

CLIENT DRIVEN SUPPORT PLAN

CLIENT NAME      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:      \_\_\_\_\_\_\_ to      \_\_\_\_\_\_\_\_\_\_\_\_

Client Description *(age, disability/condition, how disability/condition impacts life)*:

What does the client want to do?

What, if any, progress has been made using CSG? What outcomes are expected?

*Identify and explain the purpose of the support, generic services and goods the client (their legal representative) plans to purchase. Purpose must relate to the disability/health condition of the client.*

1. SUPPORT

A. Informal (support staff, caregiver relief, associated expenses)

B. Formal (agencies, organizations):

2. GENERIC SERVICES (services available to the general public used for a disability/condition specific reason)

3. GOODS (items – “stuff”)

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 Client/Parent/Guardian Signature Date

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 County Worker Signature Date