**(Use as much space as necessary)**

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| **Outcome Statement** | **List the support activities for each desired outcome** | **Support Instructions****Describe how supports need to be tailored to the person’s preferences and profile** | **How often or by when?** |
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| **Questions/Things to Figure Out** **(use as many lines as necessary)** |
| **1.** |  | **Person Responsible:** |  | **By when:** |  |
| **2.** |  | **Person Responsible:** |  | **By when:** |  |

|  |
| --- |
| **Signatures** |
| **Person:**  |  | **Date:** |  |
| **Legal Representative:** |  | **Date:** |  |
| **Provider Signature/Credentials:** |  | **Date:** |  |