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| Self Determination: Chosen by you, Driven by you! | Name:  Date: UCI #: |

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| --- | --- | --- |
| **Certified Individual Budget** | **SDP Year** | **FMS Agency** |
| **$** |  |  |

I am fulfilling my responsibility as a consumer who is choosing Self Determination as my service delivery model to:

Use an FMS agency  Not include supports that are funded by a generic resource.

Only use services as defined by the SDP Service List Only use supports that implement my Self Determination IPP

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | From SDP Service Code List | | | Describe what the support is (i.e. swimming), work out math for the year in detail. Include taxes and supplies where applicable | | | | Total cost for the year | |
|  | Service Code | Service Name | | Support Description, Cost, Duration, Frequency | | | | Total Cost | |
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|  | Spending Plan total cannot exceed Certified Individual Budget. FMS fees are funded under traditional model and will not be deducted from the Spending Plan. | | | Spending Plan Total: | |  | | | |
| |  |  |  | | --- | --- | --- | | You can make a change in this Spending Plan. If the change is greater than 10% between categories, another IPP is needed. Add the amount of each service code from each category and indicate the total here. When your change exceeds the indicated amount, prepare to meet for an IPP. | | | | Living Arrangement (code 310-330) | Employment and Community Participation (code 331-355) | Health and Safety (code 356-399) | | **$** | **$** | **$** | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Service Code: (315/316/317) | FMS Vendor Number | Rate Per Month | Yearly Cost | Date Submitted | | **Srv Code** | **#** | **$** | **$** | **XX/XX/XXXX** | | | | | | | | | | |
|  | Participant agrees to the above guidelines | | **SDP Participant Signature:** |  | | | | | |
|  | Case Manager has reviewed Generic Resources and IPP goals | | **Case Manager Signature:** |  | | | | | |