

# Response Sheet for Essential PCP Information

Consumer's Name: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_

Provider: \_\_\_\_\_  
 Date: \_\_\_\_\_

PCP Facilitator Name: \_\_\_\_\_

Total number of essential forms that the below information represents: \_\_\_\_\_

List the person(s) who submitted this tool: \_\_\_\_\_

Please check all the elements you feel should be included in the plan. If "Other", please specify.

## A. Case Management

- Case Management                       Family support                       Other

Comments:

## B. Communication

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Evaluation                             | <input type="checkbox"/> Facilitated communication           | <input type="checkbox"/> Total communication environment    |
| <input type="checkbox"/> Training for staff and support persons | <input type="checkbox"/> Picture exchange programs           | <input type="checkbox"/> Dictionary of communicative intent |
| <input type="checkbox"/> Behavior as communication              | <input type="checkbox"/> Primary language other than English | <input type="checkbox"/> Manual communication backup        |
| <input type="checkbox"/> Behavioral components                  | <input type="checkbox"/> Sign language                       | <input type="checkbox"/> Other                              |
|   | <input type="checkbox"/> Visual-gesture communication        |   |

Comments:

## C. Community Activities

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Meeting friends    | <input type="checkbox"/> Social opportunities/events     | <input type="checkbox"/> Volunteer opportunities                  |
| <input type="checkbox"/> Including friends  | <input type="checkbox"/> Vacation                        | <input type="checkbox"/> Church/other places of worship           |
| <input type="checkbox"/> Leisure activities | <input type="checkbox"/> Classes/educational experiences | <input type="checkbox"/> Clubs & other social civic organizations |
| <input type="checkbox"/> Recreation         | <input type="checkbox"/> Natural supports                | <input type="checkbox"/> Other                                    |

Comments:

## D. Day/Evening Services

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Center based day program    | <input type="checkbox"/> Retirement day program        | <input type="checkbox"/> Literacy                |
| <input type="checkbox"/> Community based day program | <input type="checkbox"/> Efforts toward employability  | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Home based day program      | <input type="checkbox"/> Adult Education/Other classes | <input type="checkbox"/> Other                   |

Comments:

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**E. Education**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Graduation/or Date leaving school _____ | <input type="checkbox"/> Transition Plan |
| <input type="checkbox"/> Public School  |  | <input type="checkbox"/> Other           |

Comments:

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**F. Environmental Modification/Adaptive Equipment**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Any piece of equipment that will enhance activities of daily living. | <input type="checkbox"/> Special glasses                      | <input type="checkbox"/> Equipment repairs and upgrades                      |
| <input type="checkbox"/> Communication board  | <input type="checkbox"/> Adaptive equipment/technology        | <input type="checkbox"/> Interim plan for times electronic equipment is down |
| <input type="checkbox"/> Environmental modifications or special accommodations                | <input type="checkbox"/> Communication equipment or resources | <input type="checkbox"/> Other   |

Comments:

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**G. Evaluation and Treatment Services**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Crisis services                          | <input type="checkbox"/> Therapies (occupational therapy, physical therapy, speech therapy) | <input type="checkbox"/> Psychiatric                    |
| <input type="checkbox"/> Medical                                  |   | <input type="checkbox"/> Psychological                  |
| <input type="checkbox"/> Physical                                 | <input type="checkbox"/> Counseling   | <input type="checkbox"/> Vision                         |
| <input type="checkbox"/> Specialized medical services/home health | <input type="checkbox"/> Behavioral (assessment/plan)                                       | <input type="checkbox"/> Durable medical equipment      |
| <input type="checkbox"/> Dental                                   | <input type="checkbox"/> Medications  | <input type="checkbox"/> Safety and positioning devices |
| <input type="checkbox"/> Hearing                                  | <input type="checkbox"/> Nutrition  | <input type="checkbox"/> Other                          |

Comments:

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**H. Financial**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adequacy of personal financial resources | <input type="checkbox"/> Accessing federal/state/local assistance programs | <input type="checkbox"/> IRWE (impairment related work expenses) |
| <input type="checkbox"/> Agency budget constraints                | <input type="checkbox"/> Contingency funds                                 | <input type="checkbox"/> PASS (plan for achieving self-support)  |
| <input type="checkbox"/> Agency financial resources               | <input type="checkbox"/> Family support funds                              | <input type="checkbox"/> Similar programs                        |
| <input type="checkbox"/> Money management                         | <input type="checkbox"/> Mortuary trust                                    | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Representative payee                     | <input type="checkbox"/> Other financial resources                         |  |
|   | <input type="checkbox"/> Personal spending money                           |  |

Comments:

