

For more information on  
**SELF-DIRECTED  
SERVICES**  
VISIT

[http://dmh.mo.gov/dd/progs/  
selfdirect.htm](http://dmh.mo.gov/dd/progs/selfdirect.htm)

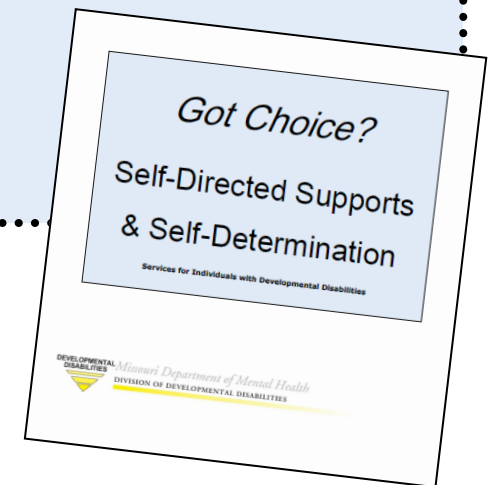
Or

Ask your Support Coordinator

***My Choice!***  
**Guide for Creating  
your Own Individual  
Support Plan when  
Self-Directing  
Supports**

**We do recommend that you:**

- Take your time. Person-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your Circle of Support several times for one to two hours at a time.
- Don't do so little at any one time that you lose your excitement and commitment.
- Keep track of when you talk about different ideas by writing the date you complete a page at the bottom of that page.





## WHAT IS AN ISP (Individual Support Plan) AND WHY IS IT IMPORTANT?

The ISP is:

- A document - required by Missouri Division of Developmental Disabilities (DD) for anyone who is eligible for receiving services / supports through the division.
- A planning document - used as a tool to help assess what supports and services are needed now and in the future and what steps are needed to get there.
- A supporting document - used as a tool to document the details of what is important to you and what is important for your family member so that everyone has a clear understanding of what you need, what you want for your future.
- A working document - used as a tool to maintain information gathered for your life goals and supports. Your IPS must be updated and kept current as changes occur in your life.

\*I have natural supports or a Designated Representative which will provide:

\*I need a Support Broker to provide information and assistance in order to:

\*Think about if these are time limited or ongoing support and the hours needed by week, month or year.

## What help do I need to manage my supports?

**Guidance:** When you choose to self-direct your support, you are agreeing to take on the responsibility of being an employer and managing your budget. You and your team need to decide if you can do so independently, with assistance, or if you need a designated representative to do so on your behalf.

You need to think about:

- Recruiting, hiring, managing, terminating workers,
- Managing and approving timesheets,
- Problem solving, conflict resolution,
- Managing work schedules,
- Managing your budget,
- Seeking additional supports or resources,
- Defining goals, needs and preferences,
- Development of an Emergency Back-up Plan,
- Maintaining proper medication,
- Employee training.

Do you need a designated representative to manage the day to day activities of your employees?

Do you have a spouse, parent, brother, sister, another relative, or another person who can demonstrate a history of knowledge of your preferences, values, needs who is willing to be your designated representative?



If you have ever felt confused about your Individual Support Plan (ISP), Person Centered Planning process (PCP) and how to plan for it, then this book is for you. This book will help guide you through the process of developing your own personal ISP.

## HOW TO USE THIS GUIDE

The questions listed under the 'Guidance' sections of the workbook pages are only suggestions for questions to think about when completing that page. If you and your Circle of Support think a question doesn't apply to you, or you have other questions, feel free to include them.

## This Guide will help you:

- Identify family, friends and community supports that will help you when you need it.
- Decide what you need and want from the people who support you.
- Identify positive and negative people, habits, and activities in your life.
- Develop a plan that you and your Circle of Support can use to make decisions now, and in the future.



*As you go through this workbook, remember to ask your Circle of Support for advice. They can help you decide what you want and what you need. They can also help you decide what things in your life need to be added, changed, or left the same. During this person-centered planning process, you and your Circle of Support can use this workbook as a tool to plan a future that is focused on you. No single person has all of the answers. Sharing your ideas and opinions and listening to theirs, will help you develop a solid plan so you can be healthy, independent, and successful.*

If you choose to hire a family member for your Personal Assistant supports, it is important to talk about the following and document this in your ISP:

- Your family member being paid to provide supports can not be your guardian, spouse or designated representative.
- You feel your family member is the best person to support you and would be your first choice.
- The family members can provide supports which are solely for you and not household tasks expected to be shared with people who live in a family unit.
- You and your support team agrees that the family member providing the personal assistant service will best meet your needs.

