

**Self-Determination Program &** 



## **Person Centered Planning Verification Form**

Participants in the Self-Determination Program must have a comprehensive Person-Centered (PC) plan in place ((W&I 4685.8 (b)(1)(C)). Participants can choose to have their Regional Center Case Manager help develop the Person-Centered plan, or they can choose to have someone else help them develop the plan. Participants who choose to have someone else help with the plan, other than the Regional Center Case Manager, can be reimbursed if they pay someone to help them with the plan. The person that helps with the plan must show that they received training or certification in Person Centered Planning and the Self-Determination Program. Participants may be charged \$25-75 per hour for this service, or may pay a flat rate. If the person or agency wants to charge you over \$2,500 for the service, then you need to let your Case Manager know so that they can get approval from the Department of Developmental Services (DDS).

If a participant in the Self-Determination Program has paid someone to help develop their Person-Centered plan, and they would like to be reimbursed, they must complete, sign, and submit the form below along with a receipt of payment and a copy of the Person Centered Plan.

I, \_\_\_\_\_, have chosen the person or agency below to help me complete my Person-Centered plan. The person I chose was trained on Person-Centered Planning and on the Self-Determination Program.

$\Box$ Person/Agency wh	no helped:		
$\Box$ Number of hours of	leveloping Plan:		
$\Box$ Amount paid to Pe	erson/Agency:		
$\Box$ Copy of Person-Centered plan given to		Yes	
Case Manager:		No	
$\Box$ Proof of training g	iven to Case Manager:		
<ul> <li>Person-Centered Planning Training</li> <li>Self-Determination Training</li> </ul>		Date:	
		Location:	
		Trainer/Agency:	
		Date:	
		Location:	
	1	Trainer/Agency:	
Participant Name:	Signature:		Date:
Authorized Representative:	Signature:		Date:
Planning Person/Agency:	Signature:		Date: