

INDIVIDUALIZED SERVICE PLAN

RESIDENT'S NAME: _____

NAME OF ALF: _____

Description of needs is based upon the (i) UAI; (ii) medical reports; (iii) interview with the resident; (iv) assessment of psychological, behavioral and emotional functioning, if appropriate; and (v) any additional information necessary to meet the care needs of the resident.

If the resident lives in a building that houses 19 or fewer residents, does the resident need to have a staff member awake and on duty at night? Yes No

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Date of Expected Outcomes

RESIDENT'S NAME: _____

Description of Needs and Date Identified	Description of Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes and Date of Expected Outcomes

SIGNATURES:

I. DEVELOPMENT OF PLAN:

_____ Staff Person Who Developed Plan	_____ Date Plan Completed	_____ Resident or Resident's Legal Representative	_____ Date
_____ Other, if any, Involved in Plan Development (Specify Title/Relationship to Resident)	_____ Date	_____ Other, if any, Involved in Plan Development (Specify Title/Relationship to Resident)	_____ Date

II. SUBSEQUENT REVIEW/UPDATE OF PLAN:

_____ Staff Person Who Reviewed/Updated Plan	_____ Date Reviewed/Updated	_____ Resident or Resident's Legal Representative	_____ Date
_____ Other, if any, Involved in Plan Review/Update (Specify Title/Relationship to Resident)	_____ Date	_____ Other, if any, Involved in Plan Review/Update (Specify Title/Relationship to Resident)	_____ Date

NOTE: Any time changes are made in the plan, the place where the change is made should be initialed and dated by the staff person making the change and by the resident. In addition, the staff person and the resident must sign in Part II above.