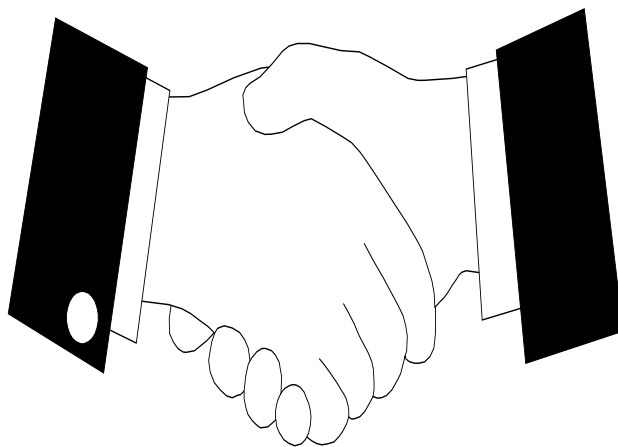


5038.01
12/98

YOUR IPP

INDIVIDUAL PROGRAM PLAN

IT'S NOT JUST A PIECE OF PAPER!



**A SELF-ADVOCACY MANUAL
FOR PEOPLE WHO GET SERVICES FROM REGIONAL CENTERS**

**Capitol People First and Protection & Advocacy, Inc.
Peer Advocacy Project
1994
(Revised December 1998)**

THE LAW—THE LANTERMAN ACT



IN CALIFORNIA, PEOPLE WITH DEVELOPMENTAL DISABILITIES HAVE THE RIGHT TO HELP AND SERVICES. THE LAW SAYS THAT PEOPLE WHO GET SERVICES FROM REGIONAL CENTERS HAVE THE RIGHT TO DECIDE WHAT KIND OF HELP THEY WANT AND NEED AND TO MAKE CHOICES ABOUT THEIR LIVES.

THE LAW SAYS THAT PEOPLE HAVE THE RIGHT TO MAKE CHOICES ABOUT:



WHERE TO LIVE

WHERE TO WORK



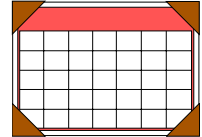
WHO TO LIVE WITH

WHO TO HAVE FOR FRIENDS

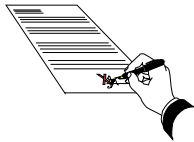


WHAT TO DO FOR FUN

WHAT TO DO IN THE YEARS AHEAD



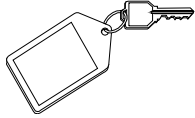
THE LAW SAYS THAT YOU HAVE A RIGHT TO:



YOUR OWN WRITTEN INDIVIDUAL PROGRAM PLAN (IPP) THAT LISTS YOUR GOALS AND THE SERVICES YOU NEED. THIS IS ALSO CALLED A PERSON CENTERED PLAN SOMETIMES. THIS MANUAL WILL USE THE TERM INDIVIDUAL PROGRAM PLAN (IPP) BECAUSE THAT IS THE PHRASE THE LAW USES.

SERVICES AND HELP THAT ARE PROVIDED TO YOU IN PLACES THAT ARE AS NORMAL AS POSSIBLE — NOT IN INSTITUTIONS OR PLACES ONLY FOR PEOPLE LABELED "RETARDED", BUT IN NATURAL COMMUNITY PLACES, AND





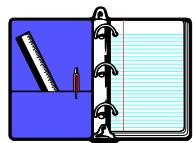
SERVICES THAT REALLY HELP YOU TO BE A MEMBER OF YOUR COMMUNITY

THE LAW SAYS THAT:



YOUR OWN WRITTEN INDIVIDUAL PROGRAM PLAN (IPP) MUST LIST YOUR GOALS AND THE SERVICES YOU NEED TO LIVE MORE INDEPENDENTLY IN THE COMMUNITY.

YOU HAVE THE RIGHT TO BE A BIG PART OF MAKING YOUR PLAN.



THE REGIONAL CENTER AND OTHER AGENCIES THAT PROVIDE SERVICES TO YOU, LIKE GROUP HOMES AND WORKSHOPS, MUST HELP YOU CHOOSE WHAT SERVICES YOU WANT.