**\*I need a Community Specialist to provide:**

(This may be needed because of special medical or behavioral needs, or an outcome which requires a specialist.).

## Who do I like to support me?

**Guidance:** When you direct your own support you decide who you want to hire and some of the training you would like for them to have.

- Do you prefer a female or male for your support needs or for a specific task / activity such as bathing?

You decide if your personal assistant will need the following training to meet your needs:

- CPR,
- First Aide,
- Medication Administration,
- Behavioral Intervention Crisis Management
- Positive Behavior Supports.

Your ISP must state why the trainings are not needed and what safeguards are in place to make sure your needs are met.

## As you do each page of the workbook you can:

- Work directly on the blank pages provided in this workbook.
- Make more than one copy of a page if you need additional writing room (you must attach the additional pages to the workbook when you are finished).
- Use pictures, photographs, or other things that represent your ideas.
- Complete your workbook pages on the computer and print them out (you must attach additional pages to the workbook when you are finished).



The information you collect in this guide will be used when creating your ISP and used to develop your Support and Spending Plan. Your Support Coordinator will help you with this process.

## Who do I want to help me develop my plan?

**Guidance:** Identify those people who you believe are willing to listen to you and help you with planning your future. As you decide who to include in your planning team, think about:

- Who listens when you talk about what is important to you?
- Who do you trust?
- Who knows about your health and safety needs?
- Who best understands what your life is like?
- Who asks you questions about your future plans?
- Who is willing to help you achieve your dreams?

Remember, even just one other person helping you is better than trying to plan your future alone.



## Back Up Plan?

**Guidance:** When you self-direct supports you are required to have an emergency back-up plan to handle situations when your employee, who is providing essential supports, is unavailable. The ISP needs to include the method to deal with these situations.

- You need to identify back-up friends, family or other natural supports, trained and qualified employees, or agency providers whom you can call for assistance. If back-up services are to be purchased from an agency provider, the employer must consider such costs in the budget.
- In addition, your employee who is paid to provide back-up services must not be already scheduled for 40 hours per week.
- The ISP must also address the means for summoning assistance should the need arise. All members of your support team need to be educated about your back-up plan.
- All emergency numbers must be accessible to your employees.



***Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.***

## What is important to me?

**Guidance:** What are your hopes, wants, dreams and special interest? What do you find exciting, inspiring, or interesting?

**With your planning team, ask yourself the following questions:**

- What things do I like to do?
- Do I want to be more active or do I want more time to relax?
- What things do I want to make sure are in my life every day?
- If I could change one thing in my life, what would it be?
- What activities or groups in my community interest me?
- What are the three most important things in my life?
- What parts of my home life do I want to remain the same?
- What hobbies do I enjoy or would like to develop?
- Do I want to work or volunteer?
- Are there new things I would like to learn to do?



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## What do I need for my health?

**Guidance:** Are there any health and/or safety issues that you want to make sure other people pay attention to? Is there anything you want to do to improve your health?

This section should include information that should not be overlooked such as:

- Allergies.
- Therapies (stress management, counseling).
- The need for nursing oversight.
- Medications and administration of medications.
- Conditions or illnesses which need to be regularly monitored (i.e. seizures, diabetes, and chronic constipation).
- Adaptive equipment.
- Concerns related to eating or drinking, weight management.
- Where, when, or under what circumstances is it okay for you to be on your own.
- Emergency procedures during a crisis.
- Medical, vision, hearing, and oral health care.
- Do I know what to do in case of an emergency?



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## Who would I like to spend time with?

**Guidance:** Strengthening your connections with people is an important part of moving forward. As you complete this page, think about what you and your planning team can do:

- To improve relationships you currently have with family and friends.
- To encourage new relationships, or restore some relationships that have been lost.

### Ask yourself the following:

- How might I get in touch with someone I have not seen for a long time?
- Who would be a good person to invite for dinner, to go to a movie, or to have coffee with?
- Are there any relationships in my life that I am uncomfortable with, and might want to change?
- Who am I strongly connected to through work, school, church, or other parts of my community?
- Who would I call if I didn't feel well and needed help?

Is this something that I think I might want to stop doing or do differently?

