Dear [Client’s Name],

It is time for your annual assessment and person centered service-planning meeting. I will call you soon, or you can call me, to schedule a time to meet.

When I call, please let me know when and where you would like your meeting held. If you choose somewhere other than your home, I am also required to schedule a time when I can visit you in your home.

During your meeting, we will follow your lead:

- We will have time to talk about your goals and desires before assessing what supports you might want.
- Please invite anyone you want to be part of your meeting, including people you feel know you best. I may need to call your service providers to ask for information about the supports they provide.
- Your plan will include your goals, paid services, and any other supports you choose to help you meet your goals.

Below are some resources that will help you prepare for your meeting:

- A simple one-page tool that you can use to help you think about your goals (included)
- Two brochures that explain Developmental Disabilities Administration services (included)
- An online person centered planning tool developed by the Developmental Disabilities Council and the Arc of Washington State: www.mylifeplan.guide
- Another website that can help you plan the life you want is www.lifecoursetools.com

Please contact me if you have any questions or concerns.

I look forward to meeting with you.

Thank you,

[Case Manager’s Name]

CASE MANAGER’S NAME _____________________ TELEPHONE _____________________ EMAIL ADDRESS _____________________

Enclosure: HCBS Waiver Brochure (DSHS 22-605)  Road Map to Services Brochure (DSHS 22-822)  One Page Profile

cc:  Client File  NSA Representative
Instructions for Person Centered Service Planning Meeting and Annual Assessment Notice

When do I use this form?

You use this form to notify the client and the client’s legal guardian or representative of the upcoming assessment and person centered service-planning meeting at least 60 days prior to the end of the plan period.