THE INFORMATION YOU NEED TO CHOOSE THE SERVICES YOU WANT MUST BE GIVEN TO YOU IN A WAY YOU UNDERSTAND.



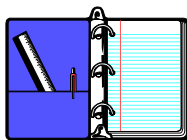
WHAT IS YOUR IPP?

YOUR IPP IS YOUR INDIVIDUAL PROGRAM PLAN. IT IS YOUR OWN ACTION PLAN ABOUT THE HELP YOU NEED TO LIVE LIKE YOU WANT.



IT IS A WRITTEN AGREEMENT OR CONTRACT BETWEEN YOU AND YOUR REGIONAL CENTER.

IT IS MADE BY YOU AND YOUR REGIONAL CENTER SERVICE COORDINATOR (CASE MANAGERS OR SOCIAL WORKERS ARE NOW GENERALLY CALLED SERVICE COORDINATORS) AND OTHER PEOPLE YOU INVITE TO THE MEETING. THE REGIONAL CENTER MAY ALSO HAVE PEOPLE IT THINKS WILL BE HELPFUL TO YOU ATTEND THE MEETING.



IT LISTS THE SERVICES THAT YOU NEED AND WANT TO BE MORE INDEPENDENT AND TO LIVE THE WAY YOU LIKE.

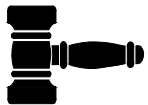
WHY IS YOUR IPP IMPORTANT?



YOUR IPP IS IMPORTANT BECAUSE IT TELLS ABOUT WHAT SERVICES AND HELP THE REGIONAL CENTER WILL GET FOR YOU.



YOUR REGIONAL CENTER MUST PROVIDE YOU WITH THE SERVICES LISTED IN YOUR IPP — THAT IS THE LAW (THE LANTERMAN ACT).



IF SOMETHING IS WRITTEN IN YOUR IPP, THE REGIONAL CENTER MUST GIVE IT TO YOU. YOU ARE ENTITLED TO IT. USUALLY THE REGIONAL CENTER MUST BUY SERVICES FOR YOU FROM ANOTHER AGENCY.



IF SOMETHING IS NOT WRITTEN IN YOUR IPP, YOU CANNOT COUNT ON GETTING IT.



YOUR REGIONAL CENTER CANNOT CHANGE WHAT IS IN YOUR IPP WITHOUT HAVING A MEETING WITH YOU. THAT IS IN THE LAW TOO.

WHY IS YOUR IPP MEETING IMPORTANT?



YOUR IPP MEETING IS IMPORTANT BECAUSE THAT IS THE ONLY TIME AND PLACE WHERE YOUR IPP CAN BE OFFICIALLY TALKED ABOUT AND WRITTEN UP.



YOU HAVE A RIGHT TO BE AT YOUR IPP MEETING AND TELL PEOPLE WHAT KIND OF HELP AND SERVICES YOU NEED THE REGIONAL CENTER TO GET FOR YOU.



THE REGIONAL CENTER CANNOT WRITE AN IPP ABOUT YOU WITHOUT YOU BEING AT THE MEETING.



THE REGIONAL CENTER MUST HAVE A PERSON AT YOUR IPP MEETING WHO CAN SAY YES OR NO TO YOUR REQUESTS FOR SERVICES. THIS MAY BE YOUR SERVICE COORDINATOR OR IT MAY BE A PERSON IN ADDITION TO YOUR SERVICE COORDINATOR. THIS MEANS THAT REGIONAL CENTERS CANNOT MAKE DECISIONS OUTSIDE YOUR IPP MEETING ABOUT THE SERVICES YOU NEED. THE DECISION MUST BE MADE IN YOUR IPP MEETING SO THAT YOU HAVE A CHANCE TO TALK WITH A PERSON WHO CAN SAY YES OR NO TO SERVICES YOU ASK FOR.



IF A PERSON WHO CAN AGREE TO YOUR REQUEST FOR A SERVICE IS NOT AT YOUR IPP MEETING, THE REGIONAL CENTER MUST SET UP ANOTHER MEETING WITHIN 15 DAYS THAT THE RIGHT PERSON WILL BE AT.