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**I. Legal/Regulatory**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Advanced directives            | <input type="checkbox"/> Behavior plan and approval process | <input type="checkbox"/> Evaluation for guardianship determination |
| <input type="checkbox"/> DNR (do not resuscitate) order | <input type="checkbox"/> Law enforcement involvement        | <input type="checkbox"/> Guardianship                              |
| <input type="checkbox"/> Knowledge of rights            | <input type="checkbox"/> Restraints                         | <input type="checkbox"/> Pending grievances or unresolved issues   |
| <input type="checkbox"/> Power of Attorney (POA)        | <input type="checkbox"/> Restrictions                       |  |
| <input type="checkbox"/> Responsibility                 | <input type="checkbox"/> Violation of rights                | <input type="checkbox"/> Other                                     |

Comments:

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**J. Personal Supports**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Family                          | <input type="checkbox"/> Neighbors   | <input type="checkbox"/> Spirituality           |
| <input type="checkbox"/> Friends                         | <input type="checkbox"/> Clothing  | <input type="checkbox"/> Consumer wishes/dreams |
| <input type="checkbox"/> Correspondent                   | <input type="checkbox"/> Pets  | <input type="checkbox"/> Funeral planning       |
| <input type="checkbox"/> Involvement with unpaid support | <input type="checkbox"/> Making decisions and choices (clothing, food, recreation, etc.) | <input type="checkbox"/> Self advocacy          |
| <input type="checkbox"/> Natural supports                | <input type="checkbox"/> Sexuality   | <input type="checkbox"/> Vacation               |
|  |  | <input type="checkbox"/> Voting                 |
|  |  | <input type="checkbox"/> Other                  |

Comments:

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**K. Residential**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Expertise of staff            | <input type="checkbox"/> Provision of services as budgeted/planned | <input type="checkbox"/> Harmony of environment |
| <input type="checkbox"/> Special staffing requirements | <input type="checkbox"/> Cleanliness                               | <input type="checkbox"/> Personal living space  |
| <input type="checkbox"/> Staffing/supervision          | <input type="checkbox"/> Compatibility of house mates              | <input type="checkbox"/> Respite                |
| <input type="checkbox"/> Household safety              | <input type="checkbox"/> DHS care plan                             | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Need for adaptive equipment   |  |   |

Comments:

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**L. Safety**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Medical administration           | <input type="checkbox"/> Access to emergency assistance | <input type="checkbox"/> Safety                         |
| <input type="checkbox"/> Training for self-administration | <input type="checkbox"/> Emergency evacuation           | <input type="checkbox"/> Safety accommodations          |
| <input type="checkbox"/> Personal identification          | <input type="checkbox"/> Emergency information          | <input type="checkbox"/> Street/community               |
| <input type="checkbox"/> Personal safety                  | <input type="checkbox"/> Screenings/immunizations       | <input type="checkbox"/> Vulnerability to victimization |
| <input type="checkbox"/> Special supervision needs        |   | <input type="checkbox"/> Other                          |

Comments:

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**M. Skill Building**

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Accessing community services | <input type="checkbox"/> Toward more independence/self advocacy | <input type="checkbox"/> Other |
|---|---|--------------------------------|

Comments:

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**N. Surrogate**

- |  |                                       |                                |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Other |
|--|---------------------------------------|--------------------------------|

Comments:

**O. Transportation**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Community activities | <input type="checkbox"/> Church                  | <input type="checkbox"/> For using transportation safely   |
| <input type="checkbox"/> Program services     | <input type="checkbox"/> Recreation              | <input type="checkbox"/> Independent use of transportation |
| <input type="checkbox"/> To work              | <input type="checkbox"/> Visiting family/friends | <input type="checkbox"/> Other                             |
| <input type="checkbox"/> Wheelchair safety    |  |  |

Comments:

**P. Work**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Job assessment                     | <input type="checkbox"/> Job in the community with/without job coaching | <input type="checkbox"/> Real work for real pay in integrated setting |
| <input type="checkbox"/> Vocational rehabilitation referral | <input type="checkbox"/> Sheltered employment                           | <input type="checkbox"/> Relationships with co-workers                |
| <input type="checkbox"/> Enclave                            | <input type="checkbox"/> Pay/rate of pay                                | <input type="checkbox"/> Other  |

Comments:

**Please return by:** (Insert Return Date)

**To:**  
(Insert Name & Address)  
(Insert PHONE # \_\_\_\_\_  
FAX: # \_\_\_\_\_  
Insert E-Mail: \_\_\_\_\_)



**Mark your calendar now. PCP is scheduled for:**

**Date:**

**Time:**

**Location:**