INDIVIDUAL SERVICE PLAN — OUTCOMES — CHILDREN'S LONG-TERM SUPPORT PROGRAMS

1. Program(s) ☐ CLTS Waiver ☐ CCOP	2. Name — Support and Service Coordinator, Agency

3. Name – Participant

4. Outcome Number	5. Desired Outcome(s) Addressed in Service Plan	6. Outcome Status or Progress Update	7. Date

8. PARTICIPANT-INFORMED INFORMATION SHARING

Check all of the applicable **CLTS waiver-funded** essential services included on the current plan:

- ☐ Adult family home
- ☐ Child care
- ☐ Child foster care
- ☐ Communication assistance for community inclusion*
- ☐ Community/competitive integrated employment
- ☐ Community integration services
- ☐ Counseling and therapeutic services
- ☐ Daily living skills training
- ☐ Day services
- ☐ Discovery and career planning*
- ☐ Grief and bereavement counseling
- ☐ Health and wellness*
- ☐ Mentoring
- ☐ Participant and family-direction broker services
- ☐ Personal supports (excluding routine home care/chore services/pest control)
- ☐ Respite
- ☐ Safety planning and prevention*

Providers of the services indicated above that meet the definition of an essential service provider will receive a copy of this document (F-20445A), and they will be asked to sign and return a copy to the waiver agency.
*Components of this service may have providers that meet the definition of an essential service provider.

9. PROVIDER SIGNATURE

Waiver agencies must indicate **one** of the following:

- ☐ This information is being shared with service providers who have been newly added to the participant's ISP.
- ☐ This information is being shared with service providers at the participant's annual review.

By signing below, providers of CLTS Program supports and services acknowledge receiving a copy of this document.

Provider Name (agency)	Service Category (from field 8)	
Name of Individual Signing (please print)	**SIGNATURE**	Date Signed