YOU AND THE REGIONAL CENTER PERSON MUST AGREE ON AND SIGN THE IPP BEFORE THE SERVICES CAN BE GIVEN. IF YOU ONLY AGREE TO PART OF YOUR IPP, YOU SHOULD ASK YOUR SERVICE COORDINATOR TO PREPARE A STATEMENT THAT SAYS SOMETHING LIKE: “I AGREE TO THE PARTS OF MY IPP OF (DATE) NUMBERED (--,--,--, ETC), BUT NOT TO THE PART(S) NUMBERED (--,--). PLEASE START OR CONTINUE THE SERVICES I AGREE TO RIGHT AWAY.” IF THE REGIONAL CENTER SAYS NO TO ANY OF YOUR REQUESTS, THE REGIONAL CENTER MUST SEND YOU A LETTER WITHIN 5 DAYS TELLING YOU WHY THEY ARE NOT GIVING YOU THE SERVICE YOU WANT AND TELLING YOU HOW TO FILE FOR A HEARING. (SEE PAGE 12 BELOW ON HOW TO FILE FOR AN APPEAL HEARING.)



THE LAW DOESN'T REQUIRE THAT YOU HAVE AN IPP MEETING MORE THAN ONE TIME EVERY THREE YEARS. BUT, IF YOU WANT TO HAVE ONE SOONER TO TALK ABOUT CHANGES IN YOUR LIFE, YOU CAN ASK YOUR SERVICE COORDINATOR TO SET ONE UP. THE MEETING MUST BE HELD WITHIN 30 DAYS OF YOUR REQUEST.



YOU CAN ASK TO HAVE A DIFFERENT SERVICE COORDINATOR.



YOU CAN ASK TO CHANGE PROGRAMS YOU ARE IN.

WHAT SHOULD YOU DO TO GET READY FOR YOUR IPP MEETING?



BE POSITIVE. YOU ARE GOOD AT LOTS OF THINGS AND HAVE GOOD IDEAS ABOUT WHAT YOU WANT FOR YOUR LIFE.

BEFORE THE MEETING, MAKE SURE YOU TAKE TIME TO THINK ABOUT THE DREAMS OR GOALS YOU HAVE FOR THE FUTURE AND THE HELP YOU NEED TO REACH YOUR GOALS.



BEFORE YOU GO TO YOUR MEETING, TALK TO PEOPLE YOU TRUST ABOUT WHAT YOU WANT TO SAY AT YOUR MEETING. PRACTICE BEING CLEAR ABOUT WHAT YOU WANT.



THERE IS A SPECIAL IPP MEETING PLANNER AT THE END OF THIS MANUAL TO HELP YOU PLAN FOR YOUR MEETING.

WRITE DOWN WHAT YOU WANT TO SAY ABOUT YOUR DREAMS AND THE SERVICES YOU WANT. IF YOU NEED HELP WRITING IT DOWN, ASK A FRIEND TO HELP YOU.



IF YOU HAVE TROUBLE WRITING OR MAY GET NERVOUS AND FORGET THINGS AT YOUR MEETING, YOU CAN ALSO MAKE A TAPE RECORDING OF THE THINGS YOU WANT AND BRING THE TAPE TO PLAY AT THE MEETING.



BEFORE THE MEETING, IF YOU WANT, YOU CAN ASK THE REGIONAL CENTER TO TEST YOU — TO LEARN THE THINGS YOU CAN DO AND THE THINGS YOU STILL NEED HELP WITH.

WHAT SHOULD YOU DO AT YOUR IPP MEETING?



YOU CAN INVITE ANYONE TO YOUR IPP MEETING. IT'S YOUR MEETING SO IF YOU WANT FRIENDS, FAMILY MEMBERS OR AN ADVOCATE THERE TO SUPPORT YOU, ASK THEM TO COME.

IT IS IMPORTANT THAT YOU STRONGLY ASK FOR THE SERVICES YOU WANT — BUT DON'T GET MAD. IT IS ALWAYS BETTER TO TRY TO WORK TOGETHER. BUT, IT IS YOUR IPP AND YOU HAVE A RIGHT TO ASK FOR THE SERVICES YOU THINK YOU NEED. NOBODY ELSE CAN DO THAT AS WELL AS YOU CAN.



