



## ISP Receipt and Instruction Sign-Off Form

Consumer Name \_\_\_\_\_

Plan last updated: \_\_\_\_\_ Date Signoff was sent to CSS \_\_\_\_\_

Reason for Singoff:  Initial Training  Approved Annual Plan  Critical Revision

### CSS Initials:

\_\_\_\_\_ I have received, read, and understand the Individual Support Plan (ISP)

\_\_\_\_\_ I have received instruction on the Individual's Outcome Action Plan

\_\_\_\_\_ I understand that if necessary as part of the ISP I will receive further instruction regarding this individual's special care needs. Further training will be documented on a separate form.

\_\_\_\_\_ I have reviewed this individuals current communication plan and will remain updated on changes

**I agree to carry out my responsibility as a Contracted Support Staff for Care for People Plus based on this plan. Should I have any questions regarding this individual or plan, and/or information pertaining to services I will contact my CFP+ Director or the CFP+ main office.**

\_\_\_\_\_  
CSS Printed Name

\_\_\_\_\_  
CSS Verification

\_\_\_\_\_  
Date of review

**Do not write below – CFP+ use only**

Reviewed with CSS in person

Reviewed with CSS over the phone

Date of review \_\_\_\_\_

\_\_\_\_\_  
Printed Name of CFP+ Representative conducting the review

\_\_\_\_\_  
CFP+ Representative conducting the review

\_\_\_\_\_  
Date received