

COMMUNITY LIVING disABILITY SERVICES

Subject: **Individualized Support in Residential Care
Facilities – Appendix A – Support Plan
Summary**

ADULT DISABILITY SERVICES

**INDIVIDUALIZED SUPPORT PLAN SUMMARY
RESIDENTIAL CARE FACILITY**

INDIVIDUAL'S NAME:

ADDRESS:

CARE PROVIDER'S NAME:

1. Why is Individualized Support being recommended for the individual?*

2. What preparation, supports and resources have been provided or are available to the individual, and who is responsible for same?*

3. Please describe the gradual steps to increased independence for the individual and who is responsible for same.*

4. Please specify what the individual and other participants in the planning process foresee as the end goal. This could include details such as length of time, time of the day, frequency and circumstances under which the individual could exercise the option of remaining home without supervision.*

*** USE REVERSE OF FORM IF NECESSARY**

Participants:

Date

Community Service Worker

c.c. Participants in the Planning Process
Individual's File

Date Issued:	January 1, 20189
Replacing:	October 1, 1996

**MANITOBA
FAMILIES**

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