AT THE MEETING, GIVE YOUR SERVICE COORDINATOR THE WRITTEN LIST (OR THE TAPE) OF YOUR DREAMS AND THE SERVICES AND HELP YOU WANT FROM THE REGIONAL CENTER. WHAT YOU HAVE WRITTEN WILL HELP YOUR SERVICE COORDINATOR WRITE YOUR IPP.

WHAT ARE SOME OF THE SERVICES AND HELP YOU CAN ASK TO HAVE IN YOUR IPP?

(At the very end of this booklet, there is a detailed list of services you may request in your IPP. This list is taken from the Lanterman Act, but the law does not limit you simply to the listed services — that is, you may ask for any other services that will help you be more independent or productive.)



HELP TO GET A JOB, INCLUDING SUPPORTED EMPLOYMENT SERVICES.



HELP TO GET INTO A SCHOOL OR TRAINING PROGRAM.



TRANSPORTATION AND HELP TO LEARN HOW TO USE BUSES.



INSTRUCTION AND SUPPORT SO THAT YOU CAN LIVE IN YOUR OWN PLACE.



TRAINING IN HOW TO ADVOCATE FOR YOURSELF BETTER.



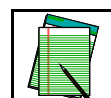
HELP TO GET INVOLVED IN FUN THINGS GOING ON IN THE COMMUNITY.



SOMEONE TO ASSIST YOU IF YOU WANT TO BE ON A COMMITTEE OR A MEMBER OF A BOARD OF DIRECTORS AND NEED HELP.



HELP TO GET EQUIPMENT LIKE WHEELCHAIRS OR COMPUTERS THAT TALK.



OTHER SERVICES YOU NEED TO LIVE A BETTER LIFE.

WHAT DO YOU DO IF THE REGIONAL CENTER SAYS "NO" TO WHAT YOU WANT OR MAKES A CHANGE IN YOUR SERVICES THAT YOU DON'T LIKE?



IF YOU ARE UNHAPPY ABOUT A DECISION THE REGIONAL CENTER HAS MADE ABOUT SERVICES YOU WANT, YOU HAVE A RIGHT TO APPEAL THE REGIONAL CENTER'S DECISION.

YOU SHOULD GET PEOPLE TO HELP YOU WITH ALL THE THINGS INVOLVED WITH THE APPEAL. IT'S NOT EASY BUT IT IS YOUR RIGHT TO TRY TO CHANGE THE REGIONAL CENTER'S DECISION. IT'S IN THE LAW.



WITHIN 5 DAYS OF MAKING ITS DECISION, THE REGIONAL CENTER MUST SEND YOU A WRITTEN LETTER ABOUT ANYTHING IT IS CHANGING IN YOUR IPP SERVICES OR ANY NEW REQUEST IT IS DENYING AND TELL YOU WHY.

IF YOU DON'T UNDERSTAND THE LETTER, GET A FRIEND OR ADVOCATE TO HELP YOU.



THE REGIONAL CENTER IS SUPPOSED TO TELL YOU HOW TO APPEAL IN THE LETTER. IF THEY DON'T, YOU WILL HAVE TO ASK THEM. THEN YOU HAVE TO FILL OUT A FORM AS SOON AS YOU CAN AND SEND IT BACK.



YOU HAVE UP TO 30 DAYS TO FILE AN APPEAL AFTER YOU GET THE LETTER. IF YOU SEND IN A REQUEST FOR APPEAL WITHIN 10 DAYS OF GETTING THE LETTER, THE REGIONAL CENTER CANNOT STOP GIVING YOU A SERVICE WHILE THE APPEAL IS GOING ON. THAT IS THE LAW.

AFTER YOU SEND IN THE APPEAL FORM, A MEETING WILL BE SCHEDULED SO YOU CAN AGAIN TELL THE REGIONAL CENTER WHAT YOU WANT AND WHY YOU DON'T LIKE WHAT THEY DECIDED.