**Is there something I'm doing now that causes me or others to feel sad, mad, hurt, or angry?**

**Guidance:** Think about things you do that causes you to feel bad about yourself, or creates problems for you when you are with other people.

These behaviors might include:

- Smoking cigarettes.
- Yelling loudly at others.
- Using illegal drugs.
- Running away.
- Refusing medication.
- Physically hurting someone else.
- Drinking too much alcohol.

If you believe you may be doing something that causes others to feel sad, mad, angry, or hurt, list these things in the top box.

Now think about which of these things you would like to work on changing. List these things in the bottom box.

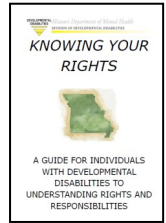


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## My likes: Things I want to do during the week

**Guidance:** What are your favorite things to do during the week? Who would you enjoy doing them with? What kinds of work, volunteer, or social activities would you want to be doing?

## My Rights and Advocating for myself: Self-Determination



**Guidance:** It is very important that you understand your rights. Some ways to do this are to review the "Knowing your Rights Guide", participating in Project STIR classes, or joining an advocacy group. For more information:  
<http://dmh.mo.gov/dd/selfdetermination.htm>

Some things to think about are:

- What support do you need to understand your rights?
- You must be involved in any process to limit your rights. There are many steps that need to take place before your rights can be limited. This is called due process.
- If your rights are limited a process must be in place to help you get your rights back. The limitation of your rights and how to restore them must be written in your ISP.

**How do I communicate and how do I want to be supported?**

**When This Is Happening :**

**And I do this:**

**It could Mean:**

**And You Should :**

**When This Is Happening :**

**And I do this:**

**It could Mean:**

**And You Should :**

**My Dislikes: Things I don't want to do during the week**

**Guidance:** What are your least favorite things to do during the week? What kinds of things make you mad, sad, bored, annoyed, or frustrated? What things (or people) do you want to make sure are not part of your week?

*Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.*

## My likes: Things I want to do on the weekend

**Guidance:** What are your favorite things to do on the weekend? Who would you enjoy doing them with? What kinds of work, volunteer, or social activities would you want to be doing on the weekends?



***Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.***

## Where do I want to live?

**Guidance:** It is important to live in the community of your choice and make choices about who you live with and the type of home that you live in. When you self-direct your support you must live in your own private residence or that of a family member. You can not live with your employees. This would be different type of waiver service.

Some things to think about when choosing place a to live:

- Is it near your work and friends and family?
- Is it near a bus line, grocery store, pharmacy, coffee shop, church, or other area important to you?
- Is it affordable? Do you need to apply for rental assistance ?
- Is your home set up so it is easy for you to reach everything and get around? Are you planning for future assistance needs?
- Is your home in a safe location?
- If you want to move out of where I live now, what will I need to do before you are able to move?
- Do you want to have a roommate?

You may want to complete a Housemate Compatibility Survey on the DMH-DD website. [www.dmh.mo.gov/dd/Housing.htm](http://www.dmh.mo.gov/dd/Housing.htm)

Housemate Survey	
Name _____	Age _____ Date _____
These questions may help find a housemate for you with similar interests. If you cannot answer the questions yourself, someone who knows you well can help. If someone helps you, the following information should be supplied:	
Housemate provided by _____	Phone _____
Relationship _____	E-mail _____
<b>General Information</b>	
1. I would like to live in the following location* (If there is a specific location, list it.)	
a. <input type="checkbox"/> State _____	
b. <input type="checkbox"/> City _____	
c. <input type="checkbox"/> Town _____	
d. <input type="checkbox"/> By the Country _____	
2. I currently have someone I'd like to live for a housemate. That person's name is _____	
3. I communicate by _____	
4. My gender is: <input type="checkbox"/> I would rather live with people who are of the same gender.	
<input type="checkbox"/> Male <input type="checkbox"/> The gender of any housemate doesn't matter to me.	
5. A housemate would need to have the same lifestyle. <input type="checkbox"/> I could not live with someone who is _____	
<input type="checkbox"/> I could not live with someone who is _____	
6. <input type="checkbox"/> I prefer to live with someone whose age is close to mine.	
<input type="checkbox"/> The age of any housemate doesn't matter to me.	
<input type="checkbox"/> Yes. If yes, what kind of pet? _____	
7. I would like a pet in the home. <input type="checkbox"/> No. If so, are certain pets ok (i.e. fish) _____	
8. I smoke: <input type="checkbox"/> I could live with someone who smokes as long as they did it outside.	
<input type="checkbox"/> I would not want to live with someone who smokes.	
<input type="checkbox"/> I do not care if my housemate smokes.	

