

### Support Broker Implementation Strategies

<b>Name (Given)</b> Nick name		<b>ISP Plan Span Date</b>	
		<b>Date of Birth</b>	
<b>Address</b>		<b>Provider Name:</b>	
		<b>Support Broker Name:</b>	
<b>Phone</b>			

### Information and Assistance (Support) needed in order to Self-Direct Supports

Provide Practical Skills Training to Assist the Individual/Designated Representative in Manage Services and Supports

	Support provided or Personal Outcome/*Goal area	Frequ/Dur	Details regarding the type of support needed: (information from ISP) *Goal Information on 2 <sup>nd</sup> page
Recruiting workers			
Hiring workers			
Managing workers			
Terminating workers			
Managing and approving timesheets			
Organization/maintaining documents			
Problem solving			
Conflict resolution			
Filing grievances and complaints			
Establishing work schedules			
Understanding documentation requirements			
Assisting with monthly reviews			
Managing budget & Employee Rate Setting			
Seeking supports or resources			
Define goals, needs and preferences			
Development of Emergency Back-up Plan			
Employee training			
Understanding the Role of Employer/DR, SC, FMS and RO			

**Personal Outcomes  
 Goal # 1**

Information from ISP

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

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 Providers' Responsibilities (optional)

*(Example of a quarterly review schedule)*

90 Day Review Date: \_\_\_\_\_ Services Completed: \_\_\_\_\_ Services Continued: \_\_\_\_\_

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180 Day Review Date: \_\_\_\_\_ Services Completed: \_\_\_\_\_ Services Continued: \_\_\_\_\_

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270 Day Review Date: \_\_\_\_\_ Services Completed: \_\_\_\_\_ Services Continued: \_\_\_\_\_

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360 Day Review Date: \_\_\_\_\_ Services Completed: \_\_\_\_\_ Services Continued: \_\_\_\_\_

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