

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Person Centered Support Plan Review

Name of Individual Reviewed: _____

PCSP Date: _____

Names of Reviewers: _____

Date reviewed: _____

<i>Areas to Consider</i>	<i>Present</i>	<i>Not Present</i>	<i>Comments</i>
Plan approval signed by guardian or consumer			
Description of type of setting person wants to live in			
Description of with whom the person wants to live			
Description of what work or other valued activity the person wants to do			
If the person is not currently employed, does the plan identify barriers to employment in the community?			
Is there a goal identified to work towards community employment?			
Description of with whom the person wants to socialize			
Description of the social, leisure, religious or other activities in which the person want to participate			
Barriers to achieving preferred lifestyle identified			
The plan lists and describes necessary activities, training, materials, equipment, assistive technology & services			
Health and medical needs are addressed (Diet needs are documented)			

Behavior support needs are addressed			
Evidence of consideration of self advocacy training or support needs			
Consideration of Abuse, Neglect and Exploitation training needs			
Evidence of opportunities of choice are provided			
Identify a lead coordinator for the plan development and health care			
Plan is regularly reviewed and revised			
Behavior Support plan is in place if necessary			
If Supported Home Care (SHC) is being used, does the document include a back-up plan? Psychotropic Medication plan is in place if necessary			
If PAS (Personal Assistant Services) are being used does the document include a back-up plan?			

Other Comments: _____
