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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  RESIDENTIAL HABILITATION CENTER (RHC) • INDIVIDUAL HABILITATION PLAN (IHP) • INDIVIDUAL PLAN OF CARE (IPOC)  **Meeting Notification** | |
| To: **Name of Guardian / Representative**  You are invited to attend the  IHP or  IPOC meeting at **RHC**, **Location** ,on **Date of Meeting** on **Day of Meeting** at **Time of Meeting (please indicate AM or PM)**. We welcome your written comments and suggestions. Feel free to add pages or write a letter. Your reply will be discussed at the meeting with the interdisciplinary team. These forms and your letter will become part of the record.  Do you plan to attend the meeting?  Yes  No  If yes:  In-person  Virtual: video, or telephone  Would you prefer to have the meeting time or date changed?  Yes  No  If yes, please contact **HPA or SSS Name** at **Phone Number (with Area Code)**. | | |
| **Community Services** | | |
| Per our regulations through Center for Medicaid Services (CMS), we are required to discuss a plan for discharge at least annually and begin to plan for a less restrictive environment.  Do you wish to consider community services?  Yes  No  Would you like to discuss this with the Transition Coordinator?  Yes  No | | |
| **Comments** | | |
| Are there any concerns, comments, or questions you want to discuss at the meeting? | | |
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| GUARDIAN / REPRESENTATIVE SIGNATURE DATE | | |
| NAME:  DSHS NUMBER:  LIVING UNIT:  BIRTHDATE: | | **Meeting Notification** |