

Response Sheet for Essential PCP Information

Consumer's Name: _____
Prepared by: _____

Provider: _____
Date: _____

PCP Facilitator Name: _____

Total number of essential forms that the below information represents: _____

List the person(s) who submitted this tool: _____

Please check all the elements you feel should be included in the plan. If "Other", please specify.

A. Case Management

- Case Management Family support Other

Comments:

B. Communication

- | | | |
|---|--|---|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Facilitated communication | <input type="checkbox"/> Total communication environment |
| <input type="checkbox"/> Training for staff and support persons | <input type="checkbox"/> Picture exchange programs | <input type="checkbox"/> Dictionary of communicative intent |
| <input type="checkbox"/> Behavior as communication | <input type="checkbox"/> Primary language other than English | <input type="checkbox"/> Manual communication backup |
| <input type="checkbox"/> Behavioral components | <input type="checkbox"/> Sign language | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Visual-gesture communication | |

Comments:

C. Community Activities

- | | | |
|---|--|---|
| <input type="checkbox"/> Meeting friends | <input type="checkbox"/> Social opportunities/events | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Including friends | <input type="checkbox"/> Vacation | <input type="checkbox"/> Church/other places of worship |
| <input type="checkbox"/> Leisure activities | <input type="checkbox"/> Classes/educational experiences | <input type="checkbox"/> Clubs & other social civic organizations |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Natural supports | <input type="checkbox"/> Other |

Comments:

D. Day/Evening Services

- | | | |
|--|--|--|
| <input type="checkbox"/> Center based day program | <input type="checkbox"/> Retirement day program | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Community based day program | <input type="checkbox"/> Efforts toward employability | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Home based day program | <input type="checkbox"/> Adult Education/Other classes | <input type="checkbox"/> Other |

Comments:

E. Education

- | | | |
|---|--|--|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Graduation/or Date leaving school _____ | <input type="checkbox"/> Transition Plan |
| <input type="checkbox"/> Public School | | <input type="checkbox"/> Other |

Comments:

F. Environmental Modification/Adaptive Equipment

- | | | |
|---|---|--|
| <input type="checkbox"/> Any piece of equipment that will enhance activities of daily living. | <input type="checkbox"/> Special glasses | <input type="checkbox"/> Equipment repairs and upgrades |
| <input type="checkbox"/> Communication board | <input type="checkbox"/> Adaptive equipment/technology | <input type="checkbox"/> Interim plan for times electronic equipment is down |
| <input type="checkbox"/> Environmental modifications or special accommodations | <input type="checkbox"/> Communication equipment or resources | <input type="checkbox"/> Other |

Comments:

G. Evaluation and Treatment Services

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis services | <input type="checkbox"/> Therapies (occupational therapy, physical therapy, speech therapy) | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Medical | | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Counseling | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Specialized medical services/home health | <input type="checkbox"/> Behavioral (assessment/plan) | <input type="checkbox"/> Durable medical equipment |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Medications | <input type="checkbox"/> Safety and positioning devices |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other |

Comments:

H. Financial

- | | | |
|---|--|--|
| <input type="checkbox"/> Adequacy of personal financial resources | <input type="checkbox"/> Accessing federal/state/local assistance programs | <input type="checkbox"/> IRWE (impairment related work expenses) |
| <input type="checkbox"/> Agency budget constraints | <input type="checkbox"/> Contingency funds | <input type="checkbox"/> PASS (plan for achieving self-support) |
| <input type="checkbox"/> Agency financial resources | <input type="checkbox"/> Family support funds | <input type="checkbox"/> Similar programs |
| <input type="checkbox"/> Money management | <input type="checkbox"/> Mortuary trust | <input type="checkbox"/> Other |
| <input type="checkbox"/> Representative payee | <input type="checkbox"/> Other financial resources | |
| | <input type="checkbox"/> Personal spending money | |

Comments:

I. Legal/Regulatory

- | | | |
|---|---|--|
| <input type="checkbox"/> Advanced directives | <input type="checkbox"/> Behavior plan and approval process | <input type="checkbox"/> Evaluation for guardianship determination |
| <input type="checkbox"/> DNR (do not resuscitate) order | <input type="checkbox"/> Law enforcement involvement | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Knowledge of rights | <input type="checkbox"/> Restraints | <input type="checkbox"/> Pending grievances or unresolved issues |
| <input type="checkbox"/> Power of Attorney (POA) | <input type="checkbox"/> Restrictions | |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Violation of rights | <input type="checkbox"/> Other |

Comments:

J. Personal Supports

- | | | |
|--|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Clothing | <input type="checkbox"/> Consumer wishes/dreams |
| <input type="checkbox"/> Correspondent | <input type="checkbox"/> Pets | <input type="checkbox"/> Funeral planning |
| <input type="checkbox"/> Involvement with unpaid support | <input type="checkbox"/> Making decisions and choices (clothing, food, recreation, etc.) | <input type="checkbox"/> Self advocacy |
| <input type="checkbox"/> Natural supports | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Vacation |
| | | <input type="checkbox"/> Voting |
| | | <input type="checkbox"/> Other |

Comments:

K. Residential

- | | | |
|--|--|---|
| <input type="checkbox"/> Expertise of staff | <input type="checkbox"/> Provision of services as budgeted/planned | <input type="checkbox"/> Harmony of environment |
| <input type="checkbox"/> Special staffing requirements | <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Personal living space |
| <input type="checkbox"/> Staffing/supervision | <input type="checkbox"/> Compatibility of house mates | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Household safety | <input type="checkbox"/> DHS care plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> Need for adaptive equipment | | |

Comments:

L. Safety

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical administration | <input type="checkbox"/> Access to emergency assistance | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Training for self-administration | <input type="checkbox"/> Emergency evacuation | <input type="checkbox"/> Safety accommodations |
| <input type="checkbox"/> Personal identification | <input type="checkbox"/> Emergency information | <input type="checkbox"/> Street/community |
| <input type="checkbox"/> Personal safety | <input type="checkbox"/> Screenings/immunizations | <input type="checkbox"/> Vulnerability to victimization |
| <input type="checkbox"/> Special supervision needs | | <input type="checkbox"/> Other |

Comments:

M. Skill Building

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Accessing community services | <input type="checkbox"/> Toward more independence/self advocacy | <input type="checkbox"/> Other |
|---|---|--------------------------------|

Comments:

N. Surrogate

- | | | |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Other |
|--|---------------------------------------|--------------------------------|

Comments:

O. Transportation

- | | | |
|---|--|--|
| <input type="checkbox"/> Community activities | <input type="checkbox"/> Church | <input type="checkbox"/> For using transportation safely |
| <input type="checkbox"/> Program services | <input type="checkbox"/> Recreation | <input type="checkbox"/> Independent use of transportation |
| <input type="checkbox"/> To work | <input type="checkbox"/> Visiting family/friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wheelchair safety | | |

Comments:

P. Work

- | | | |
|---|---|---|
| <input type="checkbox"/> Job assessment | <input type="checkbox"/> Job in the community with/without job coaching | <input type="checkbox"/> Real work for real pay in integrated setting |
| <input type="checkbox"/> Vocational rehabilitation referral | <input type="checkbox"/> Sheltered employment | <input type="checkbox"/> Relationships with co-workers |
| <input type="checkbox"/> Enclave | <input type="checkbox"/> Pay/rate of pay | <input type="checkbox"/> Other |

Comments:

Please return by: (Insert Return Date)

To:
(Insert Name & Address)
(Insert PHONE # _____
FAX: # _____
Insert E-Mail: _____)



Mark your calendar now. PCP is scheduled for:

Date:

Time:

Location: