**(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:** |  |