

Assessment Meeting Wrap-up

Client Information

CLIENT NAME

Wrap-Up

Please review the items below with your Case Manager. The plan will not be finalized until you have checked each item and signed below. If "No" is selected, your Case Manager will continue working with you to resolve your concerns.

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I was able to direct (or chose someone to direct) my person centered service plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We discussed any questions I had about my DDA services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We discussed available services that would meet my assessed needs and goals, including paid and unpaid supports. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I had concerns or issues about my service plan, they have been or are being addressed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My case manager explained that I can choose or change my service provider(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My case manager explained what to do if I do not receive the services identified in my plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We discussed that I can request changes to my person centered service plan at any time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My case manager explained the Planned Action Notice (PAN) document and how to appeal if I disagree with DDA decisions regarding my services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My case manager explained how I can make a complaint that is not related to an appeal of DDA services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My case manager explained that I can call 1-866-363-4276 (1-866 - End Harm) at any time to report abuse or neglect. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | We discussed the importance of emergency planning. |

Complete only if you have declined an annual physical or dental visit this year.

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The importance of a yearly physical has been explained to me and I declined. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The importance of a yearly dental visit has been explained to me and I declined. |

CLIENT'S SIGNATURE

DATE

LEGAL REPRESENTATIVE'S SIGNATURE (IF PRESENT AT ASSESSMENT)

DATE

If your legal representative was not present for your person centered service plan meeting, we will send a copy of this form to your legal representative for review.