(s):
Frequency, duration of working on Personal Outcome/Goal and Time lines regarding completion of Personal Outcome and related Goal(s):
If Waiver Supports are needed who is responsible for writing the Implementation Plan:

My Goal(s) related to this outcome:

Teaching strategies:

Objective #1:

Objective #2:

Implementer(s) name:

Freq/Dur:

Location:

Target Date:

Review Scheduled:

My Responsibilities (optional)	My Employees' Responsibilities (optional)

(Example of a quarterly review schedule)

(Example of a quarterly review schedule) This information must be entered into your Monthly Summary

1st Quarter Review Date: _____	Outcome/Goal Completed: _____	Outcome/Goal Continued: _____
Details:		
2nd Quarter Review Date: _____	Outcome/Goal Completed: _____	Outcome/Goal Continued: _____
Details:		

3rd Quarter Review Date: _____ Outcome/Goal Completed: _____ Outcome/Goal Continued: _____ Details:
4th Quarter Review Date: _____ Outcome/Goal Completed: _____ Outcome/Goal Continued: _____ Details: