**Person-Centered ISP Part 5 Revision Form**

**This form should only be used for revisions to an initial ISP Part 5 Service!  
A Red Asterisk (\*) indicates a required field.**

**Initial ISP Part 5 Service Information:**

Individual’s Name: \*Click here to enter text.

Date of Birth (MM/DD/YY):\* Click here to enter text.

Initial Part 5 Credible Service ID# that is being revised:\* Click here to enter text.

Effective Start Date of Revisions:\* Click here to enter text.

Staff Completing the Revisions:\* Click here to enter text.

Date Revisions Completed:\* Click here to enter text.

**Reason(s) for Revision** (select all that apply)**:\***

Adding a new Outcome to the Shared Planning

Adding a new Support and/or Skill-Building Activity(s)

Ending a current Support and/or Skill-Building Activity(s)

Updating the Support Instructions of a current Support and/or Skill-Building Activity(s) to include changes in an individual’s needs, supports, preferences, desires, etc.

Updating the frequency of a Support and/or Skill-Building Activity(s)

Revision(s) to the General Support Schedule

Other (please specify): Click here to enter text.  
 **Revision Information** (include ALL pertinent information related to what *content* of the initial ISP is being revised; always reference the original Support and/or Skill-Building number that is being revised; specifically indicate what information is being removed from the ISP, what information is being added, and what information is being changed [i.e. the Support Instructions, the frequency of a Support/Skill-Building Activity, the General Support Schedule, etc.]):\*

[Click here to add all revision-related information and details. This text box will auto-expand as you type.]

**If the ISP Part 5 Revision includes *adding/starting a new Outcome and/or Support/Skill-Building Activity*, please utilize the below format for each new Outcome and/or Support/Skill-Building Activity that is added (copy and paste the below format to add additional rows as needed):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Outcomes and Activities** | | | | | | |
| **DESIRED OUTCOME** | | [Enter the Desired Outcome number and statement verbatim from the Part III Shared Plan or later revision]. If this is a new Outcome that is being added after the annual plan, consider this measure formula: Person’s name] [activity/event/important FOR]\* so that/in order to [important TO achievement] | | | | |
| **Life Area** | | Choose One (must match WaMS entry for this Outcome):  Employment  Integrated Community Involvement  Community Living  Safety & Security  Healthy Living  Social & Spirituality  Citizenship & Advocacy | | | | |
| **Key steps and services to get there** | | [Enter this information verbatim from the Part III Shared Plan or later revision. If this is a new Outcome that is being added after the annual plan, enter the Key Steps that will be taken to achieve the outcome.] | | | | |
| **Activity Statement** | I no longer want/need supports when | | Enter the Support Instructions that relate to this activity and what supporting staff should record | Skill Building  (Yes/No) | How Often | By When |
| Click here to enter text.  Guidance:  Enter **Activity Statement** Here.  Use the optional formula below to outline what Support Activities are related to each key step that staff will be supporting the individual with in order to reach the achievement stated in above indicated Desired Outcome.  **Optional Support Activity Formula:** [Individual’s Name] verb what/when/where.]  Examples-  1) Tom goes for a walk in his neighborhood.  2) Mary introduces herself to others. | Click here to enter text.  Guidance:For each Support Activity, the measure by which progress will be assessed is defined in the completion of this statement. Use one of the optional formulas below (determined by the type of Support Activity) to complete this statement to make it measurable.  **Routine Support Activity Formula:**  Activity Statement (from box to the left) + how often.  Examples- 1) Tom goes for a walk in his neighborhood twice per week. 2) Mary introduces herself to others daily.  **Skill-Building Activity Formula:** [Person’s Name] countable achievement, how often and how long. Examples- 3) Bob does seven types of weight exercises each week for one month. 4) Joy completes a purchase weekly for two months.  **Health/Safety/Risk Activity Formula:** Describe conditions for removal including professional decisions as necessary Examples- 5) Phillip self-limits his phone calls for 3 months as identified in his safety restriction plan. 6) When Sarah’s eating protocols are discontinued by a healthcare professional. | | Click here to enter text.  Guidance:  describe location, type, and frequency of documentation | Yes  No  **If yes, describe specific skill:**  Click here to enter text. | Click here to enter text.  Guidance:  enter planned frequency of this activity | Click here to enter text.  Guidance:  enter target date to complete this activity |
| **Activity Statement** | I no longer want/need supports when | | Enter the Support Instructions that relate to this activity and what supporting staff should record | Skill Building  (Yes/No) | How Often | By When |
| Click here to enter text.  Guidance:  Enter **Activity Statement** Here.  Use the optional formula below to outline what Support Activities are related to each key step that staff will be supporting the individual with in order to reach the achievement stated in above indicated Desired Outcome.  **Optional Support Activity Formula:** [Individual’s Name] verb what/when/where.]  Examples-  1) Tom goes for a walk in his neighborhood.  2) Mary introduces herself to others. | Click here to enter text.  Guidance:For each Support Activity, the measure by which progress will be assessed is defined in the completion of this statement. Use one of the optional formulas below (determined by the type of Support Activity) to complete this statement to make it measurable.  **Routine Support Activity Formula:**  Activity Statement (from box to the left) + how often.  Examples- 1) Tom goes for a walk in his neighborhood twice per week. 2) Mary introduces herself to others daily.  **Skill-Building Activity Formula:** [Person’s Name] countable achievement, how often and how long. Examples- 3) Bob does seven types of weight exercises each week for one month. 4) Joy completes a purchase weekly for two months.  **Health/Safety/Risk Activity Formula:** Describe conditions for removal including professional decisions as necessary Examples- 5) Phillip self-limits his phone calls for 3 months as identified in his safety restriction plan. 6) When Sarah’s eating protocols are discontinued by a healthcare professional. | | Click here to enter text.  Guidance:  describe location, type, and frequency of documentation | Yes  No  **If yes, describe specific skill:**  Click here to enter text. | Click here to enter text.  Guidance:  enter planned frequency of this activity | Click here to enter text.  Guidance:  enter target date to complete this activity |

**ISP Part 5 Revision Signatures:**

Individual and Substitute Decision Maker signatures not required due to revisions only occurring to the General Schedule of Supports and/or Support Instructions

Individual and Substitute Decision Maker signatures obtained due to new Outcome(s) and/or Support/Skill-Building Activity(s) being added to and/or removed from the ISP Part 5

Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Substitute Decision Maker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Provider (Plan Writer):  Date: \_\_\_\_\_\_\_\_\_\_