

Member Name _____

Date _____

Location Member Chose to Meet: _____

Persons who Member Chose to Have Participate				
Name	Relationship	Invited to Meeting by Member?	Contact Information	Level of Participation: (Signature if Attended, Gave Advanced Input, or No Participation)

Member's Level of Participation in the Meeting: Led the Meeting Actively Participated Passively Participated
 Attended, No Participation Did Not Attend I/DD PCSP from TCM was reviewed

If the Member did not attend or participate, indicate reason: _____

Member's Primary Mode of Communication: _____

Cultural Needs or Accommodations: _____

Are Interpreter Services Needed? _____ If yes, you may contact your Care Manager at: _____

If member is unable to reply to questions, who primarily provided responses: _____

Member's Preferences:

What in your life are you most proud of?

What people, activities, or things do you enjoy about your life now?

What are your strengths, or the skills you feel you do well?

What do you not want to change about your life?

What would you like to change about your life?

What decisions in life would you like to have more control over?

What safety concerns do you have about your current home, work and/or community?

What current goals do you have that you would like to continue working on?

What new things would you like to work on or learn more about?

Are there people who have helped you meet your goals in the past? _____

If so, who?

Integrated Life Plan

Lifestyle Preferences:	Current	Preferred	Barriers	Options
Where I Live and With Whom				
How I Spend My Day (Employment, Volunteer, Community Activities, Home, etc.)				
Relationships with Family/Friends				
Community/Social Activities or Groups				
Hobbies				
Health Services				
Behavioral Health Services				
Special Devices/Assistive Tech				
Transportation				
Other				

Goal	Outcome Measure	Anticipated Completion Date

Are there any current restrictions on your rights, intrusive procedures, or limitations being utilized? YES NO

If yes, complete the following:

Restriction, Procedure, Limitation	Assessed Need/Condition	Frequency of Review	Positive Interventions/Supports or Less Restrictive Alternatives Tried

Integrated Life Plan

I, _____, gave input to develop this Integrated Life Plan and I was allowed to choose others to participate.

Member

Date

Authorized Representative

Date

Appointed Designated Representative

Date

Sunflower Case Manager

Date

Phone Number

Targeted Case Manager (I/DD only)

Date

Phone Number

Sunflower Customer Service: 877-644-4623

To Report Abuse, Neglect, or Exploitation Please call Adult & Child Protective Services at: 1-800-922-5330