|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSON’S INFORMATION** | | | | | |
| **NAME:** | | **PERSON’S PREFERRED NAME/PRONOUN:** | | | |
| **STREET ADDRESS:** | | **CITY, STATE, ZIP:** | | | |
| **PHONE:** | | **EMAIL:** | | | |
| **MAPs Participant ID:** | **DATE OF BIRTH:** | | | **REGION:**  **Choose an item.** | |
| **MAPs ENROLLMENT DATE:** | | | **Select One:**  Choose an item. | | |
|  | | | | | |
|  | | |  | | |
| **CONSERVATOR/LEGAL REPRESENTATIVE (IF APPLICABLE)** | | | | | |
| **NAME:** | | | **RELATIONSHIP:** | | |
| **STREET ADDRESS:** | | | **CITY, STATE, ZIP:** | | |
| **PHONE:** | | | **EMAIL:** | | |
|  | | |  | | |
| **OTHER PRIMARY CONTACT/MAPs AUTHORIZED REPRESENTATIVE:** | | | | | |
| **NAME:** | | | **RELATIONSHIP:** | | |
| **STREET ADDRESS:** | | | **CITY, STATE, ZIP:** | | |
| **PHONE:** | | | **EMAIL:** | | |
| **Are signed PHI releases secured by Innovation Coordination Agency?** | | | | |  |
| **Are signed PHI releases secured by Provider Agency?** | | | | |  |

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| **PLANNING MEETING** (Only applicable during PSCP annual planning meetings) | | |
| **LOCATION:** | | **DATE & TIME:** |
| **AMENDMENT (Section amended are checked below)** | | |
|  | | |
| **PSCP PREPARED BY** | | |
| **NAME:** | **AGENCY:** | |
| **PHONE:** | **EMAIL:** | |
| **SUPPORTING PROVIDER** | | |
| **NAME:** | **AGENCY:** | |
| **PHONE:** | **EMAIL:** | |
| **PSCP Effective Date:** Click or tap to enter a date. | | |
| **PSCP Amendment Effective Date:** (If applicable): Click or tap to enter a date. | | |
| **PSCP End Date:** Click or tap to enter a date. | | |
| **MAPs SERVICE TYPES BEING RECEIVED:** | | |

**If Milestones were changed/added, Milestone Goal Statements:**

|  |  |
| --- | --- |
| **PSCP Stated Outcome Area:** | Choose an item. |
| **Service:** | Choose an item. |
| **Milestone:** | Choose an item. |
| **Milestone Goal Statement:** | **(Present Level, Target/Desired Outcome, Milestone Definition)** |
|  |

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| --- | --- |
| **PSCP Stated Outcome Area:** | Choose an item. |
| **Service:** | Choose an item. |
| **Milestone:** | Choose an item. |
| **Milestone Goal Statement:** | **(Present Level, Target/Desired Outcome, Milestone Definition)** |
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| --- | --- |
| **PSCP Stated Outcome Area:** | Choose an item. |
| **Service:** | Choose an item. |
| **Milestone:** | Choose an item. |
| **Milestone Goal Statement:** | **(Present Level, Target/Desired Outcome, Milestone Definition)** |
|  |

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| --- | --- |
| **PSCP Stated Outcome Area:** | Choose an item. |
| **Service:** | Choose an item. |
| **Milestone:** | Choose an item. |
| **Milestone Goal Statement:** | **(Present Level, Target/Desired Outcome, Milestone Definition)** |
|  |

**Collaborative Support Team Members Participating in PSCP Amendment:**

|  |  |
| --- | --- |
|  |  |
| **MAPs Participant** | **Parent/Guardian/Authorized Rep** |
|  |  |
| **Innovation Coordinator** | **MAPs Provider** |
|  |  |
| **Name/Title** | **Name/Title** |