

WORKS FOR ME
Individualized Service Plan Checklist

TO BE FILLED OUT BY THE PLAN WRITER AND ATTACHED TO THE ISP/PO PACKAGE

NAME _____

TIER LEVEL _____

OTHER AGENCY _____
(IF APPLICABLE)

- ISP has all signatures
- ISP and PO and all schedules have the CORRECT social security number noted
- Career Development Plan with Signatures
- Page 9 Date Completed is filled in
- Attendance Sheet is attached and complete with all signatures
- Summary of ISP Goals/Outcomes is complete (EMPLOYMENT GOALS MUST BE INCLUDED)
- Schedule of Services is complete (THIS MUST INCLUDE DETAILS)
- Diagnosis Form is complete and includes ICD-9 codes
- If Tier D signed Medical Care Plan is attached
- If Tier E signed Behavioral Plan is attached
- If Client has DPOA copy is attached
- If Client has a Guardian - Guardianship is attached

IF CLIENT RECEIVES SERVICES FROM AN OTHER AGENCY

- If other Agency is TTP - TTP is incorporated into the ISP "Agent for Respite Services"
- Other Agency has signed off as DDO #2 page 9
- Other Agency purchase order is attached and signed off by participant & DDO #2

Note any comments or discrepancies below:
