

POLICY TYPE: INDIVIDUAL SUPPORT SERVICES
(ISS)

APPENDIX 34: *PERSON CENTERED PLAN WAIVER FORM*

On _____
(date) (name) (title)

explained to me the purpose and benefits of Person Centered Planning.

I understand that I can choose whether or not to participate in the Lifetime Networks Person Centered Planning process.

I have decide to not participate in the Person Centered Planning process for the following reason:

Signature

Date

Staff Support Person Signature

Date