## My Dislikes: Things I don't want to do on the weekend

**Guidance:** What are your least favorite things to do on the weekend? What kinds of things make you mad, sad, bored, annoyed, or frustrated? What things (or people) do you want to make sure are not part of your weekend?

**Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.**

**What help will I need during the week-end to do the things I want to do at home and help to keep me healthy and safe?**

**Guidance:** Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking, and taking your medications.

- Do you need help taking care of these things?
- Do you want to learn how to do any of these things?

This list should also include the support(s) you will need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

- Family, friends and natural supports
- Companion services, if you require another person to be immediately available to provide assistance, guidance, and/or instruction.
- A lifeline response system.
- Adaptive equipment.
- Remote Monitoring

This is also a good time to think about how many hours you need someone around to help you. Does this have to be a paid support or do you know someone who can help you? This information will be necessary when you get ready to develop your plan.



***Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.***



## How do I manage my money and pay my bills?

**Guidance:** Paying your monthly bills and being able to purchase necessities such as food and clothing is an important part of living independently in the community.

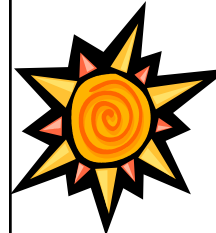
Some things to think about are:

- Do you need help balancing your checkbook or putting together a budget and sticking to it?
- Do you need help going to the bank or handling financial transactions?
- Do you need help applying for services that would provide financial assistance (i.e. housing assistance, energy assistance, food stamps, etc.)?
- Do you need help with maintaining your Medicaid/Spend down, or other benefits (such as SSI or SSDI)?
- Could you benefit from learning how to use a debit or Quest card?
- Would you like to learn how to write or sign a check?
- Do you need help to keep others from taking advantage of you financially?

### Morning



### Daytime



### Evening



### Night



**Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.**

## What help will I need during the week to do the things I want at home and help to keep me healthy and safe?

**Guidance** Think about things like personal care needs (i.e. bathing, dressing), keeping your house clean, shopping, cooking, and taking your medications.

- Do you need help taking care of these things?
- Do you want to learn how to do any of these things?

This list should also include the support(s) you will need to live successfully and safely in the community if it isn't possible for you to be left alone for some part of the day and/or night. These supports might consist of:

- Family, friends and natural supports.
- Personal Assistance services, if you require another person to be immediately available to provide assistance, guidance, and/or instruction.
- A lifeline response system.
- Adaptive equipment.
- Remote monitoring

This is also a good time to think about how many hours you need someone around to help you. Does this have to be a paid support or do you know someone who can help you? This information will be necessary when you get ready to develop your plan.



**Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.**

## What things do I want to do in the community?

**Guidance:** Having the opportunity to involve yourself in community activities that interest and inspire you is an important part of living a full and satisfying life.

This page provides you with the opportunity to identify ways you would like to interact with your community.

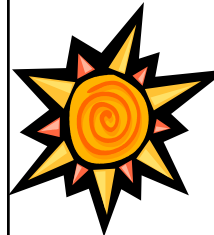
When completing this page, you might want to think about the following:

- Are you interested in helping in the community without being paid?
- Do you want to participate in social, religious, or political organizations?
- Do you want to become a member of a health club?
- Do you want to attend certain community events and attractions (i.e. parades, concerts, movies, museums, etc.)?

### Morning



### Daytime



### Evening



### Night



**Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.**

## What help will I need for work?

**Guidance** Whether you already have a job or would like to get one in the next year, this page can help you identify what kinds of support you might need to get or keep a job.

### Some things to think about:

- Do you want to work full time or part time?
- What skills will you need to learn in order to do the job you want?
- Will you need someone to help you on the job for a period of time?
- Will you need transportation to get to a job?
- Will working change your need for other supports during the day?
- Will you need certain clothes or equipment to do the job?
- Will you need to obtain specific licensure or certification before you can be employed to do the work you want?
- What support do you need to help you find a job?



***Put a (\*) by the ideas or activities you consider the most important and want to include as goals or needs on a support plan.***