

SELF-DIRECTED SERVICES

Housing Subsidy Support Services Plan

DEVELOPMENTAL DISABILITIES REGIONAL OFFICE 2



Office for People With Developmental Disabilities

Individual: _____

Fiscal Intermediary: _____

Fiscal Intermediary Representative: _____

Care Coordination Manager: _____

Broker: _____

PART I: PLAN NARRATIVE

Describe the specific supports and services to be provided to the individual under the provisions of this plan agreement. Specify all transition or non-recurring expenses (Attach additional sheets as necessary).

PART II: INDIVIDUAL RESPONSIBILITIES

Describe the specific responsibilities of the individual as part of the Housing Subsidy Support Services Plan.

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PART III: SUPPORT NETWORK

Describe the specific support network available to assist in completing the individual responsibilities as well as meeting his/her needs for safety and independent living.

We agree to the “Plan Narrative,” “Individual Responsibilities,” and “Plan Budget.”

Individual / Advocate Signature

_____/_____/_____
Date

Care Coordination Manager Signature

_____/_____/_____
Date

Broker Signature

_____/_____/_____
Date

Fiscal Intermediary Reviewer Signature

_____/_____/_____
Date

DDRO Representative Signature

_____/_____/_____
Date