YOU DO NOT HAVE TO GO TO THIS MEETING. IT IS YOUR CHOICE. IF YOU DO NOT WANT TO GO TO THIS MEETING YOU CAN GO ON TO THE NEXT STEP. IF YOU DO GO TO THE MEETING BUT THE REGIONAL CENTER STILL DOESN'T AGREE WITH YOU, THEN YOU CAN GO ON TO THE NEXT STEP. THE NEXT POSSIBLE STEP IN THE APPEAL PROCESS IS MEDIATION. [THIS WILL START AFTER JULY 1, 1999.] MEDIATION IS WHEN SOMEONE WHO DOES NOT WORK FOR THE REGIONAL CENTER, MEETS WITH YOU AND THE REGIONAL CENTER AND TRIES TO HELP YOU AGREE ON THE SERVICES YOU NEED. YOU OR THE REGIONAL CENTER CAN DECIDE NOT TO GO TO MEDIATION. BUT IF YOU BOTH DECIDE TO GO TO MEDIATION, AND YOU DO REACH AN AGREEMENT, YOU ARE DONE. IF YOU DO NOT AGREE, YOU CAN GO ON TO A FAIR HEARING.

IF YOU GO TO A FAIR HEARING, YOU WILL HAVE A CHANCE TO PUT YOUR CASE BEFORE A HEARING OFFICER FROM THE STATE. THE HEARING OFFICER

WILL WRITE A DECISION ABOUT YOUR CASE. SOMETIMES THAT WILL BE THE FINAL HEARING DECISION. BUT SOMETIMES THE STATE DEPARTMENT OF HEALTH SERVICES WILL LOOK AT THE DECISION AND MAY CHANGE IT. YOU DON'T GET TO DECIDE WHEN THEY WILL LOOK AT IT. YOU WILL GET THE FINAL DECISION WITHIN 30 DAYS OF THE DATE OF YOUR HEARING.

IF YOU DON'T LIKE THE HEARING DECISION, YOU CAN APPEAL IT TO COURT. YOU SHOULD HAVE A LAWYER DO THAT FOR YOU. YOU HAVE ONLY 90 DAYS TO FILE AN APPEAL IN COURT FROM THE DAY YOU GET THE HEARING DECISION. YOU NEED TO FIND A LAWYER WHO WILL HELP YOU AS SOON AS POSSIBLE. PAI CAN HELP SOME BUT NOT ALL OF THE PEOPLE WHO CALL IT. YOU CAN CALL PAI AT (800) 776-5746.

REMEMBER, ALL THIS IS COMPLICATED AND EVERYONE SHOULD GET HELP WITH AN APPEAL. TALK WITH YOUR AREA BOARD OR PROTECTION AND ADVOCACY (TELEPHONE 1-800-776-5746) OR PEOPLE FIRST FOR HELP.



WHAT ARE YOUR RIGHTS IF YOU LIVE IN A BOARD AND CARE HOME?

**BOARD & CARE HOMES MUST LET YOU MAKE
DECISIONS IN YOUR DAY-TO-DAY LIFE, LIKE:**



WHEN YOU GO TO BED



WHEN YOU EAT



**WHETHER YOU WANT TO HAVE FRIENDS OVER,
AND**



WHAT YOU DO IN YOUR FREE TIME.

**IF YOU LIVE IN A BOARD & CARE HOME YOU ALSO
HAVE A RIGHT TO:**



WEAR YOUR OWN CLOTHES



HAVE YOUR OWN THINGS & USE THEM



**KEEP & SPEND A REASONABLE AMOUNT OF YOUR
OWN MONEY**



SEE VISITORS EACH DAY



HAVE A PLACE TO KEEP YOUR OWN THINGS

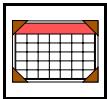


TALK ON THE PHONE



MAIL AND RECEIVE UNOPENED LETTERS, AND HAVE LETTER WRITING MATERIALS INCLUDING STAMPS.

RIGHTS CAN BE TAKEN AWAY ONLY IF YOU WOULD HURT YOURSELF, ANOTHER PERSON OR THE HOME. RIGHTS CANNOT BE TAKEN AWAY TO PUNISH YOU.



IF A RIGHT HAS BEEN TAKEN AWAY, IT MUST BE REVIEWED EVERY 30 DAYS.



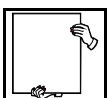
YOU CAN APPEAL THE FACT THAT A RIGHT HAS BEEN TAKEN AWAY.



YOU START BY CALLING THE REGIONAL CENTER'S CLIENTS' RIGHTS ADVOCATE.



YOU CAN ALSO CALL THE AREA BOARD, PROTECTION & ADVOCACY (1-800-776-5746) OR PEOPLE FIRST FOR HELP.



A POSTER ABOUT YOUR RIGHTS WRITTEN IN CLEAR LANGUAGE SHOULD BE IN EVERY BOARD AND CARE HOME. YOUR RIGHTS SHOULD ALSO BE ON TAPE AND IN BRAILLE.

IPP MEETING PLANNER

THIS WORK SHEET IS TO HELP YOU PLAN FOR THE SERVICES YOU WANT TO ASK FOR FROM THE REGIONAL CENTER. USE IT TO HELP YOU THINK ABOUT THE SERVICES YOU NEED TO HELP YOU DO ALL OF THE THINGS YOU WANT TO DO.

A PLACE TO LIVE

WHERE DO YOU LIVE NOW?

- | | |
|--|--|
| <input type="checkbox"/> MY OWN PLACE | <input type="checkbox"/> A GROUP HOME |
| <input type="checkbox"/> MY OWN PLACE WITH ROOMMATES | <input type="checkbox"/> A LARGE CARE FACILITY |
| <input type="checkbox"/> MY PARENT'S PLACE | <input type="checkbox"/> OTHER _____ |

WHERE DO YOU WANT TO LIVE?

- | | |
|--|--|
| <input type="checkbox"/> STAY WHERE I AM | <input type="checkbox"/> MY PARENT'S PLACE |
| <input type="checkbox"/> MY OWN PLACE | <input type="checkbox"/> A GROUP HOME |
| <input type="checkbox"/> MY OWN PLACE WITH ROOMMATES | <input type="checkbox"/> A LARGE CARE FACILITY |
| | <input type="checkbox"/> OTHER _____ |

WHAT SERVICES DO YOU NEED TO HELP YOU LIVE WHERE YOU WANT?

- | | |
|--|---|
| <input type="checkbox"/> MORE TRAINING | <input type="checkbox"/> MORE MONEY |
| <input type="checkbox"/> AN ATTENDANT | <input type="checkbox"/> HELP FINDING A PLACE TO LIVE |
| <input type="checkbox"/> SOMEONE TO GIVE ME REGULAR SUPPORT AND HELP | <input type="checkbox"/> OTHER _____ |

A PLACE TO WORK

WHERE DO YOU WORK NOW?

- IN THE COMMUNITY WITHOUT EXTRA HELP**
- IN THE COMMUNITY WITH A TRAINER OR AID**
- IN A WORKSHOP OR CENTER**
- I GO TO SCHOOL**
- I DON'T WORK OR GO TO SCHOOL**
- OTHER** _____

WHERE DO YOU WANT TO WORK?

- IN THE COMMUNITY**
- IN A WORKSHOP OR CENTER**
- I WANT TO GO TO SCHOOL**
- I DON'T WANT TO WORK**
- OTHER** _____

WHAT SERVICES DO YOU NEED TO HELP YOU WORK?

- A TRAINER OR AIDE AT THE JOB**
- TRAINING IN A WORKSHOP**
- OTHER TRAINING**
- MORE EDUCATION**
- ACCESS TO WORK PLACE — RAMPS, ETC.**
- TRANSPORTATION**
- OTHER** _____

WHAT TYPE OF MEDICAL CARE DO YOU NEED?

- DOCTOR SERVICES**
- DENTIST SERVICES**
- COUNSELING**

FUN AND LEISURE

WHAT DO YOU DO FOR FUN OR WITH YOUR FREE TIME?

- | | |
|--|--|
| <input type="checkbox"/> VISIT FRIENDS | <input type="checkbox"/> READ |
| <input type="checkbox"/> SHOP | <input type="checkbox"/> TAKE CLASSES |
| <input type="checkbox"/> GO TO MOVIES OR PLAYS | <input type="checkbox"/> VOLUNTEER WORK |
| <input type="checkbox"/> PLAY SPORTS | <input type="checkbox"/> LISTEN TO MUSIC |
| <input type="checkbox"/> HOBBY | <input type="checkbox"/> DATING |
| <input type="checkbox"/> WATCH TV | <input type="checkbox"/> |
| | OTHER _____ |

WHAT NEW THINGS DO YOU WANT TO DO?

- | | |
|--|--|
| <input type="checkbox"/> VISIT FRIENDS | <input type="checkbox"/> READ |
| <input type="checkbox"/> SHOP | <input type="checkbox"/> TAKE CLASSES |
| <input type="checkbox"/> GO TO MOVIES OR PLAYS | <input type="checkbox"/> VOLUNTEER WORK |
| <input type="checkbox"/> PLAY SPORTS | <input type="checkbox"/> LISTEN TO MUSIC |
| <input type="checkbox"/> HOBBY | <input type="checkbox"/> DATING |
| <input type="checkbox"/> WATCH TV | <input type="checkbox"/> |
| | OTHER _____ |

WHAT SERVICES DO YOU NEED TO HELP YOU DO THE THINGS YOU WANT TO DO?

- | |
|---|
| <input type="checkbox"/> TRAINING |
| <input type="checkbox"/> ATTENDANT |
| <input type="checkbox"/> FACILITATOR |
| <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> SET UP A CIRCLE OF FRIENDS |
| <input type="checkbox"/> OTHER _____ |

OTHER THINGS

WHAT OTHER THINGS DO YOU THINK YOU NEED HELP WITH?

- COOKING FOR MYSELF**
- SHOPPING FOR THINGS I NEED**
- PERSONAL CARE (FOR EXAMPLE, IHSS)**
- CLEANING MY PLACE**
- MANAGING MY MONEY**
- GETTING MEDICAL CARE**
- MEETING MORE PEOPLE/MAKING FRIENDS**
- RIDING THE BUS OR OTHER TRANSPORTATION**
- LEARNING ABOUT PERSONAL RELATIONSHIPS**
- LEARNING ABOUT SEXUAL RELATIONSHIPS AND SAFE SEX**
- SELF ADVOCACY AND KNOWING MY LEGAL RIGHTS**
- PROBLEMS WITH SOCIAL SECURITY, SSI OR OTHER MONEY ASSISTANCE PROGRAMS**
- OTHER** _____

WHAT OTHER SERVICES DO YOU NEED TO HELP WITH THESE THINGS?

- TRAINING (WHAT TYPE? _____)**
- AN ATTENDANT**
- A CHORE WORKER**
- JUST SOMEONE TO ASK QUESTIONS TO**
- HELP SETTING UP A CIRCLE OF FRIENDS**
- AN ADVOCATE OR LAWYER**
- A SERVICE COORDINATOR TO HELP ME PLAN FOR AND GET SERVICES I NEED**
- OTHER** _____

REGIONAL CENTER SERVICES

Services and supports listed in the individual program plan may include, but are not limited to:

diagnosis;

evaluation;

treatment;

personal care;

day care;

domiciliary care;

special living arrangements;

physical, occupational, and speech therapy;

training;

education;

supported and sheltered employment;

mental health services;

recreation;

counseling of the individual with a developmental disability and of his or her family;

protective and other social and sociolegal services;

information and referral services;

follow-along services;

adaptive equipment and supplies;

advocacy assistance, including self-advocacy training, facilitation and peer advocates;

assessment;

assistance in locating a home;

childcare;

behavior training and behavior modification programs;

camping;

community integration services;

community support;

daily living skills training;

emergency and crisis intervention;

facilitating circles of support;

habilitation;

homemaker services;

infant stimulation programs;

paid roommates;

paid neighbors;

respite;

short term out-of-home care;

social skills training;

specialized medical and dental care;

supported living arrangements;

technical and financial assistance;

travel training;

training for parents of children with developmental disabilities;

training for parents with developmental disabilities;

vouchers;

transportation services necessary to ensure delivery of services to persons with developmental disabilities.