



PERSON CENTERED SUPPORT PLAN

Case Management Services, Inc.

Comprehensive Meeting Information

Individual:		Meeting Date:
Facilitator:		Birth Date:

Circle of Support

<i>Name</i>	<i>Initials indicate attendance</i>	<i>Relationship</i>	<i>Involved in the plan</i>
		TCM	Yes

I was an active participant to the best of my abilities. This plan is based on my needed Lifestyle Preferences and goals. My legal guardian and other people chosen from my support network were involved in the development of my Person Centered Support Plan. I and or my legal guardian have approved of the plan. If either have objection to any portion of the plan, it is noted in the plan with an explanation of any barrier to addressing the objection. I approve of the Person Centered Support Plan.

Individual Signature			
Guardian signature			
Date of Final PCSP			
Next Comprehensive Date			
Review of Policy on Reporting Abuse, Neglect, Exploitation	X	Yes	No
Review of Consumer Rights Policy:	X	Yes	No