

INDIVIDUAL HABILITATION SERVICE PLAN (IHSP)

DS 1961 WAP (Revised 7/2004) (Electronic Version)

TYPE OR PRINT LEGIBLY (SEE INSTRUCTIONS)

PROVIDER INFORMATION

		Initial	Annual	Semi-Annual	DATE
PROVIDER NAME				PROVIDER NUMBER	
ADDRESS		CITY		ZIP	PHONE

WORK ACTIVITY PROGRAM CONSUMER INFORMATION

LAST NAME	FIRST NAME	UCI	SSN
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SEMI-ANNUAL OBJECTIVES AND PROGRESS

	1st Six Month Period		2nd Six Month Period	
	Goal	Actual	Goal	Actual
PRODUCTIVITY RATE				
ATTENDANCE LEVEL				

Semi-Annual Reports on Progress

<i>First Six Month Period</i>		<i>Second Six Month Period</i>	
<input type="checkbox"/> Met	Comments/Summary of Achievements	<input type="checkbox"/> Met	Comments/Summary of Achievements
<input type="checkbox"/> Partial		<input type="checkbox"/> Partial	
<input type="checkbox"/> Not Met		<input type="checkbox"/> Not Met	

Work Objectives	Target Date	Services for Objective	Person Responsible	Current Functioning
IPP Objective #				
Behavior	Other Work-Related			
Measurement				
Goal				

N O T I C E	The information provided in these documents is protected under the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164). Reasonable and appropriate safeguards must be implemented to protect the confidentiality and integrity of this information in any format as well as during transmission in electronic format as applicable.	The Department of Developmental Services affirmatively supports all federal and state civil rights laws and will not knowingly do business with any agency or entity which discriminates on the basis of ethnic group, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.
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Consumer Signature	Date
Conservator Signature	Date
Program Staff Signature	Date

INDIVIDUAL HABILITATION SERVICE PLAN (IHSP)

DS 1961 WAP (Revised 7/2004) (Electronic Version) (Continuation sheet)

IHSP Participants:

SEMI-ANNUAL OBJECTIVES AND PROGRESS

Semi-Annual Reports on Progress

First Six Month Period				Second Six Month Period			
<input type="checkbox"/> Met	Comments/Summary of Achievements			<input type="checkbox"/> Met	Comments/Summary of Achievements		
<input type="checkbox"/> Partial				<input type="checkbox"/> Partial			
<input type="checkbox"/> Not Met				<input type="checkbox"/> Not Met			
Work Objectives			Target Date		Services for Objective		
IPP Objective #							
Behavior			Other Work Related				
Measurement					Person Responsible		
Goal					Current Functioning		

SEMI-ANNUAL OBJECTIVES AND PROGRESS

Semi-Annual Reports on Progress

First Six Month Period				Second Six Month Period			
<input type="checkbox"/> Met	Comments/Summary of Achievements			<input type="checkbox"/> Met	Comments/Summary of Achievements		
<input type="checkbox"/> Partial				<input type="checkbox"/> Partial			
<input type="checkbox"/> Not Met				<input type="checkbox"/> Not Met			
Work Objectives			Target Date		Services for Objective		
IPP Objective #							
Behavior			Other Work-Related				
Measurement					Person Responsible		
Goal					Current Functioning		